

3 Trees Community Support Limited

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Inspection report

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Date of inspection visit:
04 October 2018
08 October 2018

Date of publication:
15 November 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place over two days, 4 and 8 October 2018. The first day was spent in the office of the organisation and on the second day we visited people using the service in a block of supported living flats. People using the service have learning difficulties.

This service is a domiciliary care agency. Some people using the service live in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Other people using the service lived at home with their family.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was Outstanding in its responsiveness to people's individual needs and preferences. Staff had in depth knowledge of the people they supported, enabling them to deliver a highly person centred service. Working with people's particular communication needs and with understanding of their particular behaviours, staff supported people to manage their anxieties and related behaviours.

Staff were kind and caring and proud of the achievements of the people they supported. People were treated with dignity and respect and given privacy when they wanted it.

People using the service were safe. There were sufficient staff to meet people's needs. Where there were gaps in rotas, these were covered by existing staff so that no agency staff were used. There was a positive approach to risk taking, which meant people didn't experience necessary restrictions in their lives. For one person, staff had worked with the police and local shopkeeper to help make the local environment safe for them to go out independently. Support was given for those people who were prescribed medicines. When these were administered, it was recorded on a Medicine Administration Record (MAR) chart.

The service effectively met people's health needs, working with healthcare professionals when necessary. People were supported nutritionally to maintain a healthy diet and weight. For some people this involved working with the community dietician. People's rights were met in line with the Mental Capacity Act 2005 (MCA). We viewed records of Mental Capacity Assessments and Best Interests decisions.

Staff were well supported in their work, attending supervision regularly. They told us they felt able to raise issues and concerns and that senior staff were approachable. Staff were also positive about the training they received. They told us the training enabled them to meet the complex needs of people they supported. The provider demonstrated the importance they placed on training by sending staff on 'train the trainer' training for certain topics that were difficult to find courses for.

The service was well led. The registered manager and directors were involved at all levels of the organisation. There was a culture of continual improvement within the service and the provider had clear ideas about how they wanted to improve. There were systems in place to monitor the quality of the service provided.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service improved to Outstanding in its responsiveness to people's individual needs. Staff knew the people they supported very well. The service had strong links with the local community and provided lots of opportunities for people to take part in events and activities. Complaints were responded to and resolved as far as possible.	Outstanding ☆
Is the service well-led? The service remained Good.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 8 October 2018 and was an announced inspection. We gave short notice of this inspection because the service provides care to people in their own homes and we needed to be sure there was someone available in the office to support our inspection.

The inspection was carried out by one Inspector. Prior to the inspection we reviewed all information available to us, including the Provider Information Return (PIR). The PIR is a form completed by the provider setting out what the service is currently doing well and any areas they plan to improve. We also reviewed any notifications made by the service. Notifications are information about specific events that the provider is required by law to tell us about.

As part of our inspection we met three people using the service, at their supported living flats. We spoke with four team leaders and two support workers. The registered manager was present on the second day of inspection and we also spoke with the company directors. We reviewed care files for four people, as well as other documentation relating to the running of the service such as quality surveys and medicines records.

Is the service safe?

Our findings

The service was safe. We didn't receive verbal feedback from people about how safe they felt, however we observed that people were settled and content in the presence of staff.

There was a positive approach to risk taking which promoted people's independence and avoided unnecessary restrictions on their lives. The service, for example had put measures in to place to ensure it was safe for one person to go to their local shop independently. They had established a relationship with the local shopkeeper so that they would contact the service if they had any concerns about the person when they visited. The service also had a missing person protocol to follow in the event the person stayed out longer than had been agreed. There were risk assessments in place for day to day risks such as the risk of scalds and burns, injury from road traffic and health conditions such as epilepsy. We saw one person preparing food. Staff gave the person space to complete the tasks independently but helped the person to do so safely, by prompting them to be careful when using a sharp knife.

There were sufficient numbers of staff available to support people. Staff told us there were some vacancies for support staff but where there were gaps in the rotas, existing support staff covered. This was particularly important for people who used the service who benefitted from staff who understood their complex needs. When new staff were recruited, there were checks in place to ensure they were suitable to work at the service. This included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check identifies those who have been barred from working with vulnerable adults. Following feedback from an inspection of another of the provider's registered services, they were now making sure to collect references from previous employers in the care sector, rather than personal references.

Staff were trained in safeguarding vulnerable adults and reported feeling confident about reporting any concerns. Staff told us there was an open, transparent culture where they felt confident approaching senior staff with any concerns. Staff told us about situations where they'd acted to keep people safe.

People received support with their medicines. Medicines were stored securely in people's individual flats. When staff administered medicines, this was recorded on a Medicine Administration Record (MAR) charts. At the supported living accommodation, staff recorded when medicines were returned to the pharmacy. Where people had topical creams to be prescribed, there were instructions recorded to describe where these should be applied.

There was a system in place for recording accidents and incidents. These were reviewed by a senior member of staff so that they could monitor for any trends and review what action was necessary to prevent recurrence.

Is the service effective?

Our findings

The service was effective. Staff received excellent training and support to enable them to carry out their roles effectively. Staff were all positive about the support they received and told us it was sufficient to enable them to meet people's complex needs. Training was tailored to the needs of people using the service. We were told that where the provider was finding it difficult to source training, they were looking at other ways to deliver this. For example, some staff had been given 'train the trainer' training, meaning that they were suitably qualified to train other staff within the organisation. This had been completed in response to the need to train staff in delivering buccal midazolam for a person with epilepsy. The provider also recognised the value of good communication and due to difficulties with the implementation of the Picture Exchange Communication system (PECS) with one person. The provider had decided to put two members of staff through advanced training so that they could monitor and develop the use of PECs throughout the service. PECS is a system where people use pictures to communicate.

Staff received regular supervision and told us they felt well supported. It was evident throughout our visit that staff felt confident and able to approach senior staff for advice and support.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). This is legislation that protects the rights of people who are not able to make decisions independently about their own care and support. Staff confirmed they had received training in this legislation and understood how to put it in to practice. One member of staff for example told us that you should always "assume capacity". Others told us about people who had fluctuating capacity and they needed to judge from day to day how well they were able to make decisions. We saw evidence of capacity assessment and best interests decisions in people's care files. We were told by senior staff that a number of people had applications in place to the court of protection in relation to the level of supervision they required, which amounted to a deprivation of liberty. When people are living in their own homes, the process for authorising deprivation of liberty is managed by the court of protection, rather than the local authority.

People received support with their eating and drinking. People's nutritional needs were described in their support plans. For example, one person was involved with the community dietician due to concerns about their weight. They had also been prescribed nutritional supplements. Having discussed concerns about one person's weight with their GP, it had been agreed for them to attend a weight loss group. Staff supported them in this and as a result they were working successfully towards their healthy weight. For those people we visited in their supported living accommodation, we saw they had menu plans on their walls which they had been involved in creating.

Staff supported people in relation to their health needs and worked with healthcare professionals when needed. One person for example, required a medical procedure and staff had supported the person to meet with the consultant in relation to this. One professional told us 'I have worked closely with this provider as a health professional and have found them extremely helpful and have a good working relationship where any recommendations are put in place immediately for the service user.'

Is the service caring?

Our findings

People were supported by staff who were very kind and caring. People didn't give us verbal feedback about their experiences, however we visited three people in their supported living accommodation. People were clearly at ease with the staff supporting them and staff were respectful, speaking in a calm and pleasant manner. We saw one person and their support staff shared humour and laughter together. The person told us about the nicknames they had made up for each member of staff, clearly enjoying the humour of this. We read the following feedback from the provider's feedback questionnaires; '(name) has a wonderful life, it is lovely to see that she does so much', and '(name) likes his supporters and is good friends with them'.

People's independence was actively encouraged. We visited people in their supported living flats at lunchtime and saw that staff were supporting them to make their own meal. One person was able to do this with minimal support, whilst another person required more prompting to enable them to complete the task. This demonstrated how staff encouraged independence at a level tailored to each individual. We also heard about two people who had used the service who were now able to move on to a supported living arrangement, having been living at home previously, with family. This was a significant step for these individuals, empowering them to live their lives with greater autonomy. Staff had been involved in supporting these people to decorate their accommodation according to how they wanted it. For one person in supported living, they had not wanted to engage in going to the shops to choose a new sofa. So staff had brought a catalogue to them to view and make a choice from there.

People were treated with respect. Staff knocked on the door of people's flats before entering and called out to introduce themselves. One person had been supported to use a sign that they put up on their bedroom door when they wanted time alone and needed privacy.

Staff clearly enjoyed and celebrated people's achievements. One member of staff for example told us about a person for whom there had been concerns about their nutrition and not wanting to eat. Through the support of staff, the person was now eating three meals a day. Another staff member told us that their team had worked with a person to support them in making their own breakfast, which they had recently achieved.

The service supported people to stay in contact with friends and family. For some people, visits to their families required careful planning to ensure they worked well. However this demonstrated that the service understood the need and importance of maintaining these relationships. We were told that one person receiving support often went to see another person in the supported living accommodation they were at.

Is the service responsive?

Our findings

The service was Outstanding in its responsiveness to people and their individual needs and wishes. There was a highly person centred approach to support which enabled people to try new experiences and help them to regulate their own anxieties and related behaviours.

Throughout our visit we heard several examples of staff working closely with people to manage and address particular behaviours. In doing so, people were empowered to have more input and control in their lives. Staff told us that for one person, they had arrived at the service with severe anxieties about food. For years, prior to the person being supported by 3 Trees, they had been following the same rigid menu plan. This was because food was a significant trigger for anxiety and associated behaviours. Over time, staff worked with and engaged this person to the point where they were now able to plan their own menus, moving away from the fixed menu they had been using in previous placements. One member of staff told us how they looked for different recipes and discussed with the person which ones they wanted to try. This represented a significant achievement for this individual and enabled them to more effectively manage their emotions around food. This also demonstrated a positive 'can do' approach amongst staff, who didn't accept the easiest option.

Another person had anxiety around using their laptop and a particular game they played. The anxiety generated by this game had, in the past, led to behaviours that had been challenging and had resulted in physical damage to the person's home environment. Staff told us that this person had expressed that they didn't want this behaviour to continue. Staff worked with this person successfully, finding other ways to use their laptop that didn't lead to anxiety related behaviour. This was achieved through developing a social story. A social story is a means of helping a person understand a particular issue, through simple language and pictures. The person also had an agreement in place relating to the game which was reinforced regularly with them. Instead of the game, the person now used their laptop to search the internet and had recently identified a place they wanted to go on holiday. Staff told us that since this approach had been implemented, there had been no further incidents of anxiety related behaviours associated with the laptop. This demonstrated a personalised and very successful approach to working with this person and enabled the person to remain much more emotionally stable. The person concerned had been listened to and staff had worked proactively with them to find a solution.

It was clear from speaking with staff that they understood people's needs very well. For example, whilst discussing behaviours, staff told us that one person could be helped to manage their emotions through undertaking a physical activity. Staff recounted an occasion when they had taken a person to run around a field to help calm them. For other people, staff told us they needed space and it was best to withdraw from them. This individualised approach meant that the need for restrictive practices such as restraint was greatly reduced. For one person in particular, staff told us that knowing something was going to happen could generate anxiety for them so it was best to 'surprise' them with when activities were going to happen. This approach had been fully discussed with the person concerned.

The service had developed strong links with the local area, in particular a local community centre. Staff told

us people had recently been involved in baking cakes for a charity cake sale held at the centre. This had been well supported by people's families, but staff told us that local people had also attended and purchased items. People also attended a lunch club at the centre and occasionally combined meetings with other groups such as a young mums group. The activities coordinator told us about the ways they were hoping to develop their community links in the future, for example by collating and distributing food parcels to people locally.

Although, the service were registered for the regulated activity of personal care, the provider offered a range of support and opportunities over and above this. There was a member of staff for example with the responsibility of organising and involving people in activities. Several people for example had attended a local rugby match. Staff told us how much people had enjoyed this sensory experience. One individual had been supported to join a martial arts class. Staff told us this had significantly increased their confidence and they were now joining in other classes too. Socially, the person was beginning to greet staff at the centre where these activities took place which is something they hadn't been able to do previously. One person we met talked about wanting to go the cinema to see a new film that was due to come out. Staff told us about how they were going to make this possible for the person. This would involve speaking with cinema manager and risk assessing the activity prior to going.

Staff recognised and supported people's cultural needs. One person being supported, for example had family connections from another country. This person had been supported to visit and purchase items from a shop where items from this country were sold. In the past, the service had supported a person with an Afro-Caribbean background. Staff learnt certain words/phrases in Patios to help build relationships with this them. Staff also supported the person to access an Afro-Caribbean hairdresser which was very successful in reducing self harming behaviours. Staff had observed that smells and sounds were important to the person due to their sensory impairment and used aromatherapy oils and reggae music to help them orient themselves to different times of day.

People were supported to make complaints if they wished to do so. All complaints were resolved within 28 days.

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place supported by the directors of the organisation. Senior staff were involved at all levels of the organisation. One of the directors, for example carried out service user reviews. Throughout our visit, it was clear that people using the service were familiar with senior staff. One person at the supported living accommodation stopped to speak with the director as we walked around. Staff all felt that the management of team were approachable and they felt confident about raising any issues or concerns.

Staff told us communication was good amongst the team. A communication app was used to send messages out to the whole staff team. This was particularly effective when the staff team were working in various locations in the community. Individual team leaders told us they held team meetings with their support workers.

There was a culture of continual improvement evident within the service. The registered manager and directors for example, read books relevant to the adult social care sector and shared their learning from this with each other, identifying points from their learning that could be applied to the service. We viewed an action plan that had been created from a book recently reviewed. Support staff had been invited to be involved in a 'SWOT' analysis of the service, identifying the strengths, weaknesses, opportunities and threats to the organisation. This fed in to an improvement plan for the organisation. The provider told us they were members of Care and Support West and attended their conferences, which had provided some good learning opportunities.

The service was in the process of creating 'team charters' for each individual team within the organisation. These would be led by staff and set out the team's vision and goals. This included goals for individual service users, so that staff all had common aims that they were working towards.

There were systems in place to monitor the quality of the service. Feedback was sought from people through the care plan review process and through the use of service user questionnaires. The directors told us that they were looking at ways to make gathering feedback from people, more bespoke to their individual communication needs so that the results of the surveys were more accurate and meaningful. The provider had identified a member of staff to take the lead on communication and although this had not been fully implemented, the plan for this role was fully documented. The service were also in the process of implementing an internationally recognised quality management system used by businesses to improve their performance.