

HF Trust Limited

HF Trust - Trelowen

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

HF Trust - Trelowen is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 7 people.

People's experience of using this service and what we found

Right Support

People were not supported in a well-maintained environment which supported their sensory needs. Although it had been identified that improvements to the environment were required there were no clear timescales in place.

Staff enabled people to access health and support in the community. Annual health checks were in place and other checks followed up.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

People received their medicines as prescribed. These were not administered in a way that promoted people's independence and protected their privacy.

People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff understood people's individual needs and preferences. Where useful, communication tools were used to aid people's understanding and choice making.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Records relating to what people ate and drank and their weight were not reliable or informative.

Right Culture

Staff had received training in best practice. This was underpinned by a system of competency checks and observations of practice.

Staff knew and understood people well, there was a consistent staff team in place. When agency staff were used they were given the information they needed to support people according to their individual needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - Trelowen on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the environment and the management of the service.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about the approach to supporting people with their medicines.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

HF Trust - Trelowen

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

HF Trust – Trelowen is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hf Trust - Trelowen is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We met with 4 people living at HF Trust Trelowen. We spoke with 3 care staff, the registered manager and the residential operations manager. We spoke with 2 relatives and communicated with 1 health professional.

We reviewed a range of records, including two people's care records, medication records, staff recruitment files, the service's training matrix, rotas and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe. Safeguarding issues had been discussed in house meetings with the support of pictures and easy read information. One person told us which members of staff they could talk to if they had any worries.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Individual risk assessments gave staff clear information about identified risks and the actions they should take to mitigate risk.
- External contractors carried out regular checks to help ensure power supplies were safe to use.
- Adaptations had been made to the premises to make the environment safer for people with limited mobility. A relative told us they felt this had made their family member safer.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. An external professional commented; "When I visited, I observed a good level of available staff on the premises."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Managers arranged shift patterns so that staff who were friends or family did not regularly work together.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People received their medicine as prescribed. Medicine Administration Records (MARs) were completed appropriately and in line with national guidance.
- Staff received training in medication management. This was underpinned by a system of competency checks to ensure staff were working in line with best practice.
- When people had medicine prescribed for use 'as required' (PRN), there were protocols in place to help ensure staff were consistent in their approach when administering these medicines.
- Staff had not consistently recorded the time PRN medicines were administered. This meant there was a

risk doses would be given too close together. The registered manager assured us this would be addressed.

- People had not been involved in decisions about how their medicines were managed. Apart from one person, people's medicines were stored in a single cabinet in the office rather than in their own rooms.

We recommend the provider considers person-centred approaches when supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- Families and friends were encouraged to visit the service.

Learning lessons when things go wrong

- Accidents and incidents were recorded to enable managers to identify any trends or patterns.
- When changes in people's well-being were identified guidance was sought from health professionals on how specific risks could be reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The environment did not provide a pleasant and homely environment which had regard to people's sensory needs.
- Areas of the building were tired and in need of redecoration. Carpets were worn and presented a trip hazard. The staircase handrail, walls and doors were scuffed with some signs of damage. A bathroom tile had come away from the wall, the kitchen floor and worktops were worn.
- A shared lounge was not large enough to comfortably seat everyone living at the service at the same time. There was an alternative shared room where people could choose to spend their time, but this was not welcoming and seating was limited.
- Outside areas were neglected and unkempt. A car port was being used to store rubbish and recycling. This was untidy and had been allowed to build up. The exterior of the building needed repainting.
- The back garden appeared uncared for and was unsightly, garden furniture and a parasol were visibly old and damaged. Sensory furnishings had been installed but the material components had started to rot and were dirty.

The failure to ensure the premises were suitable and properly maintained was a breach of Regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told improvements to the environment would be carried out in 2024.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Systems to help monitor people's nutrition and ensure they maintained a healthy weight were not always effective.
- People were weighed regularly. Records for 2 people indicated they had lost a significant amount of weight over a short period of time. Staff told us they did not believe these people were losing weight. However, the issue had not been escalated or any action taken as a result.
- There were records in place to evidence what people had eaten. There was no rationale as to why these records were kept. The information was not useful. For example, 'sandwich', 'curry'. There were no details as to how much people had eaten or the components of the meal.

The failure to monitor risks and maintain accurate records in relation to food intake and weight was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- People were involved in choosing their food, shopping, and planning their meals. Staff used pictures to help people make choices about what they ate.
- Staff supported and encouraged people to keep active and take exercise according to their individual needs.
- One person received their food intravenously due to their health needs. Staff had received appropriate training and there was clear guidance in place to support them to deliver this safely. A relative told us staff were competent and skilled in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication needs.
- One person was due to move into Trelowen shortly after the inspection visit date. They had been supported to visit and spend time at the service to help all parties get to know each other.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in supporting people with a learning disability and autistic people.
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in organised supervision sessions. They told us they were well supported.
- Newly employed staff completed an induction process, including a period of shadowing more experienced staff. A new member of staff told us they were able to ask for support and advice at any time.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed people were supported to attend appointments with various agencies to help ensure needs were met in a timely manner.
- An external professional told us; "Staff members I did liaise with were all accessible and responsive."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions had been appropriately assessed and there were systems in place to ensure, where necessary, any decisions made were in people's best interests.
- Staff sought people's consent before providing support and people were able to make decisions and

choices throughout our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Internal audits had identified that works were required to improve the environment. The registered manager had escalated this to the provider. However, plans had not been developed to ensure these issues were promptly resolved. During the inspection we were told improvements to the internal and external areas of the service were planned for 'the next financial year.' We were concerned the environment had been allowed to deteriorate over a period of time. The timescale for improvements was vague and did not assure us they would be completed in a timely manner.

The failure to assess, monitor and improve the quality of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records documenting the care people had received were kept up to date and stored safely.
- The registered manager completed monthly checks of the service. They were alert to the need to improve the environment and had highlighted this to the provider.
- Further audits were completed by HF Trusts quality and improvement lead.
- The registered manager told us they were able to access additional support from senior managers and their peers if they needed it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held for people living at HF Trust – Trelowen. These were designed to enable people to have meaningful engagement with the meetings. Easy read tools were used to support people to make choices and to record the meetings.
- Relatives were encouraged to feedback their experience of the service and raise any issues or concerns they might have.
- Staff meetings were held and staff had an opportunity to voice concerns or make any suggestions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff valued and promoted people's individuality. People's individual needs and preferences were taken into account.
- The registered manager was visible in the service and took an interest in what people and staff had to say.

- Staff told us they felt able to raise concerns with managers without fear of what would happen as a result.

Working in partnership with others

- Senior managers worked with other agencies to improve care and support for people using the service.
- The service worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of people living at Trelowen.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us the registered manager and staff were open and transparent and communicated well with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the services. The provider had failed to maintain accurate records and monitor risk.