Abele Care Limited

Trevella House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 and 29 September 2016. The first day was unannounced and the second day was announced. At our last inspection on 12 November 2013, the home needed to make improvements to their quality monitoring processes.

Trevella House is a residential home registered to provide accommodation and support for up to six adults with mental health needs. At the time of our inspection six people were living at the home.

There was 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.

At this inspection we found there had been some improvement to the service's quality monitoring processes. However they still required further improvement to ensure people received a safe and effective service.

The provider had recruitment processes in place however they were not always robustly applied and required some improvement.

People received their medicines as prescribed by healthcare professionals. Medicines were stored and administered safely, although there was some improvement required on the recording of when medicines were administered.

People who lived at the home felt secure and safe in the knowledge that staff were available to support them, when they needed to be supported. The provider had systems in place to keep people safe from the risk of abuse.

People were protected from the risk of harm because staff followed up to date risk assessments to reduce the risk of harm for people who lived at the home.

Staff sought peoples' consent before providing support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were encouraged to be as independent as possible and were supported to make choices and to take responsibility for their own daily routines. People prepared their own food and drink at times to suit them and were encouraged to consider healthy food and drink options.

People were supported to access health care professionals to ensure their health care needs were met.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect and staff understood people's needs well. Staff received the training and support they needed to carry out their role.

People's health and support needs were assessed and reviewed and they were encouraged to participate in activities and interests if they wished. People knew how to complain about the support they received and felt confident their concerns would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider's recruitment process was not consistently applied and required some improvement.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow. Risks to people were assessed and systems were in place to minimise risks to people.

People were supported by adequate numbers of staff members so that their individual needs would be met.

People received their medicines as prescribed by health professionals.

Is the service effective?

Good

The service was effective

People were supported by staff that were experienced and suitably trained.

People enjoyed the food and drink available to them and staff encouraged people to consider healthy eating options.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare and support needs and had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and kind and that knew them well and understood the things that were important to people.

Staff were respectful of peoples' choices.

Staff encouraged peoples' independence.

Is the service responsive?

Good

The service was responsive.

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were encouraged to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

People knew how to complain if they were unhappy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems in place to access and monitor the quality of the service had not always been effective at identifying where some improvements were needed.

People told us they were happy with the quality of the service they received.

The registered manager was visible in the home and knew peoples' needs. Staff told us that they felt supported by the registered manager.

Trevella House

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 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.

The inspection visits took place on 28 and 29 September 2016 and was conducted by one inspector and an expert by experience. An expert by experience is someone who has, or cares for someone who has, direct experience of using this type of service.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This was returned to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authorities who purchased the support on behalf of people to ask them for information about the service.

During our inspection, we spoke with five people who lived in the home, four support workers and the registered manager.

We looked at records in relation to two care plans and four medication records to see how people's support and treatment was planned and delivered. We looked at the medicine management processes and records maintained by the service about recruitment, staffing levels and training. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to check people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

Staff we spoke with told us that prior to commencing employment the required employment checks had been completed. The provider's information return (PIR) stated the recruitment process included obtaining references and the completion of criminal record checks. We looked at three staff files and confirmed the recruitment process with the registered manager. We found the provider's processes for checking past employment history was unsatisfactory and required improvement. It is important to ensure employment checks are thoroughly reviewed and corroborated, as this can reduce the risk of unsuitable people being recruited. We also found that although there was a risk assessment in place, it was not sufficiently robust enough to ensure that the provider had measures in place to manage any known risks that arose.

People were kept safe from the risk of abuse because staff were clear about their responsibilities for reducing the risk of abuse. People we spoke with told us they felt safe living in the home. One person said, "If I am feeling upset, I can go to the staff." Another person told us, "I feel safe living here." Staff told us about the different types of abuse and explained the signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "People living here would tell us, but if they became disengaged or withdrawn and wouldn't speak to us, we'd know something was wrong and I would tell the manager." Another staff member said, "If I suspected anyone was being abused, I would make sure the manager was told." The provider's PIR stated there were policies and procedures in place, which included safeguarding and we found these procedures provided staff with guidance on their role, to ensure people were protected from the risk of abuse.

Staff members explained to us what risks had been identified in relation to people they supported. For example, on one file we saw a risk assessment had been completed to ensure staff knew what to do to ensure appropriate checks were in place to maintain the integrity of the person's skin. We found the person received regular checks from health care professionals and staff were aware of the signs to look out for that could indicate any skin deterioration. The files we looked at contained up to date risk assessments to make sure the provider continued to meet people's individual needs. We saw the support plans were also reviewed and identified risks were managed appropriately. For example, information was also available to staff about patterns of behaviour that could identify when people were becoming unwell. The information would assist staff to support people safely and clearly explained what action should be taken.

We saw that safety checks of the premises and equipment had been completed and that records were up to date. Staff were able to tell us what they would do and how they would maintain people's safety, for example, in the event of fire. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

Everyone we spoke with told us there was sufficient numbers of staff on duty to support people with their individual needs. One person told us, "I think there's enough staff working here." A staff member said, "Yes, there is enough staff, I am never left on my own, there is always someone with me." Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of

support. The provider told us in an emergency they would ask staff to cover and, if necessary, ask staff from their second home which helped to maintain that continuity for people. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

All people living at the service had mental capacity to make decisions about their medicine. The provider's PIR stated that staff had received medication training and there was a medication policy in place to support staff. People we spoke with told us they had no concerns about their medicines and confirmed they were supported, by staff to receive their medicines as prescribed by the doctor. One person said, "I have my medicines twice a day." Another person told us, "I have no concerns over my medicine, I am happy with the support staff gives me (with their medicine)." We saw that people were supported by staff to self-medicate and that arrangements were in place to ensure that people received the support to do this safely.

There were people who required medicine 'as and when', we saw there were procedures in place to ensure this was recorded when administered and the registered manager told us records were checked on a monthly basis. We looked at four Medication Administration Records (MAR) and found that although there had been some recording errors, audits we conducted of the medicine stock balanced with the amounts recorded on the MAR sheets. All medicines prescribed by health care professionals received into the service were securely stored and disposed of when no longer in use.

Good

Is the service effective?

Our findings

Everyone we spoke with was complimentary about the staff and thought they were skilled, knowledgeable and adequately trained to support people. One person said, "The staff are great." Another person told us, "I'm very happy with the support I get from the staff, they are all good." A third person said, "I think the staff are good." The provider's information return (PIR) stated that new staff members completed an induction programme and additional training was provided on an 'on-going basis'. Staff we spoke with confirmed they had received on-going training and supervision to support them in their role. One staff member told us, "The training is good, there is something going on every six weeks and it's mainly done here in the home." Another staff member said, "Training is usually done on line, which is good because you can access it whenever you need and brush up on any training you've done in the past." A third staff member explained, "An external trainer comes in to assess me each month, I do love training because it keeps your mind fresh and up to date with what is good practice." We saw the registered manager had a training plan in place and this showed that the training needs of staff had been reviewed and training had been planned accordingly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found all the people living in the home had the ability to make decisions about their support needs. People we spoke with told us they discussed their support with staff members on a regular basis therefore, they were able to agree and have some control over their support needs. We saw staff members offered people choices, gained consent and encouraged people to make decisions about their support. Where people did not want to engage or participate in, for example, a suggested activity, the staff respected their decision.

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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Because of people's mental health issues some of the people using the service were subjected to some restrictions under the Mental Health Act. For example, a Community Treatment Order (CTO) which meant a person could be recalled to hospital by their psychiatrist, if their mental health deteriorated. People had to abide to limitations set for them as to where they could go and how long they could be out of the home. We found that the provider was meeting the requirements of the legislation because no-one was being unlawfully deprived of their liberty.

The provider's PIR stated staff provided people with a mid-day meal. People we spoke with confirmed staff would prepare lunch for them and that they prepared and made their own meals, with support from the staff, in the mornings and evenings. One person told us, "I'm trying to lose some weight and try to eat more healthily. I tend to buy lots of vegetables and fruit." Another person said, "I like the food staff make for us."

Staff members we spoke with explained how they supported and encouraged people to eat more healthily. A staff member said, "[Person's name] had sugar in their tea but we have encouraged them to try an alternative and they have this now." Another staff member told us, "There is always plenty of food for people, we encourage people to make their own breakfast and dinner but are always on hand to support them." We saw people made their own drinks and snacks throughout the day and staff supported some people to prepare their own evening meals which looked healthy and appetising.

One person was at risk of losing weight. We saw staff encouraged the person to take their fortified drink, to add calories and supported them to make a sandwich. Fortified drinks are nutritional supplements containing calories, protein, vitamins and minerals. They are specially designed for people who may not be able to eat enough food to meet their body's daily needs for energy and nutrients because of illness. We saw from the person's records they had received support from health care professionals such as a Speech and Language Therapist (SALT). A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People we spoke with told us they were happy with the support they received from staff members. One person told us, "I'm very settled here it's a very nice home." Another person told us, "I have regular appointments with the nurse." We saw that people were supported to medical appointments, for example, the GP, psychiatrist, community nurses and community mental health teams. We saw that these appointments were planned by staff in a way that ensured people were well supported on these appointments to ensure their needs could be assessed effectively. For example, they were supported by staff that knew their needs well and people were reassured by staff. We saw staff sat and took time to listen and speak with people who were anxious or feeling unwell.

Good

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "The staff are good at listening to me." Another person told us, "Staff are very considerate and respectful." We saw that staff called people by their preferred names and listened to what people had to say about events and matters that were important to them. Staff members were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff being able to support people in a way that was individual to the person.

The provider's information return (PIR) stated support plans were regularly reviewed. People we spoke with confirmed this and explained how they were involved in discussing and planning their support needs. One person said, "Staff involve me when we talk about my support needs." Another person told us, "Staff do a good job and treat me very well, I have all my needs met and involved in any reviews about my support needs." Support plans we looked at showed peoples' views were taken into account, this ensured staff supported people in a person centred way. A person-centred approach is seeing people who use health and social care services as equal partners in planning, developing and monitoring their support, to meet their individual needs. We saw people spoke with staff and the registered manager about how they felt, where they were going and when they would be back. One person told us, "I feel very supported by everyone." We saw staff had a good understanding of people's needs and showed empathy towards people. A staff member told us, "[Person's name] has trouble sleeping at nights and sometimes we just sit and talk." There were good humoured interactions between staff members and people living at the service. We saw relationships between staff members and people were good and people could ask for support when needed.

We saw that people were treated with respect and dignity. One person told us, "The staff are very respectful." Another person told us, "All the staff are polite to me." Staff members knew the people who lived in the home well and spoke about their health challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "We are told things by people that they wouldn't always tell their relatives and it's important to respect their decision to keep it private, unless it was a risk to that person then we would have to explain to them we would need to tell the manager." Another staff member told us, "We never discuss people out of work and we never discuss people's worries with other people that live here." The provider ensured staff were familiar with their confidentiality policy as part of their induction. This safeguarded peoples' privacy and protected their confidentiality.

All of the people living at the service had their own bedrooms with en-suite shower facilities. The provider's PIR stated they supported people to develop and maintain their life skills. People we spoke with confirmed staff supported them to develop their life skills so when they left the service, they would be able to maintain their independence and look after themselves. One person said, "I'd like to leave here and have my own flat." Another person told us, "Staff do promote independence." Staff recognised that it was important that people were supported to develop their independent living skills so that they could be as self-sufficient as

possible. One person told us that they regularly cooked their evening meal with support from staff. We saw people had made their own breakfast. Another person told us," The staff do encourage us to do things." People we spoke with confirmed they were free to remain in their rooms and relax or choose to go out if they wished.

People told us that they were supported to maintain relationships that were important to them, if they wished. Staff demonstrated that they understood and respected the importance of these relationships.

Good

Is the service responsive?

Our findings

All the people living in the home were able to make decisions about their support. People we spoke with told us they were 'happy' with how their support needs were being met. One person said, "I am happy with everything." People we spoke with told us they discussed their support with staff members on a regular basis. Another person told us, "I have meetings with staff once a month to talk about my support needs." We found people were supported by staff that were knowledgeable about people's needs.

We saw that staff involved people in decisions about their care and how they spent their time. We saw that staff were alert to changes in people's behaviour or mood and knew how to minimise any anxiety. Staff we spoke with were able to describe to us how people liked to be supported and the things that people liked to do. Staff were able to give explanations about people's needs as well as their life history, their likes and dislikes and preferred routines. One staff member said, "Everyone has an input, everything is discussed with the person." Support plans showed people's preferences and interests had been identified and were regularly reviewed.

People living at the service were supported by staff to try and structure their week as this would help to establish a positive use of their time. For example, while we were visiting a keep fit instructor arrived at the home to deliver a keep fit session for two people. Another person left the home to do some shopping. People we spoke with explained they were well supported by staff to maintain their recreational hobbies such as the going to the local gym, shopping and the cinema. One person told us, "I've just stopped going to the gym for a short break but I intend to go back." Another person said, "I spend a lot of time on my computer."

Everyone we spoke with told us they had no complaints about the quality of the service being provided. Everyone knew how and who to complain to if they had any concerns. One person told us, "I don't have any complaints but if I wasn't happy I'd speak to the staff." Staff explained how they would deal with complaints and confirmed they would follow the complaints process. The registered manager explained how they would follow the complaints procedure to investigate and resolve a complaint. We saw the provider had a complaints recording system in place to investigate complaints, although we found there had been no complaints since the last inspection. The provider had introduced a suggestion box for people living in the home and visitors to make comments anonymously if they wished to. We also saw the provider had a procedure to record incidents of behaviour so that they could identify themes and trends to enable them to put measures in place to minimise the risk of a reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection the provider's processes to monitor the quality and effectiveness of the service being delivered to people, required improvement. We found there had been some improvement although further improvement was required.

We saw that there were systems in place to monitor the service and quality audits were undertaken. This included audits of medicine management. However, we found that these systems had not always been effective at identifying errors. For example, the provider's procedures to monitor the quantity and administration of medicines. We found the control system to monitor the remaining balance of stock for one medicine was ineffective. The provider was not aware of the exact quantity of stock in their possession. There were also a number of recording errors on the medication administration records. For example, staff had not consistently signed to show medicine had been administered, the amount given to people or if the medicine had been dropped or broken and had to be destroyed. Because all the people we spoke with had told us they had received their medicines as prescribed and had not raised any concerns with us, we found it was the provider's administration processes that required improvement. The registered manager agreed the auditing processes had not identified the errors we had found. They continued to explain, they were in a transition period and their medication processes would, eventually, be a computerised record. The registered manager assured us this new system would lead to an improvement in their medication audits.

The registered provider had a surveillance CCTV system fitted within the communal areas of the home. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. We explored the purpose and the initial assessment for the system with the registered manager. It was explained why the CCTV had been fitted and we saw consultation had been ongoing with people and staff for a considerable time before its installation earlier this year. However, we saw there was no signage at the entrance of the property to advise people, staff or visitors of the CCTV and the provider had not registered with the Information Commissioners Office (ICO). The ICO is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. Although on the second day of our inspection, the provider had registered with the ICO and had ordered the appropriate signage to be delivered to the home.

It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. Although on checking the provider's incidents and accidents, we found there had been no events to report. The registered manager showed us the notification systems that were in place. Our discussions with the registered manager demonstrated to us they were aware of their legal responsibilities and what these meant for the service.

Staff members we spoke with told us the registered manager was approachable and if they had concerns regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of

the provider's policy and would have no concerns about raising issues with the acting manager and if necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

People we spoke with told us they thought the service was 'well managed' and the quality of the service was 'very good.' One person told us, "I like [registered manager's name] she's very approachable." A staff member we spoke with said, "If I have any questions I can go to the manager." Another staff member told us, "I enjoy being here, making a difference which is rewarding in itself, everyone gets on, we work well together." Staff told us they had received guidance and support from the registered manager through supervision and team meetings. Records we looked at confirmed staff received supervision and staff meetings had been held.

We asked the registered manager how they sought feedback from people living at the service. We found meetings with people that lived in the home were held regularly. Some of the people we spoke with told us they went to the meetings. Records we looked at showed that these meetings were an opportunity to discuss a wide range of things, for example, activities and menu planning. It was recorded in the minutes that people were asked if they had any worries or concerns and they were reminded to let the registered manager know if they were unhappy about anything. We saw the provider also sought feedback through satisfaction surveys. Everyone who lived at the service was able to raise any issues directly with the staff members or management themselves.