



Inspection Report on

Treeside

Swansea

Date Inspection Completed

22 July 2022

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About Treeside

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	1
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Treeside is a single storey property which sits in a quiet residential estate and benefits from enclosed garden space for privacy. People living in Treeside are treated with compassion and respect and are supported by a dedicated staff team who know them well. There is a manager and deputy in post who have a great deal of experience of working with people living with Autism and bring a wealth of skills and expertise to the support team. People appear to be settled in the service and activities are planned to assist people with their daily routines, likes and dislikes. People are encouraged to build on the skills and abilities they have and progression of this was seen. The care team are recruited, trained, and supported; however annual appraisals have not been completed. These are scheduled to take place shortly. The provider has plans in place to improve the environment to be more suitable for people however this is yet to commence. There are systems in place to ensure care is delivered to meet the changing needs of people and there is adequate oversight of how the service is being delivered.

Well-being

People have control over their day to day lives. Detailed personal plans are in place with appropriate risk assessments to promote people's likes and dislikes and the best way to support them in their daily routines and tasks. Care staff encourage people to do what they can for themselves and encourage development of these skills where possible. Personal plans are reviewed routinely to ensure this progression is maintained. People's representatives are happy with the care at Treeside but have not had sight of the personal plans to agree it's contents for some time.

People's physical, mental health and emotional wellbeing is promoted. The service has good procedures in place to store and manage medication, with good records to monitor any side effects. There is documented evidence to support that medical appointments are sought and attended as required. The service has a full team of inhouse staff at present and the use of agency has significantly reduced. Consequently, the consistent staff team are able to recognise any physical or mental health issues quickly and adapt their approach to best support people. Additional support from other professionals is sought in a timely manner when required.

People are protected from harm and neglect. We saw all staff have completed safeguarding training and those spoken with understand their reporting responsibilities. There are infection control procedures in place in the service to minimise the risk of cross infection. There are policies in place for safeguarding and infection control which have been updated to reflect up to date national guidance. Care staff undertake routine environmental checks to ensure the service remains safe and as comfortable as possible for people.

There is good oversight of the service. The experienced manager and deputy in post are held in high regard by the care team and are present in the service daily. The responsible individual visits the service routinely and completes reports to outline the outcome of the visit. The area manager conducts routine audits and has a good rapport with the care team. Bi-annual quality of care reviews are carried out, which detail achievements of the service and improvements that can be made.

There is no demand to provide the service in Welsh at present. However, should this requirement arise in the future, the provider would make the necessary arrangements to deliver as much of the support required in Welsh where possible.

Care and Support

People have an accurate and up to date personal plan for how their care is to be provided to meet their needs, however these are not always discussed with their representatives. Personal plans are detailed and give care workers a good understanding of the people and their support needs. We saw that corresponding risk assessments are in place, and all are updated routinely to reflect any changes. Monthly reviews usually take place, however the most recent one seen at the time of inspection was from April. Care plan documents accurately reflect people's needs with updates to reflect progression of independent tasks and new goals set to promote further independence. Signatures of people or their representatives are not visible on the care documentation to confirm their involvement. Relatives spoken with confirmed this "*we discuss interventions a bit over the phone to be fair but I haven't seen the care plan*".

Measures are in place to ensure people are safe and protected from harm and neglect. Care workers have completed safeguarding training and are aware of their roles and responsibilities to report any concerns that they may have about the people they support. There is a safeguarding policy in place which has been updated to reflect the Wales Safeguarding procedures and has been recently reviewed. We saw that Deprivation of Liberty Safeguards (DoLS) are considered for people who do not have the capacity to make decisions about their accommodation. Where possible, these are subsequently removed to give people more autonomy if appropriate.

There are safe systems in place for the management of medication in the service. Medication is stored in a locked trolley in the locked office and temperature checks are in place to ensure medication effectiveness is maintained. We saw the medication administration record (MAR) charts, and these are completed appropriately. Medication audits are carried out to minimise the risk for errors. Records of medication given on an 'as needed' (PRN) basis is recorded correctly. Information is available on each to inform staff of possible side effects to look out for. Care workers know the people they support well and respond quickly if there is any deterioration in their health.

The service promotes hygienic practices and manages the risk of cross infection. Care staff wear Personal Protective Equipment (PPE) appropriately, in line with the current guidance. On entering the premises, we were requested to show a negative Lateral Flow Test (LFT's) utilise the available hand sanitiser and complete a Covid-19 declaration form to minimise risk to people on entering the premises. There is an infection control policy in place that is updated to reflect current government guidelines.

Environment

The provider is aware of their responsibilities to ensure that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. The provider is planning to make improvements to the environment to further meet people's needs more effectively. Following the inspection visit the manger told us that adaptations were already progressing in the kitchen to make it more user friendly. Despite this the service is autism friendly as much as it can be with low arousal which means it has a neutral colour scheme, minimal clutter, and plain furniture. Privacy within the property has been enhanced by having frosted panels to the windows at the front of the property and the garden is fully enclosed.

The service has systems in place to minimise any risks to health and safety of people and staff. Routine checks are carried out in the service to ensure the premises is safe. The relevant certificates for routine services are in place, including gas, electricity and fire systems testing. The service provider has a maintenance contractor who carries out maintenance work as and when it is required. There are procedures in place to priority the urgency of works required. There are personal evacuation plans in place for people and these are easily accessible in the office should an emergency arise.

Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. The provider has clear policies and procedures and good systems to ensure these are reviewed and updated as required. We saw the statement of purpose (SOP) has also been reviewed and is consistent with the service and how it operates. The management team carry out audits in the service as does the regional manager which ensures that the service continues to meet people's needs. There is good communication between the management team and area/ regional managers and support is readily available. Relatives of supported people confirm communication was good overall and they had no concerns.

People are supported by a skilled and dedicated care team who are recruited and supported into their roles. We looked at three personnel files which contain the required documentation for safe recruitment and up to date Disclosure and Barring Service (DBS) checks in place. The training matrix was seen and 91% of all staff have completed the mandatory courses as detailed in the SOP, this includes health and safety, first aid and fire awareness training. Additional developmental training has also been completed, with 84% of staff up to date. We saw staff supervisions are carried out routinely for care workers; however, annual appraisals have not been completed. The deputy manager was aware of this and told us they have been scheduled the following month. This is an area for improvement and will be followed up at the next inspection. Despite this, care workers told us: *"We do get plenty of support to be fair"* and *"I really love it, its very rewarding and there's plenty of support, training has been good, and I've learnt a lot."*

There is effective oversight of the service. We saw bi-annual quality of care reports. These detail feedback from staff and relatives of those supported, (The most recent report was awaiting the feedback from relatives to be added) what the service is doing well and improvements that can be made. The RI visits the service routinely and we saw the last two reports including interactions with people, staff, oversight of the environment and administration and actions required for improvement. One issue picked up on a previous report was high level of agency staff in use. The service has successfully recruited a full inhouse team which has minimised the requirements of ongoing agency staff. This was also confirmed by relatives spoken with *"Staffing issues has all turned around again now, the manager and deputy are so good, and the staffing has settled now,"*

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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36	Of the three personnel files seen one employee had been in post for two years but had not received an annual appraisal	New
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