Swanton Care & Community (Autism North) Limited

Trinity House

Inspection report

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Date of inspection visit: 24 and 25 February 2015
Date of publication: 28/04/2015

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

Overall summary

This inspection took place on 24 and 25 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Trinity House provides care and accommodation for up to seven people. On the day of our inspection there were seven people using the service.

The home had a registered manager in place. 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.

Trinity House was last inspected by CQC on 16 October 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Staff training was up to date and a new system of delegation had been introduced to ensure staff received regular supervisions and appraisals.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care at Trinity House.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Good

Is the service effective?
The service was effective.

Staff training was up to date and a new system of delegation had been introduced to ensure staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People who used the service had access to healthcare services and received ongoing healthcare support.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Good

Is the service responsive?
The service was responsive.

Risk assessments were in place where required.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated. People who used the service were made aware of how to make a complaint.

Good

Is the service well-led?
The service was well led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us they felt fairly treated and there was a friendly atmosphere in the home.

Good

Trinity 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.

This inspection took place on 24 and 25 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector and an expert by experience took part in this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and district nurses. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). 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.

During our inspection we spoke with one person who used the service and three family members. We also spoke with the registered manager, deputy manager and four care workers.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Trinity House. They told us, “Most definitely” and “I am confident with the staff”.

We looked at the safeguarding reports file and saw a copy of the ‘Trinity House safeguarding procedure’, a safeguarding alert flow chart and a risk threshold tool. The file also contained a contact list for each person’s care manager and family members. We discussed with the registered manager, and saw from the records, there had not been any safeguarding incidents at Trinity House since 2012.

We saw the accident/incident reports book, which included details of all accidents and incidents involving people who used the service. Details of each each accident/incident were also kept in each person’s individual incident reports book. The records included the name of the person, date and time of the accident/incident, details of the accident/ incident and details of any follow up action.

We saw behaviour care plans were in place and described the type of behaviour, what it meant and how staff should respond. For example, one person had a plan in place for when they were agitated and said, “I will pace the floor endlessly.” Staff should, “Give me positive verbal input.” Further guidance was provided if the person did not respond positively.

We discussed the use of restraint with staff, who told us that one person who used the service required occasional restraint however the emphasis was on prevention and de-escalation. Staff told us they had been trained in NAPPI (non-abusive psychological and physical intervention). One staff member told us, “We try not to restrain. It is a last resort.”

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the deputy manager. She explained there were always four members of staff on duty during the day and two members of staff on duty during the night. Any absences were covered by their own staff and they very rarely had to use staff from one of the provider’s other homes. We observed plenty of staff on duty during our visit.

The home is a detached, two storey building that shares its grounds with another home within the company. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. All the bedrooms we looked in were clean, spacious and had en-suite facilities. Windows we checked were fitted with window restrictors that appeared to be in good working order.

We saw the statutory inspection file, which included records of servicing and inspection. We saw records of portable appliance testing, gas safety record, emergency lighting and the electrical installation certificate. All of these were up to date. We also saw the fire safety file and saw that fire drills took place monthly and fire alarm, fire doors and fire extinguisher checks were up to date. Staff told us, “There are regular fire drills, the last one was four or five weeks ago. There are fire blankets and fire extinguishers. The alarms are tested once a week” and “The fire service provide refresher courses”.

Maintenance records showed that a weekly maintenance check of the premises took place, water temperatures were checked quarterly and half yearly checks were carried out on window restrictors.

The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included room numbers and a red/amber/green rating which was an assessment of how much assistance the person would need to safely evacuate the premises.

The medicines room door was locked and there was a locked cabinet on the wall, which contained the medicines for the people who used the service, and an additional locked cabinet which contained topical creams.

Good

Is the service safe?

We saw daily temperature checks took place of the air temperature in the medicines room. The medicine refridgerator was not in use as no-one at the home was taking medicines that required storing in the refridgerator. Room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges.

We looked at the medicines records for the people who used the service. Each person's medicines record included; a photo identification of the person signed by a parent, MAR (medicine administration record) sheets and a homely remedies record, with an agreed list of homely remedies provided by the person's GP. A staff member told us, "Medication is given morning and evening by two members of staff and dosage is checked. Medicines are destroyed if refused. Side effects are in care plans" and "There is a protocol to give rescue medication and phone an ambulance for one resident who has epilepsy".

There was an effective medicines ordering system in place. A medication audit, carried out by the registered manager on 5 February 2015, had identified there was not a written contract in place for the provision of all medicines required by the service. We saw this had been actioned and a written service level agreement had been agreed with the pharmacy and the GP, which had been signed by the GP and the registered manager. We saw a 'medication check sheet', which a senior member of staff checked on a daily basis and signed to say that all prescribed medicines had been administered as per the MAR sheet. We also saw a midazolam sign in and out book, which was used when any of the people who were prescribed midazolam left the home for a period of time that required them taking the drug with them. Midazolam is a medicine used to treat a number of different conditions, including seizures.

Good

Is the service effective?

Our findings

People who lived at Trinity House received effective care and support from well trained and well supported staff. A family member told us, "They are very good and know [Name] well and understand [Name's] needs". A staff member told us, "We know what service users want to do by their behaviour" and "I get a lot of enjoyment helping to improve their lives".

We discussed staff training with the registered manager, who showed us the electronic learning and development system. This provided the facility to run reports to identify when training was due and from this we saw that 95% of staff training was up to date, with the remainder planned. Mandatory training included fire awareness, food safety, health and safety, infection control, moving and handling and safeguarding. Medication training was mandatory for those members of staff who administered medicines and we saw copies of completed drug competency workbooks that staff had completed. We also saw that all staff had attended an autism course in October 2014. We looked in staff files and saw staff had been trained in NAPPI and the registered manager told us a member of staff had completed the train the trainer course in NAPPI and was scheduled to deliver further training to staff at Trinity House in March 2015.

All new members of staff received an induction to Trinity House, which included information on the provider, a tour of the home, a staff handbook and codes of practice. The induction also included training in the common induction standards (CIS) moving and handling, safeguarding, fire awareness, food safety, health and safety, customer care and infection control. A member of staff told us, "Induction training is given to staff on joining the home."

We looked in staff files and saw that staff had received a recent supervision however there had been long gaps between the most recent supervision and the previous one. We discussed supervisions and appraisals with the registered manager who explained that this had been identified as a priority and a new system of delegation had been introduced to ensure staff received regular supervisions and appraisals going forward. We saw a copy of this system of delegation on the office notice board. The registered manager also told us that supervisions would be on a themed basis, for example, infection control.

We saw nutrition checklists were in place that had been completed by the registered manager. These included details of food groups that people eat, weight monitoring and any nutrition related problems, for example, swallowing, choking, poor appetite and whether the person was unable to feed themselves. We saw in one person's care plan for eating and drinking that the person was described as a "fussy eater" and stated "All of my food has to be prepared in a certain way and displayed on my plate a certain way otherwise I will not eat it." A family member told us, "[Name] loves the food now. He was underweight but his diet was adjusted." We saw drinks were available on demand and observed glasses of juice next to people who used the service.

We saw communication plans and profiles were in place, which provided guidance for staff on communicating with the people who used the service. For example, strategies suggested for staff included; "Use positive alternatives", "Offer limited visual concrete choices" and "Use engagement and reinforcement".

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who understood her responsibility with regard to DoLS. We saw copies of DoLS authorisations in people's 'keeping me safe' care plans, which included details of relevant person's representatives. All the DoLS we saw were in date apart from one, which had expired the previous month. We brought this to the attention of the manager who submitted a new application on the day of our visit. We saw that notifications of DoLS applications and authorisations had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw copies of best interest decision forms. For example, we saw three people had best interest decisions for making and attending health appointments. We saw that family members, the registered manager of Trinity House and the person's care manager had been involved in the decision making. We also saw best interest decisions in place for the

Good

Is the service effective?

use of physical intervention, medicine by injection, the administration of medicine covertly, the use of a mattress alarm in case of epilepsy seizures and the handling of people's personal finances.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including the GP, psychiatrist, psychologist, optician and chiropodist. We also saw a 'care notes and observations' record in each person's care record, which included details of any medical concerns, action taken, for example, GP visit and any follow up actions or outcomes. People also received regular reviews by a psychiatrist, who visited the home.

We saw people's bedrooms were personalised. Some of the rooms reflected the developmental level of the person rather than their chronological age. This can be considered inappropriate, but as we were told that the people concerned had involvement in how their room looked, this could also be seen as supporting the person's choice. One person's room only contained a bed with a mattress and duvet, and a wardrobe. Staff described how this was appropriate for the person as any other items in the room would be destroyed.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Trinity House and told us there was unrestricted visiting in the home. Family members told us, "[Name] sees this place as home. He is part of an extended family", "You could not have a more loving, caring staff. [Name] is always beautifully clothed", "Staff go that extra mile" and "[Name's] speech has improved, he has come on really well".

A staff member told us, "I love my job" and "The home is family orientated. I love the lads and lasses". Staff supported people to maintain links with family and friends and we saw in people's bedrooms there were many photographs of family members and occasions.

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people's needs. Staff we spoke with were knowledgeable about the people they cared for. One staff member told us, "[Name] has a bare room with minimum decoration because he tears material", "[Name] has a limited diet and prefers waffles, corned beef and eats alone but has vitamins daily" and "[Name] is ok with crowds and goes to the pictures, swimming, the pantomime and fairground".

We saw that people's privacy, dignity and independence was respected and we saw staff treated people with respect. For example, always asking permission before entering a person's bedroom. Clear guidance was provided in the care records regarding each person's individual needs and wishes. For example, one person did not like staff watching them, for example when they were preparing their own meals in the kitchen. The care plan said, "Staff need to tell me they are not looking at me but doing some other task."

We saw that care plans were in place and included personal care, eating and drinking, health, my money, choice, sensory, communication, behaviour, keeping me safe, activities, life skills, confidentiality and autism specific goals. The care plans included prompts for staff and provided evidence that the person who used the service had been consulted and made their wishes known. For example, a personal care plan we saw stated; "I am happy for both male and female staff to help me", "Staff will encourage me to run my morning bath", "Staff will have to be patient with me", "I am capable of choosing and putting on my clothes independently" and "I am capable of preparing my own breakfast independently".

Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called. Communication and visit records recorded conversations with people who used the service and their family members, and contained notes of visiting professionals such as GP visits.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Each person's care record included a personal details sheet, which included details of the person's religion, nationality, date of birth, family members and key workers. There was also a record that provided details of 'significant people in my life.' We saw these had been written in consultation with the person who used the service and their family members.

We saw risk assessments were in place and included personal care, overnight monitoring, travelling in a vehicle and on public transport, access to the kitchen, using the stairs independently, use of keys and having access to the code for external areas. Each risk assessment provided a description of the risk, the decision to be made, the possible consequences and the decision taken. For example, one person had a risk assessment in place for personal care and use of the bathroom. This described the potential risks as slips, trips and falls, drowning and misuse of toiletries. The decision taken was to go ahead with the following precautions; "One to one staff support at all times" and "Under no circumstances is [Name] to be left alone in the bath".

A staff member told us, "Every day is different. Risk assessments are made for outings. We take into account school holidays, traffic and everything they like and dislike."

We saw records of annual reviews in each of the care records we looked at. These included general issues, health, social interaction, communication, imagination, challenging behaviour, goals achieved from last year and goals for the following year. One of the reviews listed the people who had been involved. These included parents, psychiatrist, care manager and the registered manager of Trinity House.

Each person's care records included details of activities the person liked to do. This included cooking, cinema, arts and crafts, trampolening, meals out, gardening, swimming, visiting places of interest and walking. A staff member told us, "[Name] is a Middlesbrough fan and has his bedroom decorated with football badges and in the club colours. He attends matches with a relative." We saw in this person's bedroom that a member of staff had painted the club badge on one of the walls. We saw people could choose which members of staff accompanied them on holiday and they could also choose whether to take part in an activity.

Each person had a 'your right to expect' document in their care records. This included having a comfortable home, the right to respect, the right to privacy and "care and support that is just right for you." We also saw copies of 'your right to complain' documents in an easy to read format in the care records.

We saw a copy of the provider's complaints policy and procedure and the registered manager showed us the electronic complaints recording system. We saw that only one complaint had been received in the previous 12 months. We saw details of the complaint had been recorded, including information provided by the complainant, a record of a supervision meeting held with the staff member involved and a copy of an email sent to the complainant with the outcome. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw a monthly quality and governance audit was carried out and looked in detail at the audit for January 2015. This included audits of staffing, safeguarding, incidents and accidents, medication, training, health and safety and information security and governance. We saw that action plans were in place for any identified issues. For example, supervisions and appraisals to be carried out in February, March and April. We saw from the staff files that some of these had taken place and others were planned.

We discussed quality assurance with the director of clinical governance and quality and saw their full service audits were carried out on a monthly basis and included unannounced checks on the service. We saw the provider had put in place an audit plan for 2015, which included six themed audits per year including; medication (recently completed) and documentation.

We saw staff meetings took place and looked in detail at the minutes for the most recent meeting on 19 February 2015. The agenda included feedback from the registered manager, budgeting, housekeeping, the new supervision structure, activities and a discussion regarding the new daily diary records. A member of staff told us, “There is an open door policy and staff can approach the manager at any time with concerns or suggestions.” Staff also told us they felt fairly treated and there was a friendly atmosphere in the home.

We discussed processes for obtaining the views of people who used the service or their family members with the provider’s director of clinical governance and quality who told us the new ‘family and friends survey’ for 2015 had been approved and would be sent out in March 2015. Although there was not a formal process in place at the time of our visit for obtaining the views of family members, family members we spoke with said they were consulted, felt listened to and could “pick up the phone anytime.”

We saw that a monthly “service user forum” took place however the registered manager explained that it was not possible for all of the people who used the service to be in a room together at the same time so those who could not contribute at the meeting were able to contribute their views by other means, for example, care plan reviews.

This meant that the provider gathered information about the quality of their service from a variety of sources.