

The Service Tree Limited

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Inspection report

Step Enterprise House
14-16 Bridgford Road, West Bridgford
Nottingham
Nottinghamshire
NG2 6AB

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10 March 2016
11 March 2016

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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 

Summary of findings

Overall summary

This inspection took place on 10 and 11 March 2016. The Service Tree Limited is a domiciliary care service which provides personal care and support to people in their own home.

At the time of our inspection The Service Tree Limited offered support to 41 people living in Nottinghamshire mainly in the Rushcliffe area. They specialise in supporting people living with dementia.

There were two registered managers in place and both were available during 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.

People were very satisfied with all aspects of the service provided and spoke highly of both staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service and relatives we spoke with told us they felt staff provided safe and effective care. Most staff we spoke to had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns. Staff had also received safeguarding adults training.

People's care plans reflected their individual needs and personal wishes. People told us they were involved in the development of their care plans and were enabled to express their views on an on going basis.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the required skills and of suitable character were employed. However, on one occasion this was not the case, as a new member of staff began to lone work before their DBS (Disclosure and Barring Service) check had come through.

People told us they received their medicines as prescribed. However, the Medicines Administration Records (MARs) we looked at had gaps where signatures were required.

Staff received regular supervisions and annual appraisals and were able to reflect on the care and support they delivered and identified further training requirements. The service encouraged feedback from all people involved with the service.

People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

People who used the service including staff, were positive about the leadership of the service. Staff were

clear about the vision and values of the service.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People told us they received their medicines as prescribed. However the medicines administration record had gaps where signatures were required.

There were sufficient numbers of staff to meet people's care needs and most staff were recruited safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People were able to make choices about their support. Staff told us how they respect people's choices.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External professionals were involved in people's care as appropriate.

Good ●

Is the service caring?

The service was caring.

People, their relatives and health care professionals told us the staff were supportive, caring and compassionate towards people.

People were encouraged to make decisions relating to the care and support they received.

People and their relatives told us that that staff respected and supported people in a manner that promoted their privacy and

Good ●

dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs. People received a reliable and consistent service.

People's feedback was used to make improvements to the service and to plan social activities.

People felt able to raise concerns and had confidence in staff and managers to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well-led

People, their relatives and staff spoke positively about the registered managers and their staff team. They said they were approachable, supportive and caring.

Regular audits of the service were not being carried which meant there was a lack of consistency in how the service was managed.

Annual surveys were carried out to obtain the views of people who used the service.

The Service Tree Limited

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.

We visited the service on 10 and 11 March 2016, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered managers would be available. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with two people who used the service, six relatives, one friend, three members of care staff, a care coordinator and both registered managers. We looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. One person said, "Yes, I do feel safe with them [staff]. Yes quite safe." A relative told us, "They [provider] improve [family member's] quality of life a lot and I feel safe with them."

Most staff we spoke with had good knowledge of the different types of abuse people could experience and explained what action they would take to make sure people were safe. Further information on safeguarding including the contact details of local safeguarding authorities was visible on a poster in the office and available in the staff handbook. This meant staff could access the information quickly and easily in the event they needed to raise a safeguarding concern.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this

The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from abuse. We were able to confirm that the policy and procedures were available to people using the service, their relatives and the staff.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. People told us they were offered choices and did not feel restricted by staff. People who used the service had care plans in place, which contained information about how to support them to keep safe without unnecessarily restricting their freedom.

Risk assessments provided staff with the required information about how risks should be managed to protect each person. The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they support people and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks.

We saw the service had plans in place in the event of an emergency. This meant that the service to people could continue even if there was, for example, a loss of power at the main office. Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People we spoke with said staff would stay for the duration of the calls and if they were running late they

would get a call. All members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. One member of staff said, "Every call gets covered and there are never any missed calls." Staff had enough time to carry out their tasks and to keep people safe. A review of the staff rota's showed staff had sufficient time allocated to provide the care for the people.

We checked the recruitment files of three staff members. The majority of these contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

In one of the records we saw a staff member had started supporting people on their own a few days before their DBS check had cleared. The registered managers assured us that safer recruitment processes would be applied in the future.

We looked at four medication administration recording sheets (MARs). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. Most people managed their own medication, others required regular daily support. However, we found gaps where signatures were required by staff to confirm medication had been taken. We checked the running records [daily logs] that confirmed medication had been given appropriately. We discussed with the registered managers the importance of MARs being fully completed. They agreed to take immediate action to improve recording.

People told us they were supported with their medication safely and effectively. A relative told us that, "When [family member] visits him the service have arranged for all his medication and their instructions to how and what to give.

Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication. The registered managers informed us that medication administration and awareness was regularly discussed at staff meetings.

The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered.

Is the service effective?

Our findings

People received effective care from staff that achieved positive outcomes. A person told us, "I would recommend them [the service] without hesitation." A relative said, "They [staff] do make helpful suggestions which I can put to the GP." A family member told us, "People [staff] are of a high calibre". Another relative said, "I'm impressed by the people who are doing the job".

Every staff member we spoke with said their induction was good and prepared them for their role. Their induction included completing the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

The registered managers told us inductions involved staff shadowing co-workers to build trust and understanding of people's needs and preferences. One member of staff agreed that this prepared them for their role. Another member of staff said during their induction they were, "Always introduced to clients by another staff member." They felt this was important as, "Each client likes things done differently."

Staff had received opportunities to meet on a one to one basis with the registered managers to review their work, training and development needs. These are referred to as supervision or appraisal meetings. A staff member told us, "Supervision is every two to three months, but I can drop in and have a chat anytime. It's nice to have bosses you can talk to."

Records confirmed that staff had attended relevant training for their roles and were booked on updates as required. This included, moving and handling, diversity and equality, dementia awareness, Mental Capacity Act (MCA), safeguarding adults, multiple sclerosis and parkinson's. At the time of inspection all training was up to date. The registered managers showed us a training plan that confirmed this training had been arranged.

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. We checked whether the service was working within the principles of the MCA.

Some of the staff we spoke with had a good understanding of the MCA, however others did not. Staff told us they would seek advice from management about MCA. We spoke to both registered managers about this and they accepted they needed to improve in this area. We saw training had been booked for all staff. The registered managers told us this would improve the staff's understanding of MCA.

MCA assessments were being completed by the registered managers and the care coordinator, when necessary, and best interest decisions had been recorded for areas such as medication changes, personal care and nutrition. Records showed that where appropriate, people's relatives were involved in decisions

made.

People's support needs in relation to preparing food and eating and drinking was documented in their care plans and daily logs. People and their relatives spoke positively about the support they or their family member received. A relative said, "[My family member] really likes a full English breakfast and after, they [staff] have a chat over a cup of tea."

A member of staff described how they went shopping with a person so they could choose what they wanted to eat or prepare. Another member of staff took out different meals from the kitchen and showed the person what was available so they could choose. There had been effective involvement of health professionals such as speech and language therapists when supporting people who were at risk of choking.

People were supported to maintain good health. People and their relatives told us that staff supported them to access healthcare services when required. Health professionals confirmed this and told us they,, "Have found them [staff] proactive, caring and keen to tailor individual packages with respect to identified need."

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received from the service and that they had positive relationships with staff. A person told us, "The manager comes in and puts the kettle on and we have a chat." A relative said, "They [staff] care about [family member]. They don't rush in and dispense the pills and rush out again. I think that's really important."

Another relative explained how they lived two hours away and regularly travelled to pick up their family member and staff would support them. They said, "Staff make sure [family member] is packed and ready for me coming to pick them up and to take to my home."

Many of the people that used the service were living with dementia and both registered managers were Dementia Friends Champions. Dementia Friends Champion are role models for staff in understanding how to meet people's needs when living with dementia. A relative told us, "I ask a question about behaviour and dementia and they [staff] usually have the answer."

Staff told us they enjoyed working at the service. One member of staff said, "I love my job." Another said, "It's not just a job, it's a way of life." A third member of staff said, "I look forward to going into work." This was evidenced by people telling us they were very satisfied with the support they get. Two relatives said "The staff they met were lovely."

Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they were able to easily describe the person's care needs and things that were of interest to them. People were encouraged to maintain their independence and were supported to access local shops and activities.

Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way. A relative told us, "My [family member] is very happy and very relaxed having them there." We found people's care records showed people had been involved in discussions about how they wished to receive their care and support.

Relatives were involved in supporting their loved ones at care plan reviews. One relative said they felt, "Reassurance, to be able to keep my [family member] in her own home environment." A compliment we noted about a member of staff from a relative said, "Please can I say that the carer was brilliant with [family member] yesterday, she has the right approach to [family member] encouraging her and worked hard, remembering all her care needs."

Another person told us, "They [staff] are all lovely." We were told that, "Management are not only professional but take the caring element very much to heart." This was also mentioned often about the staff attitude and their caring approach when supporting people.

A relative told us about their family member and their pet cat. This person lived on their own with their cat.

The cat offered companionship and comfort which promoted positive wellbeing and the staff understood this. Staff made sure the cat was fed and had enough water before they started supporting the person. This helped avoid the person feeling anxious and worrying about their cat.

Another relative we talked with about how caring she found the service and said, "I'm a health professional myself so when I say excellent I really mean it."

Staff respected people's privacy and dignity. One member of staff said, "I treat people how you expect to be treated yourself." Staff told us they left people alone to use the toilet, closed curtains and took steps to protect their privacy during personal care.

People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. This included a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs.

The service had supported people to access local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

Is the service responsive?

Our findings

People told us about two social events in the week run by the service which enabled people to engage with others that promoted positive experiences and memories. People that we spoke with spoke highly of these events and how it helped them get out of their home and build friendships. These events were person centred and responsive as the activities planned were chosen by the people taking part. The registered managers showed us leaflets of these activities.

A person said, "They [staff] support me to develop my confidence and help with my paperwork." Other people told us that they would be isolated without the service. A person told us, "I wouldn't be able to get out of my house [if the service was not in place]." Another person told us, "I enjoy the social activities."

A staff member described how a person was isolated at home and had a fear of falling because of their health condition. The staff member responded to this by making a referral for the person to be assessed by an occupational therapist. This resulted in the person having a wheelchair for inside and outside the house which has enabled the person to feel safer and more confident.

During our inspection one person [who was living with dementia] called throughout the day stating she was confused and did not know where she was. On each occasion the registered manager responded to the caller in a warm, supportive and responsive way. The registered manager reassured the caller that the staff were on their way. They said, "Staff will be there in 15 minutes and then you can have a nice cup of tea." We spoke to a friend of this person who spoke very highly of the service and their ability to manage difficult situations with compassion and professionalism.

Prior to receiving support people had an assessment of their needs and support plans were then developed with the person, their relative and external health or social care professionals. Support plans advised staff of people's needs, routines, preferences and what was important to them. These plans promoted independence and wellbeing.

Staff told us that they had supported people in the community by taking people out to the local pub, shops, garden centres and cinema. One member of staff said they took a person bowling for the first time and now the person goes bowling on a regular basis. This helped build trust and positive experiences for people and staff.

All the people we spoke with and their relatives told us they were in regular contact with both managers and care staff and could not recall a need to complain about the service. A person said "I have another provider for caring in the afternoon and the difference between the two are that this service is far superior!" We were also told that the office was run very professionally and they would always respond quickly to any concerns or queries. One person said, "It's a professional service!" People also told us that if staff were running late the office would call and let them [or their relative] know.

People felt staff responded to their needs. This included, if people needed to change the time the staff came

to their home to support them. One person told us, "It's [the service] efficient and responsive. If times are needed to be changed, even on the same day they have done so at very short notice." People were also confident that any concerns they did raise would be dealt with quickly and effectively and records viewed confirmed this.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the managers. They were aware of the complaints procedure and felt confident in reporting concerns to management.

People and their relatives mentioned they were regularly asked for feedback about the support they received. This was done through surveys but also more informal conversations which we observed during our inspection as calls were taken from family and friends of people using the service.

Is the service well-led?

Our findings

People, relatives, staff and health care professionals told us they felt the service was well led and that the managers promoted positive outcomes for people. A person told us, "It's a professional service and I see their standards in many different ways and am very satisfied with their service." A relative told us, "They [staff] are very well led and you can always talk to them [managers]. One is always on duty on the weekend." Another relative told us how the, "Managers have a very hands on approach to running the business."

People and their relatives were supported by a service that actively sought feedback on the quality of the service. The service carried out regular audits to question practice and drive improvement. Over 50% of surveys sent out by the service were returned completed and all spoke very highly of the service. Another relative said, "I would highly recommend them to anybody." One person we spoke with said they were, "Absolutely on the ball. They're properly managed and run and have sufficient flexibility to go that extra mile to help me." People valued the integrity, compassion and personal involvement of managers. This was evident during the inspection with a relaxed atmosphere in the office and staff members popping in and out even on their days off for a coffee and a chat.

There were very low levels of staff sickness and turnover at the service. Management emphasised the point that they only recruited if they felt the person was right for their service. On one occasion twenty people were interviewed and no one met their requirements and so no position was offered.

When we spoke with people about the managers, one person said, "They seem very organised and professional. Quite confidence inspiring!" Another spoke about the staff in general and said, "I'm impressed by the people who are doing the job." A health professional told us they, "Had been pleased with the level of care they've offered and have no concerns regarding their service."

There were systems in place to ensure policies were in place and up to date and available to all staff. All staff were required to read and sign to confirm they had read and understood the policies. There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents.

We noted that audits were not being carried out regularly. The registered managers did this on a more informal basis. We discussed this with the registered managers and care coordinator. During the inspection they developed an action plan that showed what systems and processes they would implement to improve how they monitored the quality and safety of the service.

Regular staff meetings took place and staff confirmed this. One staff member said told us about staff meetings, "Yes we always overrun as people like to talk." Another staff member said they felt listened to in staff meetings.

One member of staff said of both managers, "[managers names] are the best bosses I have ever had." Two more staff said, "[Managers] look after staff really well." And, "The management are fab."

Staff told us they felt supported by the registered managers and could share with them any suggestions or ideas they had and that they would be listened to. During the visit we were told by both staff and people who used the service that the registered managers ran a professional and caring service. When we asked the managers for information about their service they were able to give clear answers to questions and produce evidence when needed.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of abuse and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The registered managers told us how they had developed positive links with the emergency services. An example being one person was calling the emergency services regularly several times a day. Collective discussions with the person, their friend and with the ambulance services resulted in an effective way to support the anxieties of the person. By working in partnership with other agencies an effective triaging system was in place that reassured the person, the service and the emergency services.

The service had clear values which were documented and demonstrated throughout our inspection by the registered managers and the staff alike. These were to make people's lives easier and enjoyable and to support people to remain comfortable and in control in their own home and when out in the community.