Jeesal Residential Care Services Limited

Treehaven Bungalows

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

Treehaven Bungalows is registered to provide accommodation and care for a maximum of 11 adults who have autism and/or learning disabilities. At the time of our inspection there were 10 people living in the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe and lived in a safe environment because there were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the home. Identified risks to people's safety and wellbeing were recorded on an individual basis. There was clear and detailed guidance for staff to be able to know how to support people safely and effectively.

Medicines were managed, stored and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work. All new members of staff completed a full induction and staff were supported well by their seniors, the manager and the deputy of administration.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. Appropriate DoLS applications had been made for all 10 people currently living in Treehaven Bungalows.

People were supported to eat and drink sufficient amounts and, when necessary, people's intake of food and drinks was monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were consistently treated with respect and staff preserved people's dignity. People were encouraged and supported to be as independent as possible and their relatives were welcome to visit them. People were also supported to undertake activities or hobbies of their choice.

Detailed assessments were completed prior to admission, to ensure people's needs could be met. These assessments were also reviewed and updated on a regular, on-going basis. People were involved as much as possible in planning their care and received care and support that was individual to their needs. Risk

assessments detailed what action was required or had been carried out to remove or minimise identified risks.

People were supported to raise concerns or make a complaint if needed. Concerns were listened to, with appropriate responses, and remedial action was taken where possible.

The service was being well run and people's needs were being met appropriately. The manager and deputy of administration were approachable and open to discussion. Communication between the staff, management and people living in the home was frequent and effective. However, some staff said they would appreciate more direct communication and updates from the provider regarding the service. To try and address this issue, the provider had appointed an employee relations officer at the beginning of 2016. In addition, a staff representative had also been elected for the service.

There were a number of effective systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were carried out by the manager and the provider's compliance manager. These identified areas that needed improvement and appropriate action was taken to do so.

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.

Risks to people were identified and minimised appropriately. Staff knew how to recognise signs of possible abuse and understood the correct reporting procedure.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home and prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

People were encouraged and supported to be as independent as possible. Relatives were welcome to visit their family members in the home.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission and were regularly reviewed, to ensure people's needs could be met. People were involved in planning their care as much as possible.

People were supported to choose what they wanted to do and where they wanted to spend their time.

People were supported to raise concerns or make a complaint if needed and were listened to. Appropriate responses were provided and action was taken where possible.

Is the service well-led?

Good

The service was well led.

The service was being well run and people's needs were being met appropriately.

The manager was approachable and open to discussion. Communication between the management, staff and people living in the home was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were carried out to identify any areas that needed improving and appropriate remedial action was taken.

Treehaven Bungalows

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 was carried out by one inspector on 22 and 26 April 2016 and was unannounced.

Before our 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 other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

As some people were not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we met nine of the 10 people who were living in the home and spoke with one person's relative on the telephone. We also spoke with the manager, the deputy of administration and five support workers, including senior staff. We looked in detail at the care records for five people and a selection of medical and health related records.

We also looked at the records for two members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

People were not able to tell us directly whether they felt safe but we saw that they appeared relaxed and comfortable in the presence of the staff who were supporting them. We saw that people were supported and cared for safely and that risks to their health, welfare and safety were minimised.

One person's relative told us, "I know [Name] feels safe and secure there. If [Name] is out or away with people [staff] from the house [Name] is okay. If it is with someone else, not from the house, [Name] gets anxious and wants to go home as quickly as possible."

The manager and staff demonstrated that they understood what constituted abuse and that they knew the correct reporting procedure. People's records, together with the statutory notifications we had received, showed that all incidents were reported appropriately. This included those that required referrals to the local authority's safeguarding team. The manager showed us an example of how a member of staff had witnessed something they were unsure about but had reported their concerns immediately. This had resulted in appropriate action being taken to ensure people remained safe.

Individual and 'person centred' risk assessments had been completed in respect of all aspects of people's everyday lives. Where new or potential risks were identified, the information and guidance for staff was updated promptly to reflect the relevant changes. For example, assessments explained in detail how to understand people's moods, behaviour and actions, as well as specific support requirements. These helped staff to recognise and avoid certain triggers that could potentially put the person or others at risk.

There were consistently enough staff on duty to meet people's specific needs. We noted that most people required one-to-one staffing levels during their waking hours and, on occasions, two or more members of staff were required to support individual people. The rotas showed how levels were increased or adjusted as needed, in order to enable people to safely live their lives as they wished. For example, when going out or with their daily activities. Staff and the manager explained that people's dependency was continually assessed and reviewed, to ensure that the staffing levels remained sufficient and appropriate. Our observations during this inspection showed that staff were vigilant and responded to people's needs in a timely fashion.

The staff records and staff we spoke with confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were police checked for suitability with the Disclosure and Barring Service and appropriate references were obtained before they started working in the home.

Medicines were stored, managed and administered safely in the home and people received their medicines as prescribed. The manager told us that all staff received appropriate training to administer people's medicines. Supervisions were also carried out to monitor and assess staff and ensure their ongoing capability in this area. We saw that people's medicines were appropriately stored in lockable facilities in the office. People's records, including the medicine administration records (MAR), were completed

appropriately. We also noted that staff acted in accordance with the provider's medication policy and followed guidance received from the dispensing pharmacy. Records we looked at, and a discussion with the manager, also confirmed that people had regular reviews of their medicines. This ensured they remained appropriate for people's clinical needs.

Good

Is the service effective?

Our findings

People living in the home were not able to speak with us directly but we saw that they were supported effectively by staff who were skilled and knowledgeable in their work.

All new members of staff completed a comprehensive corporate induction process, which included completing essential training courses that were relevant to their roles. Some staff had not worked in a care environment prior to working for this provider but told us that the training provision was excellent. Records we looked at showed that one-to-one supervisions were carried out with staff on a regular basis, as well as annual appraisals.

Specific training was also provided in order for staff to be able to understand and meet people's individual and sometimes complex support needs. For example, training in epilepsy, autism, sign language and Non Abusive Psychological & Physical Interventions (NAPPI). NAPPI is a method to help staff safely assess and manage people if they become confused, unpredictable or exhibit challenging behaviour.

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 are called 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. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that staff had received training on this subject.

The manager told us that a DoLS application had been made for each of the people currently living in the home. They showed us how each application had been completed individually for each person. We saw that, due to the nature and complexities of people's autism and learning disabilities, these applications had been completed appropriately.

Everybody living in the home had little or no capacity in certain areas. Judgements of people's mental capacity were evidenced by assessments that were detailed in people's care plans and personal profiles. Some people's MCA assessments had been completed by an external mental capacity assessor and a best interests assessor. We noted that these people had commended the paperwork that had accompanied the DoLS applications.

We saw that the areas in which people lacked capacity were clearly recorded, together with explanations of how each person could make decisions for themselves and how they communicated their decisions. Where people lacked capacity, we saw that best interests decisions were made with the involvement of as many relevant people as possible. For example, the people themselves, their family or advocates, staff, health professionals and social workers.

An example of how one person communicated their choice in the mornings was clearly recorded in their communication profile and dictionary. We noted that if the person made a sleep sign and gestured to the bedroom door, this meant that they did not want to get up yet and wanted staff to leave. The way staff needed to respond was recorded as being to leave the room and try again a short while later. This assured us that people were supported to make decisions for themselves as much as possible and that their choices were respected.

People were supported to have enough to eat and drink and our observations during lunch time showed some people choosing their meals. One person told us that it was fish and chips for tea that evening but that they were going to have a burger instead. People's needs and abilities to eat and drink were varied and we saw that staff catered for each person on a very individual basis. For example, one person indicated what they wanted when staff offered them a choice, by using facial and body gestures. Another person was able to tell staff exactly what they wanted.

People's intake of food and drink was monitored and recorded when necessary and people's weights were checked regularly. This information was also audited, so that prompt action could be taken when people were not eating or drinking sufficient amounts, to help ensure they stayed well.

Information in people's care records showed that prompt referrals were made to healthcare specialists when any concerns were identified. For example, to the dietician and speech and language team, when there were concerns about people's weights and nutritional intake or if people had any difficulties with swallowing.

People's general health and wellbeing was reviewed on a daily basis and their care records were kept up to date regarding their healthcare needs. People were also able to access other relevant healthcare professionals as needed, such as the GP, district nurse, epilepsy specialist nurse, physiotherapist, psychiatrist, dentist and optician. The manager also explained how the service received excellent support from a dedicated nurse practitioner from the local health centre.

We also saw evidence, by way of observations and information in the care records that staff worked in accordance with guidance provided by external professionals. This ensured that people continued to be supported and cared for effectively.

Good

Is the service caring?

Our findings

People living in the home were not able to tell us directly whether the service was caring but we saw that staff treated people kindly and in a caring and friendly manner. Staff interacted with people to levels that were individual and appropriate for each person's needs and wishes. We also saw that people appeared comfortable in the presence of all the staff they were being supported by.

One person's relative said that they were very happy with the care and support provided for their family member. They told us, "I know [Name] is happy, at home and comfortable." This person also said, "When [Name] moved to Treehaven I could see it was a different kind of place and the people; I could see they [staff] really cared."

We observed that staff were very perceptive to people's wants, needs and feelings. Staff actions, combined with people's body language and facial expressions demonstrated that staff knew people and their needs very well.

People's care records showed that people were as involved as possible with regard to planning and agreeing the way in which their care and support was provided. Where people did not communicate verbally or in a formally recognised way, we saw that staff used methods that were individual to each person. This helped people make their own decisions and choices as much as possible.

We saw that each person had a communication profile that explained how to communicate effectively with them. Some people understood and responded to single words, accompanied by signs or gestures. For example, we noted how staff asked one person if they wanted to go out for lunch. Staff would say, "[Name], lunch out?" whilst signing 'drive' and 'eat'. Other people communicated by using photographs or pictures of things such as food, places or activities. Some other people needed physical objects such as car keys, a mug or a bath sponge to be able to communicate their wants, needs or wishes.

Where possible, people had regular contact with their family members and friends. Visitors, who were known to people, were welcome without restrictions. Where people were unable to make decisions for themselves, we saw that a detailed decision making process was followed in people's best interests. This involved as many relevant people as possible. For example, the person themselves, their family or advocates, staff, health professionals and social workers.

Our observations throughout this inspection showed that people were treated with dignity and respect at all times and their right to privacy was consistently upheld. For example, one person told staff that they wanted some help to change their clothes. We saw that staff acknowledged this person's request and, in a dignified manner, supported them to go to their room.

People were also encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising or eating and drinking. Some people used personal 'picture boards' with removable images to help them to choose and plan how and where they wished to

spend their time.

People were supported to maintain strong links with the community and were often out and about; pursuing their interests and maintaining relationships that were important to them. Some people accessed regular day services and staff maintained frequent contact with other health and social care professionals. During this inspection we observed some people going out for a walk with staff, while others went shopping. Some people went out for a drive and some attended a local day service to enjoy a sensory room experience. A sensory room is a special room designed to develop a person's sense, usually through special lighting, music, and objects. It can also be used as an effective therapy for people with limited communication skills.

Good

Is the service responsive?

Our findings

People living in the home were not able to tell us directly whether the service was responsive. However, we saw that people received care and support that was individual to their needs and that they were involved in planning their own care as much as possible. Staff continually assessed people's moods and behaviour and ensured they were doing what they wanted and were where they wanted to be. When anybody needed something, we saw that staff were very receptive and quick to respond appropriately.

Information in people's care records showed that detailed assessments had been completed, to ensure the service could meet their needs. These assessments formed the basis of people's care plans and were reviewed and updated on a regular basis. People's risk assessments were also regularly reviewed and updated as needed.

We noted that one person's behaviour had recently been identified as having 'changed'. Staff told us that they were currently unclear as to what was causing the person to exhibit certain behaviours. However, information in the person's care records showed how these changes and particular behavioural trends were being continually monitored, reviewed and analysed by staff and external professionals.

All our observations during this inspection confirmed that people were recognised and treated as individuals and that the care and support provided was person centred. The contents of the care plans were also personalised and gave a full description of each person's individual support needs. For example, each person's care records contained a personal profile, details of how the person communicated and exactly how they needed their support to be provided. Such as, guiding or prompting the person to do for themselves or explaining and showing the person what staff were about to do.

Assessments also clearly explained what could happen if a person's needs weren't met in the way they wanted. For example, if one person wasn't supported in a certain way, they would experience heightened anxiety and could self-harm or become aggressive with staff and others.

We saw that sensory assessments and social skills assessments had also been completed for people. These helped staff to further understand and manage people's specific and individual needs, as well as recognising potential anxiety or adverse behavioural triggers. For example, one person was noted to dislike bright lights and was frightened by flashes of light. Another person did not mind these at all. One person remembered routes and places extremely well, while another 'got lost' easily. One person was comfortable in crowded areas and another found these situations very difficult.

People living in the home were able to lead lifestyles that suited their needs and that they enjoyed. For example, some people regularly attended day centres, where they could socialise and take part in a range of activities. We also noted that people were supported by the staff in the home to do the things they liked. We saw one person getting ready to go out and noted how staff explained the choice of going by bus or train. This person was supported to check the timetables for both, to help them make a decision. One person told us that their plans for the day were to go to the bank, telephone their relative and go to the social club. We

noted that other people frequently undertook activities such as walking, sailing, aromatherapy, lunches out, watching cartoons and doing puzzles. Where possible, people were also supported to have holidays and visits to their families.

We saw that the home had an appropriate complaints procedure, which contained detailed information about the steps to be taken in the event of a complaint being received. People living in the home were supported by staff on an individual basis to make a complaint or raise any concerns if they had any. We saw that any concerns were listened to and responded to appropriately. No formal complaints had been received but we saw positive feedback from some people's relatives and some healthcare professionals.

Good

Is the service well-led?

Our findings

There was an open, positive culture in the home and staff told us the manager and the deputy of administration were approachable and open to discussion. However, some staff said they would appreciate more direct communication and clearer explanations of decisions from the provider, regarding various aspects of the service. Staff explained that ideas, issues or concerns occasionally needed to be passed up to the provider from Treehaven's management team but that the provider's responses and reasons for decisions were sometimes not clearly explained. To try and address this issue, we noted that the provider had appointed an employee relations officer at the beginning of 2016. In addition, a staff representative had also been elected for the service.

Staff said that communications between staff and the management of the service were frequent and effective. We saw that staff and management meetings took place regularly and that detailed minutes were taken each time. These meetings covered all aspects of the service. For example, health and safety issues, staffing levels, staff training, areas of responsibility and the individual support requirements for people living in the home.

The staff we spoke with said they really enjoyed their work and were fully committed to supporting the people who were living in Treehaven Bungalows. We also noted feedback from the provider's compliance manager, following a recent audit. This stated that there had been a nice atmosphere and that all staff had been engaging and positive about Treehaven.

There was a registered manager in post and the information we held about Treehaven Bungalows showed that notifiable events had been reported as required. When we spoke with the registered manager about this, they demonstrated an understanding of what events they were required to report and to whom. The registered manager also told us they felt very well supported in their role.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place. Administrative support for the service was also seen to be a very effective and valuable asset.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole consistently reviewed and considered people's physical and emotional health and wellbeing.

A full audit of Treehaven Bungalows had been carried out by the provider's compliance manager in October 2015. We saw that the overall outcome was mostly positive and that a detailed action plan had been compiled to address those shortfalls that had been identified. We noted that a number of required actions had been completed at the time of our inspection, with some areas being on-going or work-in-progress.

We reviewed the service's current annual development plan. This detailed objectives that had been

achieved in the last year and explained the obstacles that had delayed some targets from being reached. We also looked at the developments and achievements so far in the current year and the objectives for the year ahead. For example, the staff and management of Treehaven were working very hard towards gaining accreditation from the National Autistic Society. We noted that an accreditation adviser had visited the service on three occasions and the accreditation review had subsequently been agreed for the beginning of August 2016.

We looked at the results from the last quality assurance survey and noted that all the feedback from people's relatives and healthcare professionals was positive. For example, one relative had commented that they were very pleased with the progress their family member had made. Another relative stated that they were astounded at all the support, care and opportunities being given to their family member.

Comments from a number of external healthcare professionals included that Treehaven was one of the nicest services they had ever seen. One nurse commented that they had seen such an improvement in the person they treated and that they were at their best since the nurse had known them. This nurse also added that the staff were fantastic and that the consistency of staff had had a positive impact on the person's wellbeing.

A social worker had responded, "Excellent" when asked how they would rate the manager and keyworker's knowledge regarding the needs of the tenants.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.