

# Networking Care Partnerships (South West) Limited

## Trianon

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement <span style="color: orange;">●</span>
Is the service safe?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service effective?	<b>Good</b> <span style="color: green;">●</span>
Is the service caring?	<b>Good</b> <span style="color: green;">●</span>
Is the service responsive?	<b>Good</b> <span style="color: green;">●</span>
Is the service well-led?	<b>Requires Improvement</b> <span style="color: orange;">●</span>

# Summary of findings

## Overall summary

We undertook an unannounced inspection on 27 July 2016. We returned on 2 August 2016 as arranged with the manager to complete the inspection. This comprehensive inspection was brought forward because of concerns raised with the local authority by a healthcare professional. The concerns related to staff knowledge of people's complex needs; people spending long periods of time in bed; poor record keeping; missed medical appointments and the sensory room being inaccessible. Our inspection substantiated the concerns around poor record keeping.

At our last inspection in October 2015 we found the service was not meeting one of the regulations of the Health and Social Care Act (2008) we inspected. The service was in breach of regulation 11 – Consent to care and the overall rating for the service was 'requires improvement.' This inspection found the service had made the improvements identified in their action plan.

Trianon is registered to provide accommodation and personal care for up to six people with learning and physical disabilities. The service is provided in two semi-detached bungalows which have been adapted into one. All bedrooms are for single occupancy. At the time of our inspection there were six people living at Trianon.

There was no registered manager at the service. 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. The current manager had started the process of registering with the CQC. In addition, we asked the provider representative to contact the previous manager to submit their application to de-register with the CQC.

Medicines management was not always robust. Medicine cupboards did not conform to the Medicines Act 1968; medicines to be returned to the pharmacy were not kept securely and one person was not receiving nutritional supplements as prescribed.

Record keeping was not robust enough to ensure people's safety because staff were recording key information in different places. This posed a risk that key information would not be clear enough for appropriate follow-ups to take place with other professionals. Efforts were being made to address record keeping, but these measures were in their infancy and needed to be embedded in practice to show sustainability.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately.

There were effective staff recruitment and selection processes in place. Staffing arrangements met people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the manager and deputy manager worked well with them and encouraged an open culture.

A number of methods were used to assess the quality and safety of the service people received and make continuous improvements.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe.

Medicines management was not always robust.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements met people's individual needs.

There were effective recruitment and selection processes in place.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

**Good** ●

### Is the service caring?

The service was caring.

Staff relationships with people were caring and supportive. Staff understood people's specific needs and how they liked to be supported.

Staff treated people with dignity and respect when helping them

**Good** ●

with daily living tasks.

Staff communicated with people in a respectful way.

### **Is the service responsive?**

The service was responsive.

Care files were personalised to reflect people's personal preferences, which were met with staff support. Staff were responsive to people's needs. For example, when people needed support with their personal care.

There were regular opportunities for people to raise any issues. This was through on-going discussions with them by staff and members of the management team. Due to people's specific needs, staff were reliant on people's non-verbal communication to express any issues. Staff knew people well and when people were unhappy through specific cues, such as a person being restless or making specific noises.

**Good** ●

### **Is the service well-led?**

One aspect of the service was not well-led.

Record keeping was not robust enough.

Staff spoke positively about communication and how the manager and deputy manager worked well with them and encouraged an open culture.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of methods were used to assess the quality and safety of the service people received.

**Requires Improvement** ●

# Trianon

## 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 unannounced inspection took place on 27 July 2016. We returned on 2 August 2016 as arranged with the manager to complete the inspection.

The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

At the time of this inspection there were six people living at the home. Most people were unable to tell us about their experiences directly due to communication difficulties but one was able to have limited conversations with us. Therefore we spent time observing how staff interacted with people. We spoke with six members of staff, which included the manager. After our visit we spoke with the provider's representative. We tried to contact relatives without success.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.

# Is the service safe?

## Our findings

Medicines management was not always robust. Medicines were kept in locked cupboards in people's bedrooms. One cupboard was coming away from the wall and therefore was not secure enough. These cupboards did not conform to the Medicines Act 1968 which states that medicines should be stored in a cabinet which complies with relevant standards and regulations, for example, ragbolted to a solid wall. However, the cupboards were kept in an orderly way to prevent mistakes from happening. The manager and deputy manager explained that they had been in discussion with the local pharmacy about getting a medicines trolley. This would then store everyone's medicines and would adhere to legislation. They agreed to chase this up as a matter of urgency. In addition, we found medicines to be returned to the pharmacy were not kept securely. We observed them stored in a bag in the office. The office was left unattended on occasions and the door was not locked. This posed a risk that they could be inappropriately removed.

Medicines were mainly safely administered. Medicines recording records were generally appropriately signed by staff when administering a person's medicines. However, we found on one occasion that a person was prescribed a nutritional supplement which should be given daily. The medicines record stated only eight milkshakes had been received from the local pharmacy, when there should have been a month's supply. The manager and deputy agreed to speak to the GP as a matter of urgency to deal with the potential confusion. In addition, of the eight, only seven were signed for. Audits were not routinely undertaken to ensure people were receiving their medicines as prescribed. The last audit was conducted in May 2016 and before this the last one was in October 2014. If these audits had been conducted regularly they should have picked up the issue with the person's supplement milkshakes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

People living at the home were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. People were relaxed in staff members company. Staff engaged with people in a caring and kind manner. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed. The service was currently working well with other professionals to address the concerns raised with the local authority.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, pressure care and managing anxiety. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. People had positive behaviour support plans in place for staff to follow if an incident occurred. For example, what to do when a person was becoming anxious. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who display behaviour that others find challenging.

The manager explained that during the daytime there were three members of staff on duty and on certain days an extra member of staff started at midday to help with lunchtime duties and for people to attend medical appointments. In addition the deputy manager worked in a supernumerary position Monday to Friday supported by the manager. The manager based themselves at Trianon for a couple of hours a day, sharing their time between Trianon and the organisation's sister home. At night there was one waking night staff and one staff member slept in who was available if needed. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that ideally regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. On occasions, agency staff were used to cover when regular staff were unavailable. The manager explained that agency staff had been increasingly used recently. They had actively recruited two full time members of staff to ease the use of agency workers. The recruitment process was currently underway, with appropriate checks being carried out. The service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staff numbers when providing personal care. We observed this during our visit when people needed support. However, staff felt additional staff would be beneficial in order for people to access the local community on a more regular basis. They explained that several people needed the support of two members of staff to go out. This limited outside activities because two staff members always needed to remain in the home to ensure people's needs could be met in a safe way. We discussed this with the provider's representative. They explained they were currently in the process of asking for people's care needs to be reassessed by commissioning authorities. This was with an aim to increase funding so more staff could be deployed so people could engage in more meaningful activities. In the interim, creative ways were being implemented, from the supernumerary deputy manager stepping in to assist the staff team so people can go out more and also looking at what other professionals could offer or suggest.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. In addition, wheelchairs were checked regularly to ensure they were safe and fit for use. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place. In addition, the organisation had plans in place to address environmental issues. The plans included a redecoration programme, a new kitchen, flooring and carpet. The lounge had already been redecorated to give a more homely feel.

## Is the service effective?

### Our findings

People did not comment directly on whether they thought staff were well trained. However, we observed people were happy with the staff who supported them. Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff confirmed people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP's, psychiatrist, physiotherapist and dietitian. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A health professional commented: "The staff at Trianon know their client group very well and will respond to their changing health needs, seeking support from the appropriate services as required." People had physiotherapy guidance in their bedrooms for staff to refer to. These ensured staff were following professionals' instruction by people being appropriately positioned in bed to aid their posture and offered pressure relief. Staff were working in line with the guidance throughout our inspection.

People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. We were made aware from health and social care professionals that people had missed specialist appointments in the past. We spoke to the manager and they explained this had occurred due to staff not putting appointment details in the diary, enabling staffing levels to be adjusted to ensure appointments could be attended. The diary now contained appointments and letters stapled in so the manager could forward plan staffing arrangements.

Staff had completed an induction when they started work at the service, which included the provider's mandatory training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service. New staff also had to complete the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, autism awareness, epilepsy and rescue medicines, learning disability and mental health awareness and first aid. Staff had also

completed nationally recognised qualifications in health and social care. Staff commented: "The training and support is very good." Staff also confirmed that the training enabled them to support people with complex needs.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff files and staff confirmed they received on-going supervision and appraisals both on a formal and informal basis. This was in order for them to feel supported in their roles and to identify any future professional development opportunities. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. Staff confirmed that they felt supported by the management team when it came to their professional development.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care. They allowed them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

At our inspection in October 2015 we found where people did not have capacity to make decisions the home had not undertaken best interest assessments or best interest meetings to determine what actions needed to be undertaken. This inspection found improvements had been made and was now meeting the legal requirement. Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. One person was subject to DoLS and five others were awaiting assessment by the local authority DoLS team at the time of our visit.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for the use of bedrails, the need for dental work and management of finances.

People were supported to maintain a balanced diet. There was a four week rolling menu which took into account people's likes and dislikes. Staff spoke about the importance of people being able to experience a variety of tastes. We established alternatives were always available. For example, during our inspection a person did not want the main meal and chose to have a sandwich instead. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff were observed to be skilled at assisting individuals with eating and ensured mealtimes were not rushed. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care.

People had been assessed by the speech and language therapist team in the past. As a result, people were

prescribed specific diets, such as food being pureed or thickened. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

## Is the service caring?

### Our findings

We spent time with people, observing the interactions between them and staff. Interactions were good humoured and caring. In the lounge, staff were having fun with one person talking about make-up and dancing. The atmosphere was relaxed and happy with the person involving us in the fun. Staff comments included: "The most important thing is looking after these guys" and "We are all really caring and people come first." We observed how staff involved people in their care and supported them to make decisions. For example, whether they wished to spend time in the lounge or resting on their bed. Staff explained that people chose to spend time on their bed due to their physical disabilities. Over the two days of our inspection, we saw people spending periods of time in their specialist wheelchairs watching television or in the sensory room. People returned to bed when they wished and staff were skilled to understand when people's body language was telling them they would feel more comfortable on their bed. Daily notes confirmed that people spent time engaged in a variety of activities. A professional commented: "The care staff working at Trianon are approachable, caring and, I feel, meet basic care needs."

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms reflected their specific interests, such as DVD's, photos and specific objects which gave them reassurance and comfort. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were engaged in various activities, such as watching a favourite film, listening to music and spending time in the sensory room with music and lighting which were relaxing. Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care through the use of individual cues. For example, one person had indicated they did not like shaving and wished to have a beard. This wish had been respected by staff.

Staff gave information to people, such as when lunch would be and what staff were coming on duty. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing. For example, staff were communicating in a kind manner in line with people's specific communication styles throughout our inspection.

Staff showed a commitment to working in partnership with people and their families. Staff spoke about the

importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They were able to speak confidently about the people living at Trianon and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs through knowing them well, knowing their likes and dislikes and working with families.

## Is the service responsive?

### Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that families and health and social care professionals were involved.

Care files gave information about people's health and social care needs. They included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This meant that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, continence, communication, mobility and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

We had received information that the sensory room was inaccessible due to being used as a storage area. We discussed this with the manager and deputy manager. They explained that due to limited storage, wheelchairs were stored in the sensory room when they were not being used. Once people had received personal care, the sensory room was cleared for people to use. We saw people using the sensory room over the two days we inspected.

People engaged in certain activities which they enjoyed. One person commented: "I like discos. I would like to go ballroom dancing." This person had attended discos in the past. During our inspection a person went out shopping and for lunch. Other people were listening to music and spending time in the sensory room which had a wide range of equipment to enhance people's experience. Other activities people partook in were hydrotherapy, aromatherapy massage, baking and a music man who visited regularly.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. Due to people's specific needs, staff were reliant on people's non-verbal communication to express any issues. Staff knew people well and when people were unhappy through specific cues, such as a person being restless or making specific noises. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, the local authority, government ombudsman and Care Quality Commission. This ensured people were given enough information if they felt

they needed to raise a concern or complaint. The service had not received any complaints. However, the manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

## Is the service well-led?

### Our findings

Record keeping had not been robust enough to ensure people's safety because staff were recording key information in different places. This had led to a health professional raising concerns with the local authority. As a result of these concerns, the manager had attended a safeguarding meeting. The outcome of the meeting was people's daily records had been improved, with charts made clearer with guidance for staff to follow. Charts now included daily fluid and diet input and urinary output. The daily records used to be reviewed on a monthly basis by both keyworkers and a member of the management team. This had been changed to weekly to ensure closer monitoring. In addition, an emergency staff meeting took place on 22 July 2016 to raise the record keeping concerns with the staff team and to emphasise the importance of accurate and detailed records to ensure people's well-being. We found records had started to improve. Record keeping training was also being planned as a matter of urgency, so staff were clear on their responsibilities when documenting key information. Efforts were being made to address the concerns, but these measures were in their infancy and needed to be embedded in practice to show sustainability.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quality improvement meeting took place on 2 August 2016 to address the concerns raised by the local authority. The plan outlined actions required. For example, changes to records to ensure poignant information is captured to aid evaluation and appropriate follow-up; a greater depth of first aid training and additional maintenance of Trianon.

Staff spoke positively about communication and how the manager and deputy manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. The manager spent half of their time at Trianon, with the other half spent at the organisation's sister home. The deputy manager worked permanently at Trianon alongside the staff team. The deputy manager confirmed they felt supported and further training was planned to help them to develop their leadership skills. The manager was in the process of registering with the Care Quality Commission. In addition, we asked the provider's representative to contact the previous registered manager to submit their application to de-register.

Various meetings occurred on a regular basis from board level to local staff meetings. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service with staff support and relatives. The surveys asked specific questions about the standard of the service and the support it gave people. This was the first surveys sent out across the group of companies. It had been recognised that further work was needed to increase the return rate of people's views. As a result the organisation planned to publish a newsletter to keep people up to date; face

to face interviews and establishing a friends and family group. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Trianon.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances and additional staff training. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed. In addition, an audit was carried out by the head of quality and compliance in July 2016. This was completed in line with the Care Quality Commission's 'five questions.' Their report identified that staff had forged good relationships with people and understood their specific needs. However, there was scope to improve the amount of community involvement for people and for them to participate in activities of their choice. An action had been put into place to develop activity planners for individual's to ensure that staff availability and time management is appropriate; and additional training for staff in relation to supporting people with significant physical needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines management was not robust. Medicine cupboards did not conform to the Medicines Act 1968; medicines to be returned to the pharmacy were not kept securely and one person was not receiving nutritional supplements as prescribed.  Regulation 12 (2) (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Record keeping was not robust enough to ensure people's safety because staff were recording key information in different places.  Regulation 17 (2) (c)