

The Service Tree Limited

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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

The Service Tree Limited is a domiciliary care agency. This service supports people in their own home and people receive care and/or support in order to promote their independence and well-being. At the time of our inspection 29 people were using the service. The service can support people who are living with dementia, have a learning disability, special sensory needs and/or a physical disability. It can also assist people who have mental health needs. The service provided support to people living in Nottinghamshire.

This was the first inspection of the service since it was registered at its new address. We last completed an inspection of the service in March 2016. At that inspection we said that the overall quality rating for the service was, 'Good'. At the previous inspection the safe rating was requires improvement. At this inspection this rating had improved and was now 'Good'.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were very satisfied with all aspects of the service provided and spoke highly of staff and the registered 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. Staff turnover was low which people and relatives valued. People were supported by a small team of staff that understood their needs.

We found that there were systems, processes and practices to safeguard people from situations in which they may experience abuse including physical harm. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People told us they received their medicines as prescribed. Medicines Administration Records (MARs) reviewed had been completed by staff and were regularly audited by management.

Background checks had been completed before new care staff had been appointed. People were protected by there being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Staff had received all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to identify further training in addition to their mandatory training.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had their rights protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs when required. People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People received personalised care that was responsive to their needs. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives. Confidential information was kept private.

There was strong sense of leadership in the service that was open and inclusive. The registered persons focused on achieving positive outcomes for people and their staff. People benefited from there being a robust professional management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The service encouraged feedback from people who used the service, relatives and care staff. Views were gathered through questionnaires, telephone conversations, regular face-to-face meetings at their home or in the office.

No complaints had been received in the last 12 months. People were introduced to lay advocates if necessary.

Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

The registered managers who were also the owners of the service had a clear vision of delivering high-quality person-centred care. Staff understood and were committed to realising this vision. There was a positive and open team culture, the registered managers were visible and supportive of staff. Staff and people's views about how to develop and improve the service were encouraged and acted on.

Staff and management worked in an open way with external agencies, such as the local authority and community healthcare services, to share information about people's support. This helped identify and agree how best to work in partnership, so people could receive consistently effective and person-centred support.

Further information is in the detailed findings below.

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.

Care staff knew how to keep people safe.

People had been supported to avoid preventable accidents while their independence was promoted.

Medicines were safely managed.

Sufficient staff were deployed in the service.

Safe recruitment checks were in place.

People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 registered persons continued to meet 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an adult social care inspector.

This comprehensive inspection visit took place on 28 November 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We gave the registered persons a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

At the registered office we spoke with one person using the service, four care staff and both registered managers. In addition, we looked at the care plans of three 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 duration of care calls, staffing, quality audits and training records.

On 5 December 2018 we spoke by telephone with two people who used the service, two relatives and one

friend. This helped us find out what it was like to receive care from the service.

Is the service safe?

Our findings

At the previous inspection the safe rating was requires improvement. The service had improved its recording of medicines management and safe recruitment checks were always completed prior to new staff supporting people with care. At this inspection this rating had improved and was now 'Good'.

People told us they felt safe when they were supported by staff. One person told us, "I feel safe with the staff - when they are with me." We spoke with relatives and they confirmed their family member/s were always supported safely. A relative said they have, "Absolutely no worries or issues about safety."

Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered managers. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities were visible in the office. This would enable staff to 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. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Risk assessments were clear and person centred around the needs of the person. Staff gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments had been completed for each person's level of risk, including risk of falls, support with medicines and maintaining people's independence in their home and when out in the community. We reviewed these records in people's care files and all files contained signed consent that confirmed people or their representative had been involved in reviews as required.

Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff and emergency services with guidance on how to support people to evacuate their home in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We looked at the staff rota and found that there were sufficient staffing levels to safely meet people's needs. People also confirmed there were sufficient staff to accompany them to their appointments.

We checked the recruitment files of three staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. 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.

We reviewed three medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately.

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. We reviewed monthly medicine audits and these had been completed regularly.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.

Is the service effective?

Our findings

People received effective care from staff who understood their needs. One person said they were, "Very Satisfied [with the care]. They [staff] come on time and do the jobs that they are supposed to do." A relative told us, "New staff are always introduced with an established staff member that we know."

Assessments of people's care and support needs were in place. These assessments along with referral information from local authorities and local health teams were used to review and update individual care plans and risk assessments.

The service made sure that the needs of people were met consistently by staff who have the right knowledge, qualifications, skills and experience. We reviewed records that showed staff had a thorough induction that was completed over 12 weeks, with a mix of face to face training, on line training and shadowing colleagues during care calls. A staff member said, "The training is amazing. Everything you want to do, you can do; like a diploma in care. I am currently doing training on (writing) risk assessments."

Staff told us they received regular supervision and records checked confirmed this. Training records showed that staff attended a wide range of training including administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. Systems were in place to identify specialist training when required, such as stoma care and supporting people living with dementia.

Some people were able to prepare and cook their own meals, others had family member's that did this for them. Where people needed support with meal preparation this information was available in people's support plans. Staff explained they supported people with their shopping and then prepared or assisted people with making healthy meals. Details of people's food and fluid intake were recorded daily. Where required people's weight was monitored monthly.

The service had clear systems and processes for referring people to external services. Records checked confirmed documentation from health professionals such as occupational therapists and district nurses were available in people's care files. A person told us, "They [the service] always let me know if they think [mum] needs a GP visit." One health professional told us, "If they [service] are concerned about anybody they will call the [district nursing] team or GPs. They are proactive." Health appointments were also recorded in diaries and there was a communication book for people, relatives and staff to share useful information with each other.

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 requirements and principles of the MCA were being followed.

All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

Is the service caring?

Our findings

People told us the staff supporting them in their home were caring. One person said, "Carer's are caring." Staff were knowledgeable about the support needs of people they cared for. One person said about a member of staff, "They have time for you." 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.

We were told people's care records showed people had been involved in discussions about how they wished to receive their care and support and this was confirmed when we reviewed people's support plans. Relatives where agreed, confirmed they received copies of the care plan.

The service ensured that people received information about their care and support in an accessible format. Support plans for those with communication needs were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

The service was aware of advocacy and correspondence was seen in people's care files for 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.

People's support plans detailed the ways in which care should be provided to protect people's privacy and dignity. Staff told us they respected people's privacy and dignity. One member of staff said, "I will always knock on the door." Another staff member said, "I always close the curtains." People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care.

A professional told us, "I often liaise with [both] managers at Service Tree, and find them very professional and caring about patient needs. They will often go out of their way to ensure patients & their families are treated with respect and dignity."

Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family and friends. Staff assisted people to keep in touch with their relatives and friends by telephone and during social events.

All of the information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. Care files were secured in lockable cabinets in the office.

Is the service responsive?

Our findings

We asked people if they had the same staff support them regularly. Everyone we spoke with confirmed they did and each staff member was part of a small team of staff that supported each person. One relative said, "[Staff] Team stay regular which is really important."

We reviewed three support plans and all were person centred and well written. Support plans included personal histories and people's preferences in how they would like to be supported. We also saw details of interests people took part in and people were given opportunities to be involved in social activities to avoid them feeling isolated and promoted their well-being. Support plans contained information regarding people's diverse needs and showed involvement of the person and their relative, where agreed. A person told us, "I have asked them [the service] to add something in my care plan and they have done it." A staff member said, "A relative asked if I could come and support their family member on a regular basis. The relative contacted the registered managers and the service agreed and put this in place."

The service organised regular social events which people could attend. One person who attended these told us they, "Get to talk to other people about day to day life and can build friendships at the social club." Another relative spoke positively about such events and the support their family member received to attend these. This included support in the morning at home to get ready, then to book a taxi for both journeys and support back at home in the evening. The relative was grateful that the service managed and organised this for their family member which avoided them being socially isolated.

One person said, "[Staff] are always on time. Now and again they stay extra when I'm feeling down. They don't rush me." A member of staff told us, "I have been nominated for a care award and am a finalist." They had been nominated by people who were using the service. Last year another staff member won a care award for supporting people living with dementia.

Relatives spoke positively about the responsiveness of the management in dealing with day-to-day matters. One relative shared, "They had not needed to complain about anything, but if they did they would not hesitate to contact them [the registered managers]." People also told us that if staff were running late the office would call and let them [or their relative] know.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the registered managers. Staff were aware of the complaints procedure and felt confident in reporting concerns to management. We reviewed complaints and none had been received in the last 12 months.

No one was receiving support for end of life care.

Is the service well-led?

Our findings

People and relatives spoke highly of both registered managers and their ability to respond to changes or concerns when they arose. One person said, "[The managers] are an absolute joy, very professional and approachable. I have total confidence in them managing the service."

During our office inspection there was a steady flow of care staff visiting between care calls. One person receiving support also popped in for a coffee and a chat. Whilst at the office this person became upset. Both registered managers were seen to be kind, caring and compassionate towards this person and were able to support and reassure them. We spoke with this person after and they confirmed they would not have managed if it was not for the service and both managers. This person summed up and said, "They're [managers] brilliant."

We spoke with staff that also visited the office and everyone confirmed the registered managers made the service feel like one big happy family. Alongside the day-to-day work, we observed the office was a safe, comfortable and happy place to meet, for both staff and people using the service.

Care staff were clear about their responsibilities and told us they were always able to contact one the manager's if they needed advice. One person said, "I [and my relatives] always get the rotas in advance." Over the last year no calls had been missed and people and relatives we spoke with also confirmed this.

There were two registered managers' in post. 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. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

We saw that all conditions of registration with the CQC were being met. Records reviewed confirmed incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents. There were systems in place to ensure policies were in place and up to date and available to staff.

Staff told us they felt well supported by the registered managers. One staff member said, "They don't make you do stuff. They ask, can you do this...." Another staff member said "They [the registered managers] always say, 'We have a rule [at the service]; would you allow your mother to be supported by The Service Tree?' " People, relatives and staff all agreed the registered managers were passionate about making sure care was person centred and caring. People and staff told us both registered managers also covered care calls when required which was valued by everyone linked to the service.

There were regular staff meetings at which care staff could discuss their roles and suggest improvements and training to further develop effective team working. Staff meetings also gave management the

opportunity to discuss and share progress about the service. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way. A member of staff said, "I love it here. We get rotas [in advance] regularly. It's nice to come in [to the office] and have a chat. Managers treat you as equals; never had that in any other job."

We saw that regular audits were carried out by the management. The provider had an effective system to regularly assess and monitor the quality of service that people received. The registered managers and the office team completed a number of audits which covered care records, medication and staff training. Any issues were highlighted and actioned appropriately.

Many of the people that used the service were living with dementia and both registered managers were Dementia Friends Champions. Dementia Friends Champions are role models for staff in understanding how to meet people's needs when living with dementia. These skills were acknowledged and valued by local clinical commissioning groups and social services departments.