

Treehouse Care Fostering Solutions Limited

# Treehouse Care Domiciliary Care Services

## Inspection report

The Old Vicarage  
17 Heneage Road  
Grimsby  
Lincolnshire  
DN32 9DZ

Date of inspection visit:  
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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

Treehouse Care Domiciliary Care Services is a domiciliary care service based in Grimsby. The service provides personal care and support to people living in their own homes, who have a learning disability and/or autism spectrum disorder. At the time of our inspection two people received care from the service.

We last inspected the service on 31 March 2015 and rated the service as good. At this inspection we found the service remained good and met all the fundamental standards we inspected against.

The service had a registered manager 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.

Recruitment procedures were thorough and there were sufficient staff, used in a flexible way to support people's needs. Staff knew how to safeguard people from the risk of abuse and harm; they had received training and had procedures to guide them. There were procedures in place to manage risk which helped to ensure people were safe whilst not being too restricted.

People's health and nutritional needs were met. People were supported to attend appointments and access community health care professionals for advice and treatment when required. Medicines were managed effectively and staff ensured people had their medicines as prescribed. The menus were developed with people where possible and provided them with a variety of nutritious meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff approach was observed as kind, caring and compassionate. They treated people with dignity and respect whilst still maintaining a friendly and professional manner. There were very positive comments from people who used the service, relatives and visiting health and social care professionals about the registered manager and staff team.

Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible, staff encouraged people's independence and supported them to access the local community.

We saw from records that staff had received training appropriate for their development, supervision and appraisal. Staff told us the registered manager was supportive of them. They felt listened to, able to make suggestions and were confident in supporting people who used the service.

There was a quality monitoring system in place which consisted of audits, checks, the management of complaints and obtaining people's views about 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?

Good ●

The service remains 'Good'.

### 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'.

# Treehouse Care Domiciliary Care Services

## **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 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 announced inspection took place on 5 June 2017. The registered provider was given 24 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this, appropriately completed and on time. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. Prior to the inspection we spoke with the local authority safeguarding team and they had no concerns about the service.

The inspection team consisted of an adult social care inspector. We visited both people at their homes and spoke with three support workers and the team leader. We telephoned two relatives, three health and social care professionals and day services to gain their views of the service. At the office we spoke with the registered manager.

We observed how staff interacted with people who used the service. We looked at the care records of both people who used the service. We also looked at a selection of records used in the management of the service. These included staff rotas, staff recruitment and training records, quality assurance audit checks, complaint records, surveys and minutes of meetings with staff and people who used the service.

## Is the service safe?

### Our findings

People continued to receive a safe service. Safeguarding policies and procedures were in place. Staff were knowledgeable about what constituted abuse or improper treatment and they told us about the appropriate steps they would take to report any potential abuse or improper treatment if they suspected that it had occurred.

We asked a person if they felt safe and they said, "Yes I'm safe. I like it here." Relatives told us their family member was happy and they did not have any concerns about their safety. One relative said, "Yes, definitely safe. I trust the staff and have no concerns about the safety of [person's name]. During the inspection we saw people appeared relaxed and comfortable in the presence of staff.

There was sufficient staff on duty at all times to meet the needs of people who used the service. This was confirmed in discussions with staff. One member of staff said, "There has never been an issue with the staffing arrangements." Staffing levels were appropriate on the day we visited and ensured that people were supported safely. Rotas confirmed adequate cover was provided by service staff for staff absences and to accommodate any additional support around appointments or activities.

Recruitment procedures were robust and staff were recruited safely. Vetting checks on potential new staff were routinely carried out to ensure they had the correct skills and were of good character to work with vulnerable people.

Staff had the information they needed to support people to remain safe. Risks to people were identified and staff had sufficient information about how to protect them from avoidable harm. Staff knew the risks to each person such as falls, accessing the community, anxiety and behaviours that challenged the service and others. Where appropriate, healthcare professionals and relatives were involved in risk management plans. Staff maintained a record of incidents at the service, which the registered manager monitored to identify any patterns. Staff discussed incidents at shift handovers and team meetings, which ensured they learnt from incidents and understood how to minimise a recurrence.

We found medicines were managed well and people received them as prescribed. The medicines administration records (MARs) tallied with the medicines available and were completed consistently. Medicines were ordered in a timely way, stored securely and disposed of appropriately. Records showed the registered manager checked the medicine records every month during their visit and no issues had been identified.

We saw there were systems in place for ensuring the environment was safe, which included the landlord safety checks and servicing for gas and electrical installations. Staff told us that improvement work to one person's garden had been completed with further work planned to ensure the access arrangements were safe.

## Is the service effective?

### Our findings

Relatives were confident that their family member was appropriately cared for and their needs were met. One relative commented, "No concerns at all, staff provide a very good standard of care." A healthcare professional linked to the service said, "Staff understand our patient's needs well. The staff team have been consistent and always keep us in the loop if there are changes."

People's healthcare needs were met. People were supported to access routine medical support from healthcare professionals such as dentists and opticians, or more specialist support, such as that from a psychiatrist, should this be necessary. Records also showed people were supported to attend medical appointments as and when necessary and annual reviews of their general health and specific needs. Relatives told us they were kept up to date with any changes to their family member's health and appointments they had attended. One relative described how their family member had recently undergone urgent dental treatment at hospital and considered the support from staff had been excellent and this had help ensure the successful outcome.

Nutritional needs were considered, assessed and well managed. People were fully involved, where possible, in the planning around the food they purchased, prepared and ate in order to remain healthy. People were supported to discuss and plan their menus on a weekly basis. Each person had a food and nutrition plan in place and where necessary associated risk assessments. One person had been supported to lose weight and attended a local slimming group each week. They had been successful and had achieved their target weight. They were very proud of this achievement and told us, "I've lost weight. It's good-the staff help me. I eat healthy meals; I have fish and chips on Fridays."

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 domiciliary care services are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes, authorisation for DoLS has to be sought through the Court of Protection. Discussion with the registered manager showed one person may be being deprived of their liberty and an authorisation had been submitted to the relevant placing authority to process.

We observed staff asking people's consent before providing support and before planned activities were undertaken. We also observed staff providing people with choices where this was possible. People's ability to provide consent was assessed and recorded in their care plan. Decisions made in people's best interests were appropriately recorded and relatives and representatives were involved where necessary. We found an assessment was not in place, in relation to the use of a wheelchair strap which restricted one person's movement, and this was completed following the inspection.

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. Records confirmed staff received a range of training considered essential by the registered provider and also related to the health conditions of people who used the service. These included autism, epilepsy, sign language, and managing anxious and distressed

behaviours. New staff members received a comprehensive induction to their role to ensure they were equipped with the skills they needed to support people appropriately.

## Is the service caring?

### Our findings

Staff treated people with dignity and respect and supported them in a kind and caring way. This was observed during the inspection and confirmed in discussions with a person who used the service and relatives. The person told us, "I like the staff, they are my friends."

We observed staff interacting with people and saw they were always kind, attentive, friendly and helpful. One person who was not feeling well was gently supported in a compassionate way. They responded positively to this approach and remained settled and comfortable lying on the sofa next to a member of staff.

People continued to be supported to maintain important relationships with people that mattered to them. Relatives said they could visit at any time and were always made to feel welcome. A healthcare professional described how the move to independent living had meant there had been considerable benefits to their client's relationship with their family. Their client could see them more regularly at their home now and this had also allowed the relationship with their sibling to develop and strengthen.

Staff were very knowledgeable about people's needs. When we asked them how they supported people they described this in detail and they were fully aware of people's individual conditions, likes and dislikes and any recent changes in their health or behaviours. For an individual who was unable to communicate verbally, the staff understood the person's facial expressions, noises and gestures they made. Staff confirmed the person also communicated using a type of sign language and some pictorial prompts, but they preferred not to use the pictorial communication systems at home and staff respected this.

We saw people had some private time on their own without staff presence. This was usually in their bedroom or when they used the bathroom. Staff remained close by just in case people required support. Staff were mindful about how our presence could impact on people's anxieties and they provided reassurance and support when we spent time with people.

People were actively supported to be as independent as possible. Staff described how they encouraged and supported one person to assist them with activities of daily living such as cleaning, shopping, laundry and meal preparation. Staff told us how much one person's well-being had significantly improved since they had supported them to get a new pet dog, following the death of their previous one. Staff explained how the person's mood and anxiety levels had greatly improved and their interest in visiting places in the community was more positive again, with all the regular dog walks and a return to their routine. The person told us, "I love Molly. I like taking her on walks. We go out a lot." A member of staff said, "The new dog has changed [name of person's] life. They are so much happier and healthier, one of the best decisions made."

The registered manager confirmed people would be supported to access advocacy services if they required independent support with any decision making. A person who used the service had accessed these services in the past.



## Is the service responsive?

### Our findings

People continued to receive personalised care and support at the service. Records showed people had received care that was responsive to their needs. One person told us, "The staff help me." Each person had a dedicated staff team who were allocated to oversee their care.

The registered manager confirmed that following the last inspection they had reviewed the care plan format. We found the care records had been adapted and now included a pictorial format to better enable people's involvement. People had care plans in place to meet their individual needs. We found the care plans included more detail of people's preferences, but did not reflect all the person centred approach we had observed. We also found more detailed monthly evaluations would better support the overall review process. The registered manager confirmed they were aware the records required some further improvement and this was planned.

Information about changes to people's needs was shared at staff meetings and handovers to ensure staff provided them with appropriate support. Records showed the registered manager and staff were working closely with the community learning disability team around the positive management of a person's behaviours. We saw that reviews were undertaken on a regular basis and that family and other key people were involved and contributed to these.

People continued to be involved in various activities at their home and in the local community. Each person had a timetable of structured activities which took place on certain days, such as walks, swimming, slimming club, shopping and visits to the disco, clubs and cafes. One person had a sensory room (converted summer house in the garden) and they had helped staff to decorate and furnish this with bean bags, artificial grass and lighting. Their relative told us, "The staff take him out lots-he loves music, dancing and going to discos."

Another person regularly attended a range of day services. They told us they liked attending the different activity sessions and liked to meet their friends there. They told us, "I make cards for the staff. I do baking." The person also told us they liked going on holiday each year with their friends. Staff explained how both people liked routine and structure, but staff worked flexibly and observed people's well-being and moods as this had an impact on people's ability to complete certain tasks or go out.

The registered manager ensured people received the support they required to help them prepare to live more independently when they moved from the children's' services. The service worked with relatives, healthcare professionals and other external agencies to ensure people transitioned safely to more independent living and had the appropriate resources in place. The registered manager explained how some of the staff from the children's service had moved with one person to work with them in the community and this had provided good continuity of care and formed the basis of their core staff team. They considered this arrangement had enabled a positive and successful transition, which was echoed by the person's relatives.

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been one formal complaint received about the service since the last inspection. The registered manager confirmed they met with each person on a regular basis and encouraged them to communicate any concerns or issues they have. When we asked one person who they would speak with if they had any problems or concerns they said, "I speak with [name of registered manager] and text her."

# Is the service well-led?

## Our findings

The service had a registered manager. 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 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities in relation to informing CQC and other agencies of incidents which affected the health and welfare of people who used the service.

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. These values were based on providing a person centred service which supported people's independence and enabled them to live in the community, fulfilling their potential.

We found the values of the organisation were put into practice when we observed care being provided. One person's social worker described them as being very happy and fulfilled with their life and the support they received.

Relatives told us they felt the service was well-managed. Comments included, "We are very happy with everything. [Name of person] has been very well supported. They are organised and the staff are all so nice."

A healthcare professional told us, "The service is well run and the staff are very focused on supporting [name of person] to live more independently. The manager is very involved in overseeing the day to day care. I have no concerns."

We saw communication between the registered manager, the staff team, people who used the service, their relatives and other agencies was very good. Team meetings were held and the minutes detailed what had been discussed and any actions required. Staff were clear about their role and responsibilities to provide high standards of care. Staff told us teamwork was good and the registered manager was approachable, always listened and was open to suggestions and new ideas. Staff told us they felt valued and how much they enjoyed working at the service.

We saw there were audits and checks carried out such for areas such as medicines, care files, the environment, cleaning and safety issues. The audits helped to improve the quality of the service and make it a safe place for people. The audit records showed recent improvements had been made to the garden areas of both properties by the landlords and staff.

The registered manager told us they completed an unannounced visit to each location every month. Records showed the visits took place on different days and at different times. The registered manager used these visits to check records, observe care support and to communicate with people who used the service and staff. The service now contracted with an external consultant to complete additional quality monitoring visits to the locations. Reports were not completed following these visits, which we asked the registered

manager to follow up.