Denestar Limited

Trees Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection of Trees Residential Care Home took place on 8 September 2015 and was unannounced. The service had previously been inspected in August 2013 and was found to be fully compliant at that time.

Trees Residential Care Home provides residential care for 22 older people. There were 19 people living in the home on the day of our inspection, of whom two were on respite. Everyone has a single room. The home is situated in a residential area close to the centre of Pontefract and all local amenities and facilities. There is a car parking area to the front and lawn areas to the front and back of the building.

There was a registered manager in post although they were not there on the day of the inspection due to annual leave. We spoke with the deputy manager and the registered provider on the day and we spoke with the registered manager following the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People we spoke with told us they felt safe and staff were able to identify what may constitute a safeguarding concern. Staff were able to explain various techniques they would use to try and avert such situations, if they arose between people living in the home and staff knew how to report more serious concerns. Staff we spoke with told us they had never had to raise any concerns about their colleagues.

We found risk assessments were based on individual need and regularly updated. Staff showed a good understanding of people's specific requirements and knew what to do if there was an emergency.

Medicines were administered, recorded and stored in accordance with requirements and staff had received the necessary training to fulfil this role.

There were some areas of the environment which needed attention which we spoke with the registered provider about. These were immediately actioned or work chased up where it had not been completed.

We spoke with staff and saw records which showed they had received a comprehensive induction. They then had regular meetings with the registered manager to discuss their performance, understanding and any identified gaps in their knowledge. Staff were encouraged to contribute to these meetings and they told us they were a positive experience. This was reflected in the appraisals we found which acknowledged staff's skills and experience.

People told us they enjoyed the food and we saw plenty of choice being offered to people throughout the day. We saw that people were encouraged to do as much for themselves as possible and staff offered assistance only where absolutely necessary. People's nutritional intake was monitored and recorded as required.

We saw the service accessed additional health and social care resources, where needs arose, and people told us they received this quickly.

People we spoke with said staff were caring, considerate and kind and involved them in any decision-making about their how their care needs were to be met.

We saw the service was focused on meeting people's needs, offering flexible support and based on people's wishes. Care records were detailed and showed that the service was keen to ensure people had the opportunity to participate as much or as little as they wished in various activities within the home.

People and staff were keen to say how much they enjoyed being in the home and knew the registered manager and their deputy well. There was evidence of effective support for all staff reinforced by the robust quality assurance systems in place which were used effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and staff demonstrated a wide breadth of understanding as to what may constitute a safeguarding concern and how to respond to it.

We found person specific risk assessments and that staffing levels reflected the needs of the people living in the home.

Medicines were administered, recorded and stored correctly and areas of the environment which needed attention were tackled immediately.

Good

Is the service effective?
The service was effective.

Staff had received an in-depth induction which was followed by regular participatory supervision with the registered manager and training as required.

People told us the food was good and we saw staff supporting people to eat where they needed assistance.

Staff understood the importance of obtaining consent from people before assisting with people's care needs and how the Deprivation of Liberty Safeguards (DoLS) affected people's care needs.

Good

Is the service caring?
The service was caring.

We observed that staff were kind, considerate and patient when talking with people in the home and people told us they were always happy in their attitude.

Staff understood the importance of respecting someone's privacy.

Good

Is the service responsive?
The service was responsive.

People told us they had the freedom to undertake many activities and that these were varied.

Care records were person-centred and detailed showing evidence that people's preferences and wishes were followed.

Good

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

People and staff both told us how much they enjoyed being in the home. This was echoed throughout the day by the positive and cheerful atmosphere.

Staff had access to effective support from the registered manager and deputy manager, and the registered provider was also known to most people.

The quality assurance systems were robust and evident throughout all decision-making.

Good

Trees Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 8 September 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a 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 also looked at information from the local authority safeguarding and commissioning teams.

We spoke with six people living in the home and one of their relatives. We also spoke with five members of staff including two carers, one senior carer, one member of the kitchen staff, one member of the maintenance team, and the deputy manager. We also spoke with the registered provider and a visiting health professional.

We looked at three care records, three staff personnel records and audits including health and safety, accidents, management walkarounds, medicines and care plans.

Good

Is the service safe?

Our findings

People told us they felt safe living at Trees. One person said "I feel safe as the girls are always on hand and I have my call bell if I need it". Another said "I can always talk to the manager or deputy if I have any concerns, or my keyworker who would tell the manager. I feel safe here".

We saw that the home encouraged people to complete an assessment as to how they wished their needs to be met in regards to feeling safe. This included reference to support for interaction with other people, their possessions and how they may raise any issues. People's views on how safe they felt were also sought in a questionnaire as part of the home's quality assurance framework and they were encouraged to tell staff about anything that made them worried or afraid. People were also asked to make suggestions about anything they felt could improve their feelings of wellbeing.

We also spoke with staff who were able to describe different types of abuse and knew how to report it if they had any concerns. One member of staff said they had "built up good relationships with people" and would know through body language or tone of voice if they were concerned about anything. A different member of staff also indicated the importance of getting to know people well. This helped them in their knowledge of how to distract people if they were getting upset, such as making people a cup of tea or offering a magazine. Staff told us "I am here to respect the residents, ensure their dignity and keep a safe environment". The staff we spoke with said they had never had to raise any concerns about other members of staff and felt the team worked well as it was a stable staff team.

A newer member of staff indicated on their recent induction that safeguarding concerns may be raised if someone was denied choice or a specific individual was ignored. They also knew it might involve poor practice. This depth of knowledge showed the service was supporting staff to think widely around all possible areas of how to safeguard people and what action to take if they had concerns.

We saw that all staff had access to the safeguarding policy and procedure. The registered provider had also ensured they were following best practice and issued a 'Making Safeguarding Personal' policy to reflect current guidance in this area. This encouraged staff to remember that the individual was at the centre of this process at all times and that the principles of empowerment and proportionality amongst others needed to be considered. This showed the registered provider had embedded current practice in their approach and expectation of staff performance.

Staff were also aware of the whistleblowing policy, which was in their personal handbooks which showed the service was aware of the importance of following up concerns. This was also checked with all staff in an audit where staff were questioned on their understanding and knowledge of the importance of reporting any concerns and demonstrating what action they would take in such a situation.

We saw evidence in the care records of detailed risk assessments, particularly where there were specific concerns such as people wishing to leave the building. These were person specific and included actions to be taken if such incidents occurred. One record we saw identified different techniques that could be used to try and engage with an individual. Additionally, the frequency of observations that were required for this particular person to be kept safe were recorded clearly.

We also found detailed risk assessments around the safe moving and handling of people, nutritional needs, and managing personal care needs to ensure skin integrity. These were regularly updated. Each person also had their own personal emergency evacuation plan in the event of a serious incident such as a fire. Again, these had been updated to reflect current needs.

We asked people if they felt there were enough staff in the home. One person told us "they respond more or less straightaway, and it does sometimes get a bit hectic. However, after 11am staff will come and have a chat". Another person living in the home said "I don't have to wait long. Staff never get grumpy". One relative we spoke with, who was visiting the home, said "they look after my relation well. They are very loving and respond quickly if they need help".

We also asked staff if they felt there were enough of them. One told us "We could do with more staff but they are a good team and staff know what to do". Another replied "It's important we support each other. Staff need time to recover and have a break. The team won't work well if one of us is peaky". This comment reflected many of our observations throughout the day, where staff were seen to

Good

Is the service safe?

encourage and interact well with each other. One of the staff members we spoke with was brought a hot drink by a colleague, showing they considered their welfare as much as the people living in the home.

We looked at staff files and found that people had not commenced employment until all necessary checks had been completed. The home had ensured appropriate references were taken and the Disclosure and Barring Service (DBS) check was in place. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We saw evidence of completed interview panel questions which were rigorous and uncompromising in their expectation. These included determining how much awareness a person had about the role they were applying for and the wider implications of being a carer such as how they would tackle any safeguarding concerns or manage risk to an individual.

We asked those staff who administered medicines what training they had received. One member of staff told us they had been observed recently to ensure they were still competent and we saw the completed competency assessment tool. They told us about the systems in place for the safe management of medicines, including regular temperature checks on both the fridge and room. The stock was also checked weekly to ensure the amounts corresponded with the details of those medicines administered. We saw records of these and found them to be accurate.

We asked staff if anyone was prescribed controlled drugs at the present time, as defined under the Misuse of Drugs Act 1971 and we were advised no one was. We were also told and saw the storage was appropriate and that if someone did require one of these drugs then the district nurse would visit and administer, which would be signed and witnessed. We saw that one person was receiving covert medication on instruction of their GP and this had been recorded correctly in their care plan and a best interest decision made. Covert medication is given to someone in a disguised form if they are reluctant to take it in its usual state.

We saw necessary records were kept indicating when medicines were administered and where people's medicines had changed. The member of staff we spoke with was fully aware of the importance of not being disturbed while administering medication and asked other staff to respect this. We found the home conducted both weekly and monthly detailed medication audits which covered all areas and identified any action points which were responded to promptly. This was also mirrored with a thorough infection control audit. We saw staff had access and use of personal protective clothing as required.

On our inspection of the building we found there were some areas that required attention. We saw that the alarm cord was missing in the downstairs bathroom and the maintenance man advised us this had been due to be fixed on the day of the inspection. This had been reported to the service provider immediately. We found it was not fixed. However, the registered provider followed this up and made enquiries in our presence and we were reassured that this would be rectified during the same week.

During routine maintenance inspections conducted by the in-house maintenance team it had been found that one of the rooms only had cold water coming out of the mixer tap. We saw immediate action had been taken to remedy this. We found that one toilet had no lock on the door but as soon as this was highlighted to the registered provider this was remedied. There were areas in the communal bathrooms where the floor covering needed replacing and we pointed this out to the registered provider who agreed to look into this.

The home had a comprehensive health and safety review programme in place which was incorporated into the quality assurance framework. This included reviews of all equipment, ensuring that all necessary checks had taken place and certification evidenced this, an environmental review to check all assessments with regards to areas such as fire safety, moving and handling and infection control were relevant and current, and that weekly and monthly checks including emergency lights and bed rails were being carried out in accordance with procedure. All policies and procedures were updated annually and dated to this effect. The findings of these assessments were compiled in an annual review encompassing all key areas.

Good

Is the service effective?

Our findings

We asked people living in the home what they thought of the food. We spoke with one person who told us "the food is fine and there are always a couple of choices for the main meal in the middle of the day". The person went on to say "staff come and ask me in the morning what I would like and there is always a choice of sweets". At teatime the same person told us "I can ask for whatever I want and if they've got it, I'll have it". Another person said "the food is good and there's always enough choice at mealtimes".

We saw a pictorial menu board with pictures of the plated meals. Additionally, information was displayed in relation to allergens. We found the kitchen to be kept tidy and clean with appropriate food storage areas which meant the service was adhering to good practice around the handling of food. People's views on food choice, dietary requirements and quality was fed back in a questionnaire completed annually to ensure the food offered was still appropriate and accounted for people's preferences.

We observed a lunchtime experience and saw people were asked if they would like an apron on to protect their clothing. Jugs of juice were offered to people showing them both the orange juice and the lemonade so people could participate as much as possible. One person was offered 'bubbles' which they responded to positively and another was offered a 'cocktail' of both orange and lemonade. Where one person struggled to use the cutlery, the member of staff sitting next to them said "we'll do it together". This showed the service was keen to ensure people were supported appropriately but empowered to do as much for themselves as possible.

We saw that appropriate equipment was used to facilitate people eating independently wherever possible, such as plate guards. One person refused to use the cutlery despite being encouraged discretely on more than one occasion and having been offered alternatives. Staff respected this person's choice not to use it. Another person had struggled to place food on the spoon but after this was done by a member of staff, the person was given the spoon to enable them to feed themselves. The atmosphere in the dining room was jovial and there was appropriate banter between people living in the home and staff which ensured a pleasant experience for all.

Although meals were pre-plated people were reminded of their choice and asked if they still wished to have that option. Another member of staff took two covered meals to people who preferred to eat in their own rooms. We observed that these people were also assisted as needed. They asked for assistance from one of the staff members in the dining room and they responded promptly.

We spoke with staff regarding how they monitored someone who was nutritionally at risk. One member of staff told us "three people we care for have a food and fluid balance chart in place. If someone goes onto antibiotics, we put one in as we know this may affect them. Also if anyone is under the weather we just to make sure they're having enough to drink". We found the food and fluid balance charts were appropriately completed. We also spoke with the cook who told us how they hand blended food for people on a soft diet to adhere to advice from the Speech and Language Therapy team.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Care records contained relevant mental capacity assessments detailing why a person may lack capacity. These included the extent of questioning undertaken to conclude the assessment was correct such as 'All possible forms of communication have been tried but [name] was unable to understand'. This showed the service had followed the requirements of the Mental Capacity Act 2005 by presuming someone has capacity and then considering all four elements of assessment, including the person's ability to understand and weigh up the information given to make a decision.

Consent was obtained where possible in regards to sharing of information in a person's file with other professionals as required by the person themselves, and where they were not able to make this decision this was made by an appointed representative such as the lasting power of attorney. Decisions were made in people's best interests and recorded clearly evidencing how they had been made. Any previous wishes the person may have made before they had lost capacity to make more complex decisions was also recorded.

Good

Is the service effective?

Although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure a person's rights were protected and was awaiting the outcome of other applications. They had requested regular updates from the local authority as to the progress of these. We asked staff their understanding of the DoLS requirements and were shown the prompt cards which they all carried. On one side it contained the five principles of the Mental Capacity Act 2005, the main one being that people are presumed to have capacity unless there is evidence to the contrary and on the reverse the four factors when making best interest decisions. One member of staff explained to us their understanding of how the DoLS had arisen for one person and how it needed to be in place to ensure they were kept safe. Another member of staff stressed to us the importance of making sure all decisions were made in people's best interests and by ensuring they were enabled to do as much as possible for themselves.

Each member of staff recruited completed a twelve week induction programme. This included all core skills based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Areas covered in the training included moving and handling, person centred care, safeguarding, dementia awareness and infection control. Following this, staff had a further twelve weeks' trial while working in the home.

At this point people living in the home were asked their opinion via a written questionnaire as to the suitability of the person for care work and this formed part of the final decision-making process. This was achieved through a simple questionnaire with a photo of the staff member which included questions such "has this person helped you?", "do they show respect?" and "does this person listen to you?" The final question asked the person living in the home if they would give the staff member a job.

All staff received a detailed handbook which specified their job description and role, Code of Conduct for Adult Social Care Workers and the provider guidelines issued by the Care Quality Commission to ensure effective care delivery. It also contained information on the joint responsibility between manager and care staff of supervision and guidance on how to ensure all staff adhered to the requirements of the Mental Capacity Act 2005.

We saw that staff had regular supervision. This ranged from specific issues related to their own conduct and performance to more generic care skills such as knowledge about safeguarding and the importance of effective communication. One of the records reminded staff not to be defensive if a colleague prompted them, rather to see it as an opportunity to learn from each other. Another session discussed the importance of recording, both in terms of what staff recorded and when staff recorded it, always ensuring everything was signed and dated. The registered manager indicated they were to conduct random checks. This showed the home was aware of the fundamental balance required to manage staff's personal development alongside building on their knowledge and skills.

The records of meetings we saw also indicated that staff were valued and acknowledged where staff had gone beyond their normal duties. One record we saw said the member of staff was "very organised and efficient" and encouraged them to enrol on a medicine administration course for their development. A newer member of staff told us "the registered manager sat down with me and asked me how I was doing".

Staff had also received an annual appraisal and one told us "it was a positive experience". This included the member of staff discussing their understanding of the job and their achievements and interests. Training needs were discussed and staff were asked to assess their own performance in relation to communication, recording and policies and also how they interacted with people living in the home. These scores were then aligned to those of the registered manager and any discrepancies considered further. All records were signed and dated by both staff member and the registered manager which showed that the service saw this as a joint process. Staff were also asked their opinion as to the frequency and availability of training, level of support offered in completion of this and awareness of policies and procedures as part of the home's quality assurance process. The registered manager also completed a yearly overview of all staff meetings, supervision sessions and appraisals received which was forwarded to the registered provider to ensure staff were receiving appropriate support.

One person in need of regular nursing support told us "the district nurse visits me twice a week. If I needed them in the meantime they would come straightaway". The same person also said "I see a chiropodist and the dentist comes

Good

Is the service effective?

to visit". Another person told us "When I'm not well they get a doctor in straightaway. I recently had a chest infection, told the registered manager and the GP was here in the afternoon".

We also spoke with a visiting community nurse who was a regular visitor to the home. We asked them if they felt the home was suitably staffed and they told us, "yes." They had never had any concerns regarding staff practice and they said that that records were always completed in a timely manner. The nurse had high levels of confidence in the registered manager and the deputy manager, who they felt "know what's going on and know the staff and the people in the home".

The nurse explained they came in daily to administer insulin to someone and they advised this was safely stored. One person, who had been discharged from hospital with pressure sores, was improving since admission to the home as they were now receiving necessary pressure care.

The nurse also told us the home provided good end of life care. For example, one person, who was at the end of their life was supported to go outside into the garden despite being in frail health. When the nurse had questioned the registered manager about this they were told by the registered manager that, "it has to be what they want." The nurse said the home did everything to ensure the person had their preferences met. We saw completed logs of professionals' visits, including an overview record showing key events in someone's care pathway. The home also used a detailed 'future wishes' assessment to identify a person's preferences as they neared the end of their life including any specific treatments or actions they would prefer not to happen.

Good

Is the service caring?

Our findings

One person told us "Staff are exceedingly nice and kind and they know more about you than you do about yourself". Another told us they had a good relationship with their keyworker "who talked through my care plan with me and which I have signed". A further person said "staff are lovely and I don't have to wait long". This person had moved from a different home and found this one to be much better as "staff never get grumpy".

One person told us that the night staff always went round "and check I am OK at night". Another person said "staff offer me good support, and have the skills and knowledge to do their job". Another person, who preferred to remain in their room, told us that staff frequently came and spoke with them, asking if they needed anything and passing the time of day. They told us "the girls bend over backwards to help". We observed over lunchtime that one person looked uncomfortable in their chair. A member of staff also saw this and brought a cushion to assist with their posture.

Staff spoke highly of their colleagues and we observed them being supportive to each other, for example by making each other drinks and ensuring they had their breaks. One staff member said "It's nice to come into work as people are treated well". Another said "it's a good team of staff". At lunchtime we observed staff being very patient and discreet in offering help where it was needed. We saw staff held hands with people, acknowledging their feelings and offering reassurance, and people were regularly asked if everything was OK for them or if they needed anything else.

We asked staff how they supported someone while receiving personal care assistance. One staff member told us about the importance of respecting someone's privacy and dignity as it related to safeguarding if people were not respected. This showed that the service had considered the wider implications of why certain actions were necessary.

The same staff member told us they had assisted with bathing someone that morning. While doing this they ensured the person was covered with a towel to maintain their privacy and dignity and each action taken was explained to the person so they knew what was happening. The staff member also told us that people were encouraged to do as much for themselves as possible so they retained as much independence as possible.

We did not always see that staff knocked on people's doors before entering. This happened on two occasions; once when some towels were brought in and in another room when the person's dinner was brought to their room. Staff did, however, speak as soon as they entered, making sure the person was aware they were there. We advised the registered provider about this and they advised us that the person was unable to verbally communicate. In addition, there were a further six other people in the home who had specified in their care records that they did not wish staff to knock on their doors prior to entering if they were resting as they did not wish to be disturbed in this manner.

People's views were asked at regular intervals, especially if they were unable to attend the residents' meetings. This was via a form which asked for their views on how they felt living in the home, were there enough activities and could they access the community as often as they wished and any ideas on improvement to the home. The questionnaire also asked people to consider how they could assist people to keep in contact with those important to them. This demonstrated the home were keen to meet people's range of social needs including addressing their emotional wellbeing in a pro-active manner.

Staff were encouraged to undertake additional responsibilities by being a 'champion'. Staff were assigned specific areas of care to lead and focus on such as falls prevention, dignity and dementia care. This meant the home had considered how to develop its staff skills further and build specialisms within the service.

Good

Is the service responsive?

Our findings

One person told us "I can have visitors any time I want. They can come and go at any time". They also said there were activities in the home including a singer who often visited and that the carers also did things as well. We observed another person outside in the enclosed garden area having a cigarette who said they could do this whenever they wished and others told us about trips to the local town. Another person told us they had access to the internet so could keep in touch with friends in another country. A further person said "I please myself when I get up and go to bed. I always get a cup of tea when I wake up".

We spoke with staff about some of the people who they were keyworker for. It was clear they knew the people well, what interested them and their life history. Due to this level of knowledge they were able to build a relationship with the person, as they could 'read' their behaviour through their responses and staff knew the person's personal preferences. One staff member told us about someone who enjoyed sitting out in the garden when it was sunny as they used to enjoy caravanning holidays. The staff member told us how they adapted their behaviour according to the person's needs such as using more prompt questions to encourage the person's involvement and they respected the person's wishes when they just wanted to sit and watch others. It was clear from the information given that staff knew people well.

We saw displayed on the noticeboard in the front reception area a list of weekly activities which included bingo, trips into town, a drawing club and music quiz. There had also been a recent 'Great Trees bake off". The activities were presented in a light-hearted manner to encourage participation such as 'Get your pencils and pallets ready for the drawing club'. Staff also told us that people had helped in the garden over the summer growing vegetables and tomatoes and a local school had been involved in its redesign. Staff told us that parties were held at key celebrations such as Christmas and New Year. One person said how much they had enjoyed doing flower arranging but that this had not happened recently. People also spoke highly of the tuck shop which came round weekly and gave people the opportunity to buy some sweets or other items.

On the day of our inspection the local church visited and conducted a service which saw lively participation with standing room only at one point. People were engaged and enjoyed chatting with the visitors. We were told by one person how the deputy manager had offered to support them to go away for a weekend as there was a particular place they had always wanted to go to. This had been agreed showing that the service was keen to meet people's needs even though the location was a long way away.

There were two small lounges each with a TV and activity boxes which included jigsaws, books and other items to promote interaction between people. In the corridor outside of the dining room we saw a colourful display of photographs from "Trees Summer 2015" showing people enjoying the warmer weather.

In the dining room there was a display cabinet which contained 'old' style packaging of key household items such as tapioca and it also had some mugs which had been hand painted by people living in the home. We asked the deputy manager about these and were told that people had done these as part of an art project.

We looked at care records and found these to be person-centred. We saw that they were reviewed on a monthly basis by the person's keyworker to ensure they reflected current needs. In addition there was an annual review which included relevant discussions between the person living in the home, their family or advocate and the registered or deputy manager .They contained a photograph of the person and details about what was important to them. They also included information about how best to support that individual such as 'I like to be read to and to listen to music while I rest during the day". The records also showed whether a person wished to participate in activities.

Care records contained relevant mental capacity assessments detailing why a person may lack capacity. These included the extent of questioning undertaken to conclude the assessment was correct such as 'All possible forms of communication have been tried but [name] was unable to understand'. This showed the service had followed the requirements of the Mental Capacity Act 2005 by presuming someone has capacity and then considering all four elements of assessment, including the person's ability to understand and weigh up the information given to make a decision. The principles of best interest decision making were also recorded and evidence given as to how this had been followed including evidence of any previous wishes the person may have made before they had lost capacity to make more complex decisions.

Good

Is the service responsive?

The records also included a 'hospital passport' so that key information could be given if a person needed to go into hospital. There were details of all visits by professionals including advocacy services where needed. We saw that food and fluid charts, pressure care and skin integrity records were current and detailed, for example the time and which way a person had been turned to alleviate pressure which meant that staff had knowledge of when and what further support was required.

The care records detailed a person's support needs including the expected outcome of meeting this need. There were specific instructions for staff for needs such as moving and handling and where possible, the person and their advocate's (if they had one) views were recorded to show how they would prefer their needs to be met. This was cross referenced to the capacity assessment, where one existed, to demonstrate that decisions were always taken in the person's best interests. The final section demonstrated the needs being met and included statements such as "chose to sit in their chair and listen to music". These records were easily accessible and focused entirely on that individual. One member of staff demonstrated their importance by saying "Care plans tell you things you may not notice." The staff member was aware that it was crucial to read them.

It was clear from the care plans that people were advised of when usual mealtimes were but they could have food at other times if they preferred. Their preferences as to how they would like their personal care needs met was also in depth; for example "[name] prefers a hand held hairdryer rather than one to sit under". There was also consideration around a person's visual abilities as it was noted in one record "unable to recognise white so requires gravy on mash or jam in milk puddings" to enable the person to enjoy their food. People's cultural and religious needs were also identified and supported wherever possible such as with the church service.

We saw on the noticeboard in the entrance lobby a sign which 'encouraged' complaints. We were told this was the only way improvements could be made. We looked at the complaints file and found that these had been dealt with efficiently, and investigations undertaken as required. It was also evident that where there was learning to be gained this was shared with staff via further training and discussion. One person told us "I've never had to complain about anything".

Good

Is the service well-led?

Our findings

We asked people how they felt living at Trees. One person on respite told us "I do like it here and I'll miss it when I go as I enjoy the company". The same person said they "would see the registered manager or deputy manager," if they had any concerns and they would be happy to speak to their keyworker as well. Another person said "I am happy to be here. The managers are great". A further person said the home was "very good as I can get out when I want to".

One relative visiting the home told us "It's got better. There was a period where things weren't so good but since this manager came, things have improved. They look after my relation well – staff are very loving and are straight in if they need help". The relative said the home were good at keeping them informed but did suggest that staff wore name badges as they were not always able to remember everyone who worked there. They also told us they knew who to approach if they did have any concerns.

Staff also spoke highly of the home. One staff member said "It's a good service to be honest and people seem happy. I enjoy working here and people are treated well". They felt that everyone was after the same goal which was "to ensure people's needs are met and they have lots of choices". The managers were described by one member of staff as "caring and considerate". A more recent member of staff said "I really like working here as I feel part of a team. I see that people are given a choice". The staff member felt supported by the registered manager who had spent time with them asking how they were progressing. We were told by one member of staff "the manager is approachable. They know what they are doing" and another said "I feel the home is well run".

A visiting community staff nurse said they knew both the registered manager and deputy manager well. They said "the registered manager knows what's going on and the deputy knows the staff and people in the home".

We discussed the comprehensive quality assurance framework with the registered provider. They explained how it linked to the five domains under which the Care Quality Commission (CQC) inspect. This then created a monthly programme providing an audit tool for specified areas such as health and safety and care records. Depending on the area to be audited people living in the home and staff were asked to complete a simple questionnaire, which demonstrated that the service was keen to ensure all stakeholders had a voice in how the service was run. We found evidence of these in the quality assurance files. For example in July staff had been asked about their training needs and people living in the home were asked how safe they felt. These surveys were also extended to external health and social professionals who offered their views on how the home was run.

These audits were completed by the registered manager who shared the findings with the registered provider and any concerns stemming from these resulted in an action plan. These were displayed on the noticeboard for all people living in the home and who visited to see. At the end of each year all the findings were collated and an annual report was produced which illustrated what had been learned and how improvements had been implemented which meant the service saw the importance of continually seeking to improve and offer the best care for the people in the home. This identified key areas for the subsequent year's business plan.

The registered provider advised us that they had additionally requested the registered manager to consider all the key areas that CQC follow and answer these for the service, thus ensuring any possible gaps could be identified and remedial action taken.

Staff were encouraged to understand, through their training and ongoing supervision, about the inspection framework and how the fundamental standards of the Health and Social Care Act 2008 were to be followed and implemented. The registered provider was keen to share that their focus was always on quality and that the staff handbook contained clear expectations about conduct and knowledge. Again, we saw this evidenced in the records of supervision where the reason for certain interventions was explored and staff's knowledge and understanding checked. Staff were supported to develop their knowledge through a leadership programme and were in the middle of Care Certificate training for the full staff group to ensure all staff were aware of the fifteen standards now required.

In addition to the quality assurance framework which contained specific topics for each month, there were regular weekly audits of medication, staff records, kitchen, domestic and infection control. The registered manager also had responsibility for conducting a premises audit. All of these audits were completed in detail and as required.

Good

Is the service well-led?

The registered manager also conducted a programme of daily monitoring checks such as ensuring people had fluids available throughout the day and communal areas were clean and accessible.

People told us that residents' meetings were held every few months and allowed for any concerns to be raised. One person also told us that there was an annual questionnaire asking for people's views about the service. The registered provider told us that people had the option to participate in the actual meeting or, if they preferred, could complete a form in advance so their views were still shared. This inclusive approach was demonstrated throughout all decision-making in the home such as with the recruitment of staff where people living in the home decided whether the staff member should be employed after having completed their probation.

Staff we spoke with told us that there were monthly staff meetings. These were in place to enhance the wellbeing of staff and to provide the opportunity for staff to support each other. One staff member said "counselling is there if we need it" if they had faced a particularly upsetting incident. It was evident from the observations and discussions we had that staff invested considerable emotional commitment to the wellbeing of people living in the home, and the registered manager acknowledged this in their individual supervisions and by offering further support when necessary.

We saw the minutes of these meetings which included activities for staff to undertake such as how they would offer pressure relief based on a copy of a pressure care diagram. There was also discussion about what person-centred care means in practice. It was recorded on these notes that if staff needed any further clarity or support this could be followed up at their supervision. Other themes included infection control where staff were put into teams to answer key questions and a discussion about the significance of a DoLS for people living in the home. This showed the home took a pro-active approach to sharing knowledge, ensuring the staff team had current information and were confident in their skills and experience to perform their roles well.

The registered provider was the sole representative of residential care provision on the East Riding Safeguarding Adults Board and pertinent information from this was shared with the registered manager, who in turn, attended local authority-led focus groups and relevant training to be cascaded to all staff members and ensure best practice across the home. The home was also awarded Investors in People Standard in May 2015.