Care Quality Commission

Royal Mencap Society

Treseder 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

Overall summary

Treseder House provides accommodation for up to eight people who need support with their personal care. The service mainly provides support for older people living with a learning disability. The service is situated in a detached house arranged over two floors and has eight single bedrooms. There were eight people living at the home at the time of our inspection.

This was an unannounced inspection, carried out over two days on 24 and 25 March 2015. During the inspection we spoke with six people who lived in the home, five staff and three service managers including the area manager, newly appointed service manager and deputising registered manager, who primarily managed another Royal Mencap home in Cornwall. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Treseder House in September 2014. At that inspection we found the service was not meeting all the essential standards that we assessed. We found breaches of legal requirements relating to supporting workers and assessing and monitoring the quality of the service. The first breach concerned supervision practices not being consistently carried out. At that time of the

Summary of findings

inspection in September 2014, we found staff were not consistently receiving supervision and recording practices for supervision did not always reflect Royal Mencap's policy and procedure in this area.

The second breach concerned ineffective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others because regular auditing of medication processes was not taking place.

At this inspection the newly appointed service manager and deputising registered manager told us staff supervision and appraisal systems had been brought up to date. We reviewed staff files and saw all staff had received recent supervision with the service manager. Staff and management confirmed they had had regular supervision and annual appraisals. We found the service was now meeting the regulations in this area.

We observed care and support in the lounge and dining area, spoke to people, and looked at care and management records. Following the inspection we also spoke with relatives of people living at Treseder House and other professionals who worked with people who lived at the home. Although people told us that they felt safe in this home, we found there had been a number of medication errors affecting people's medicines. This impacted on the safety and consistency of medicines management at the home.

People told us they felt safe living at the home. Comments included; "I like it here, I am happy", "Very good. I like everyone" and "Good place to live". A relative told us, "I really don't have anything negative to say about Treseder. They have looked after (relative) for a long time and I really couldn't ask more of them. The staff care and they go the extra mile".

We walked around the home and saw it was comfortable and personalised to reflect people's individual taste. We became aware of a strong unpleasant odour in two toilets. We asked the service manager to remove a clinical waste bin from one person's room due to the strong malodour this was causing. We saw there was a defective thermostatic valve fitted in one bathroom. The defect allowed the water temperature to rise to a temperature of 48 degrees Celsius. High water temperatures, particularly temperatures over 44 degrees Celsius, can create a scalding risk to vulnerable people who use care services.

We asked the service manager to put an immediate risk assessment in place to protect the safety of people who used the service, and send CQC an action plan for rectifying this, which was done.

The systems used to assess the quality of the service had identified the issues that we found during the inspection. However, the issues had not been rectified in a timely manner. This meant the quality monitoring processes for the service were not effective as they had not ensured that people received safe care that met their needs.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Staff were trained and competent to provide the support individuals required.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on. Comments included; "I like the food, it is very good" and from a relative, "The food is good. People are given a choice and each night one person picks a meal they enjoy and it goes round so everyone has a choice. If they don't like what is offered people are offered something else. It's like being in your own home".

People told us staff treated them with care and compassion. Comments included; "I couldn't fault the staff. They are so caring. It is clear to see they understand and care for the people here" and "The staff are fine – no complaints." Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private. People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

Relatives of people living at Treseder House told us that people, and their families had been included in planning and agreeing to the care provided at the home. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

Summary of findings

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

The service did not meet the regulatory requirement to notify the Care Quality Commission about two required areas. The service manager did not notify the Care Quality Commission (CQC) of a disruption to the service by a failure of the gas supply. This meant there was no hot water for a period exceeding 24 hours. Also, the service did not notify the CQC about the absence of the designated Registered Manager for a continuous period of 28 days or more.

The provider had not maintained the environment outside the building. In the garden of the home we saw a number of pieces of old furniture, such as a mattress, that had been disposed of by left outside on the patio area. This did not provide a safe or pleasant environment for people to use.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

This service was not always safe.

People who lived in the home were placed at risk because some areas of the home were not cleaned to a hygienic standard.

People were not always kept safe due to unsafe medication administration and recording practices.

The external environment had unwanted furniture items left on the patio. This did not provide an attractive living environment for people.

Is the service effective?

Good

The service was effective.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Staff induction, training, supervision and appraisal were consistently carried out. Staff were competently supported by management in their roles required and about how they wanted their care to be provided.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and we saw staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

The staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive.

We saw the service put people at the centre of care planning and assessment.

From our observations and talking with people who use the service, staff and visitors, we found that people made choices about their lives in the home and were provided with a range of activities.

Summary of findings

There was a good system in place to receive and handle complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there were systems to assess the quality of the service provided in the home, we found that these were not effective. The systems used had not ensured people were protected against the risk of infection or of receiving inappropriate or unsafe care and support.

The service had not informed CQC of significant events such as the breakdown in the heating and hot water system at the service in a timely way. This meant we could not check that appropriate action had been taken.

Treseder 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 took place on 24 and 25 March 2015. The inspection was unannounced and was undertaken by one inspector.

We looked at previous inspection reports before the inspection and an action plan provided by the Royal Mencap Society following the last inspection. We also reviewed the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework for Inspection (SOFI) over the lunch time period on the first day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the service, five support staff, the area manager, the service manager and deputising registered manager. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

After the inspection we spoke with four relatives and four external professionals who had experience of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe at Treseder House. On arrival at the service we found access was via a securely locked door. This indicated management considered the security and safety of the premises. People who lived at Treseder House were free to open the door and access the grounds if they chose to.

The atmosphere in the home was open and inclusive. The service was comfortable and personalised to reflect people's individual taste. We became aware of an unpleasant odour in two toilets. The service manager told us she was aware of the smell and said, "I check the cleaning schedules every day and am able to see that the daily and nightly cleaning jobs are usually done. The toilets are regularly cleaned by night staff". However, the smell in the toilets persisted.

Staff we spoke with said that people were well cared for in this service. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

We asked the service manager to remove a clinical waste bin from one person's room due to the strong malodour this was causing. The service manager told us it had been decided to place the clinical waste bin in the room to decrease the infection control risk posed by transferring clinical waste from the person's room to the main clinical waste bin. This was situated in another part of the service. However, the inspector found the bin was over half full and posed an infection control risk as well as creating an unpleasant environment for the person to live in. The provider made immediate arrangements for the bin to be removed.

The service did not have a copy of the Department of Health Code of Practice on the prevention and control of infections and related guidance. This guidance was produced to help providers, plan and implement how they prevent and control infections.

There was a defective thermostatic valve fitted in one bathroom. The defect allowed the water temperature to rise to a temperature of 48 degrees Celsius. High water temperatures, particularly temperatures over 44 degrees Celsius, can create a scalding risk. The service manager immediately put a risk assessment in place to protect people's safety, and sent CQC an action plan for rectifying the defect.

The provider had not maintained the environment outside the building. In the garden of the home we saw a number of pieces of old furniture, such as a mattress, that had been disposed of by left outside on the patio area. This did not provide a safe or pleasant environment for people to use.

This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises which corresponds to regulation [15 (1) (cii)] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for the management of people's medicines. We found administration records were not always accurate. For example we saw on three occasions the Medicine Administration Record Sheet (MAR) had not been signed to confirm people had received their medicine. The service manager told us they had recently required one member of staff to undergo further medicine's administration training due to a series of errors. Following medicine errors staff were requested to meet with the manager to discuss the circumstances surrounding the error. The manager of the home had highlighted when medicines errors were being made and taken appropriate action to ensure staff were properly trained and supported in medicines management procedures.

Medicines were stored securely in a locked cupboard. Within the locked cabinet there was an additional secure box for the storage of controlled drugs. We checked these and found they were recorded correctly. Some people had secure medicine cabinets in their rooms and there were appropriate risk assessments in place for these. Staff had received up to date medication training.

The service safeguarding and whistle blowing policies were readily available to staff in the office. The policies were comprehensive and up to date and meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

Staff had received updated safeguarding training. We asked two members of staff what they would do if they suspected abuse was taking place. They described to us the correct

Is the service safe?

sequence of actions. They also outlined the different types of abuse. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate risk assessments which were reviewed regularly and covered a wide range of areas. For example one person had been identified as having an increased risk of falling following a recent seizure. The associated risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. We saw the assessments were written specifically for the person concerned and were relevant to their needs. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. We saw the assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks.

People were protected by a safe recruitment system. We looked at staff files and saw the service operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. Newly appointed staff received an induction when they started employment at Treseder House. This included a period of shadowing more experienced staff before to working alone. We spoke with a member of staff who had started work at the home since the previous inspection. They confirmed this procedure had been followed. They told us the induction had made them feel confident about their ability to carry out their role competently.

There were enough staff available to provide care and support for people at all times. Some people had complex care needs and we saw people were supported appropriately. People's relatives told us they were confident there were adequate numbers of staff working at all times to meet their family member's needs.

Is the service effective?

Our findings

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to spend their time and we saw that people had their wishes respected. People and their relatives confirmed that the staff knew the support people needed and their preferences about their care.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People told us they visited their GP when they needed to and this was documented in records. Relatives of people told us, "Staff are on the ball when it comes to looking after (relative). They have to see a number of medical services now and staff here make sure they are supported to get to their appointments and know why they are going".

People's needs and preferences regarding their care and support were met. Staff talked knowledgably about the people they supported. People living at Treseder House had a learning disability and some were also living with dementia which meant their needs were likely to change over time, sometimes quite rapidly.

People were supported to eat and drink enough and maintain a balanced diet. People who required it were prepared specialist meals in line with Speech and Language assessments. People were encouraged throughout the day to drink fluids. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw people were given sufficient support at a meal time to allow them to eat with others and be able to share a comfortable social meal.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The manager was aware of changes to this legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw an application for a Deprivation of Liberty Safeguards authorisation had subsequently been made and granted. A professional told us they had worked with the home when assessing if a Deprivation of Liberty Safeguards application was required for an individual. They told us they were confident management were familiar with the formalities required and able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

The design, layout and decoration of the home met people's individual needs. A professional we spoke with commented: "The environment is good." We looked around the home and found it to be clean and well maintained. People had personalised signs on their bedroom doors which had been chosen either with the person, or using knowledge about the person so the sign represented an interest or person that was important to them. This is important for people with dementia because it helps them identify their own room with ease and therefore be more confident moving around the environment. Bedrooms were decorated and furnished to reflect people's personal tastes and people were encouraged to bring their own furniture in with them if they wished. This meant people were supported to recreate familiar surroundings for themselves.

Staff received enough training to do their job effectively. A relative we spoke with described the staff team as: "Very good. They are knowledgeable and professional." Training in areas such as infection control, moving and handling and safeguarding was up to date. In addition the service provided training in areas specific to the people living there, for example dementia awareness and end of life care.

Supervision took place on a regular basis. Supervision enables staff to receive support and guidance about their

Is the service effective?

work and discuss on-going and training. We saw minutes of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have as well as check on their knowledge of the home's various policies and procedures. The newly appointed service manager told us, "I think staff feel more reassured and valued by having the acknowledgement for the work they do; and also for having a space and time to be able to discuss what is going on for them on supervision".

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make risk assessed decisions for themselves. For example, people had different abilities to access the community independently. Staff and management recognised this and were respectful in maintaining people's independence wherever possible while also supporting people with less independence to access their local community when they wanted to. People were asked for their consent to decisions. One relative of a person who lived at Treseder House told us, "The staff always ask (relatives) what they want, even though they often know, they still ask".

Is the service caring?

Our findings

People and their relatives made many positive comments about the care provided at Treseder House. None of the people who lived in the home, their relatives or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, "I have been very happy with the standard of the care provided to my (relatives). Nothing is perfect in life but the staff do a very good job at providing my (relative) with good support and the best quality of life they could have. I have no complaints".

We spoke with relatives who visited the service frequently. They all told us that they had never had any concerns about the care provided to their family members. They told us, "It's relaxed, friendly and caring. I am always made very welcome" and another said, "You can tell the staff really care about people".

People who could speak with us told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, "I choose when to get up and I have a lie in if I want".

People's care records included a "life history" which gave the staff information about their life before they came to live in the home. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families and things of interest to the person. One person told us, "I like my knitting", we observed that the staff had made sure these items were close to where they were sitting.

Throughout our inspection staff gave people the time they needed to communicate their wishes.

People told us that the staff in the home knew the support they needed and provided this as they required

People were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. All the staff took the time to speak with people as they supported them. We observed many positive interactions which supported people's wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced their mood.

Staff communicated effectively with people. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

Families were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home. One person said, "One of the things I like about Treseder is the fact that I can visit anytime I want and it's never a problem".

Where people could not easily express their wishes and/or did not have family or friends to support them to make decisions about their care, the home had links to local advocacy services to support people if they required this support. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We discussed with the service manager a situation where advocacy input for a person was being considered.

Throughout our inspection we saw that the staff in the home protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided and people were properly supported when they needed it.

Is the service responsive?

Our findings

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Is the service well-led?

Our findings

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. For example, the reporting system for the breakdown in the heating system had not resulted in a timely response to rectify the breakdown. Therefore, the systems had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care and support.

The deputising registered manager of the home had not informed the CQC of significant events such as the breakdown in the heating and hot water system at the service in a timely way. This meant we could not check that appropriate action had been taken.

This was a breach of Regulation 18 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises which corresponds to regulation [18 (2) (g) (ii)] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.18 1 (g) (ii)

Management ensured staff were adequately supported by formal supervision. This allowed staff to discuss any concerns about the service. Staff also received annual appraisals from management. This provided an opportunity to look at staff development and future training requirements. We saw development plans were implemented as a result of this. Staff told us that they enjoyed working in the home. One staff member said, “I am personally motivated and enjoy the management support and structure at Treseder. I receive praise and support in equal measure”.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend.

People and their visitors said they knew the service manager and deputising registered manager and would be confident speaking to them if they had any concerns about the service provided. The deputising registered manager told us, “The home is much more positive. It is a very caring and trustworthy place to live and work”.

All the staff told us that they were well supported by the service manager and deputising registered manager of the home.

One person told us, “The new manager is lovely. I have known her before she became manager and I think she will be a good manager for Treseder. She comes round and asks if everything is alright, and it usually is”. A relative said, “They don’t always get everything right, no one is perfect, but if I have any problems I speak to the manager or staff and they do always try to sort things out”.

People told us that they were asked for their views about the service. One person told us, “We have meetings and we can suggest things we want changed or maybe new activities we want and where we want to go on holiday”. We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people’s comments.

Relatives and other professionals had been asked to complete surveys to give their feedback about the home. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance of the surrounding grounds. Regulation 15 (1) (cii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The deputising registered manager of the home had not informed the CQC of significant events such as the breakdown in the heating and hot water system at the service in a timely way. This meant we could not check that appropriate action had been taken.