



Inspection Report on

Treeside

Swansea

Date Inspection Completed

06/10/2023

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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	22 July 2022.
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Treeside is a very small, care home situated in Llansamlet, Swansea. The service provides support to adults with Autism and specialised support needs.

People are settled in the service with care staff who know them well. Personal plans are in place that reflect the needs of people well and there is good information for staff on how to best support people at different times of need. Relatives are involved in the planning of care and communication with the service is good. There is a small but consistent care team in place who are recruited, supported, and trained well to carry out their roles successfully.

There is a very experienced and respected manager in post, who has good oversight of the service. There are plans in place to improve the environment soon to make it more person centred for the individual living there, however it is consistently maintained to ensure it is safe. The Responsible individual (RI) visits the service frequently and observes care staff engaging with people, speaks with them and looks at the service to determine any improvements needed. All regulatory reports are completed as required.

Well-being

People and/ or their representatives have a voice and feel listened to. The service engages with family members and professionals routinely to ensure the support they provide is appropriate and successful. The service is actively looking at ways of developing communication techniques with the people they support. Personal plans give good detail and information about people and what matters to them and how best to support them at different times of need. These are reviewed routinely, and any issues are discussed with family members. The RI visits the service regularly and observes staff interaction with people supported and seeks feedback from them about their work, feedback is also obtained from relatives to drive improvements in the service.

People are protected from harm and neglect. Safeguarding training is mandatory for the whole care team and those spoken with have a good understanding of their roles and responsibilities to ensure people they supported are safe. The provider has a safeguarding policy in place which reflects the Wales Safeguarding Procedures. The service is well maintained, and risk assessments are in place to minimise the risk to people and staff in the service as far as reasonably practicable. Improvements to the environment are planned to enhance the safety and well-being of the people supported there.

People's physical, mental health and emotional wellbeing is promoted. Care workers in the service have a good rapport with the people they support. During the inspection people were being supported in the community and documentation showed this was routine for people. The service is currently looking for more community activities for people to enjoy to enhance this further. There is a consistent staff team at Treeside and Care workers know the people they support well and can recognise signs of ill health to seek additional support promptly. There are good systems in place to manage medication within the service.

There is good oversight of the service. The manager is well respected in the service and has a lot of experience in the field. The provider has good auditing tools in place to continuously monitor the service, these are completed routinely. The RI visits frequently, to observe the quality-of-care provision in the service and obtain feedback to drive improvements, all regulatory reports are completed appropriately and in a timely manner.

There is no demand to provide any aspect of the service in Welsh at present, however the provider has tools in place to overcome this should this demand change.

Care and Support

People or their relatives are involved in the development of personal plans as much as possible. The care file was seen and personal plans in place are developed using a positive behaviour support method. These are very detailed and contain lots of information of how to support people at varying times of need and how to avoid escalation of triggers and distraction techniques. These plans reflect the needs of people very well. We saw monthly reviews of the support plans take place and any changes required are updated. There is an appropriate and detailed risk management plan in place to accompany the personal plans and these are reviewed routinely. We spoke with relatives who told us communication with the service is good, and they are kept up to date with any changes to support needs etc, comments included: *“Overall, I am pleased, they are doing a good job”* and *“X is safe and seems happy”*.

There are good systems in place for the management of medication in the service and to maintain people’s health. Medication is stored in a locked cupboards in the office which is also locked unless manned. We looked at the medication file and peoples’ Medication Administration Records (MAR). These were completed appropriately, and we noted the use of ‘as needed’ PRN medication was very minimum. Routine audits of medication take place and there are daily logs of temperatures of the room to ensure medication is stored appropriately. The staff team is very small, and all staff can recognise any symptoms of ill health in supported individuals to seek medical or professional support promptly.

There are mechanisms in place to safeguard people living in the service. Appropriate Deprivation of Liberty Standard (DoLS) authorisations are in place for people who are unable to make decisions about their care, support, and accommodation themselves. The care team have received updated safeguarding training and those spoken with are aware of their responsibilities to report any concerns and the procedures to follow. We viewed the service’s safeguarding policy which is in line with the national procedures.

Environment

The provider ensures the environment promotes the achievement of people's personal outcomes as much as possible. Treeside is in a residential area and has its own vehicle and driveway with a secure garden to the rear. The service is minimalistic in décor and neutral in colour schemes to promote a low arousal sensory environment which is important to the individuals supported. This type of environment is known to reduce stress and sensory stimulants to individuals with Autism. The service is all on one level and consists of A kitchen and laundry room, lounge/ dining room, a sensory room, office, bathroom, a small staff room and a larger bedroom with ensuite facilities. During the inspection the manager discussed and showed us the plans in place to improve the environment. The provider is planning for this work to be undertaken early next year. These improvements will enhance the experience of people living in the service, due to the importance of water therapy and the installation of a larger bathroom with specialised bath. We found all areas of the service to be clean, tidy, and minimalistic to best support people. Substances hazardous to health are stored in locked cupboards.

The service provider has procedures in place to identify and mitigate risks to health and safety. We looked at the maintenance file and saw routine checks are carried out to ensure any risk to health and safety is always minimised. This includes daily weekly, and monthly checks in accordance with the company's policies and procedures. No gaps were seen in these records, and they were up to date to the day of inspection. We viewed servicing documentation on utilities in the service and up-to-date certificates for annual servicing including gas and electricity checks are up to date. There are good procedures in place to minimise the risk of Fire in the service and the Risk assessment is reviewed routinely, with up-to-date emergency evacuation plans in place should an emergency ever occur. There is an ongoing maintenance contract with an external provider in place. Who carry out maintenance requests for the provide in order of priority which is decided by the management.

Leadership and Management

There are robust arrangements in place for the effective oversight of the service through ongoing quality assurance. The provider has numerous auditing tools in place to oversee the quality of the service. We saw routine audits take place which include health and safety, medication, financial and more. The RI visits the service regularly, and reports are completed afterwards to evidence feedback and observations made, with actions noted to be followed up. We saw bi-annual quality of care reviews in place which give good detail on the achievements of the service and notes any areas of improvements detected with actions and time scales in place for completion. There are policies and procedures in place for all aspects of the service and the sample viewed, evidence that these are reviewed and updated as required and to reflect any changes in legislation. We looked at the Services Statement of purpose (SOP) which gives a good overview of the service.

People are supported by a committed care team who are recruited well and feel valued and supported in their roles. The provider has a HR department who completes the required documentation for safe recruitment. We viewed two personnel files found good recruitment checks in place including references from previous employers, identification documents and up to date Disclosure and Barring Service (DBS) checks are in place. The service has a training matrix to monitor ongoing training needs of care staff. Staff training levels are very good with 98% of staff are up to date with their mandatory training requirements which includes: health and safety, food and nutrition and infection control. Care staff also undertake developmental training, specific to people's needs in the service which includes autism awareness and PBS; 91% of staff were up to date with this. Supervision and appraisal records were checked, and these are completed appropriately. Feedback from staff was positive, comments included *"I love working here, every day is different. They are a great company to work for"* and *"we are a really good team at the minute and all work well together, so we can utilise our different strengths etc for different things"*.

There is good oversight of financial arrangements and investment in the service. The service is currently well maintained and staffing levels are appropriate. The planned changes in the service evidence there is good financial investment taking place in the service where the well-being of people living in the service is being prioritised. The planned renovations would include replacing many items of furniture in the service as well as lots of structural changes.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Of the three personnel files seen one employee had been in post for two years but had not received an annual appraisal	Achieved

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