

Abele Care Limited

# Trevella (Kings Heath)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 May 2017. The service was rated good; under the questions of 'Is the service safe, effective, caring and responsive' and requires improvement under the question of 'Is the service well-led.' After that inspection we received concerns from partner agencies that indicated people may be at risk of avoidable harm. The concerns that were shared with us were currently under investigation by our partner agencies so we were limited in what we could assess for one person. However, we examined other information in relation to other people to identify if more than one person was at risk. We will continue to liaise with our partner agency until their investigation is completed. Therefore we undertook a focused inspection that examined those risks. This report only covers our findings in relation to 'Is the service safe' and 'Is the service well-led.' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Trevella' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Trevella – Kings Heath is a residential home registered to provide accommodation and support for up to three adults with mental health needs. At the time of our visit two people were using the service .

There was a registered manager (who is also the provider) in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems in place to monitor and improve the quality of the service required improvement in ensuring people received a continually good and improving quality of service. The audits had not identified the issues we found and had not always been consistently applied to ensure where shortfalls had been identified, they were investigated thoroughly and appropriate action plans put into place to reduce risk of reoccurrences.

People felt safe living at the home and staff knew what action to take if they had any concerns about people's safety. The provider had systems in place to keep people safe from the risk of harm and abuse but these were not always effective. Risks to people had been assessed but were not consistently managed to ensure people remained safe from risk of avoidable harm.

People were supported by sufficient numbers of staff, who had been safely recruited. People received their medicines, as prescribed, and there were systems in place to ensure people's medicines were managed safely, although this did require some improvement. The home environment was clean. Improvement was required when implementing measures to reduce future risks to people following investigations into incidents.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can

see what action we told the provider to take at the back of the full version of the 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?

The service was not consistently safe.

Risks to people were assessed and managed but information provided by health care professionals was not always recorded on the risk assessments to inform support staff, so risks could be monitored and action taken when needed.

People were protected from risk of harm however following specific incidents; measures put in place were not always evidenced by support staff that they had been followed.

People were safeguarded from the risk of abuse because staff knew how to report suspected abuse and procedures were in place to support staff.

The provider's recruitment processes ensured people were supported by appropriate staff.

There were sufficient numbers of staff to provide support to people.

People received support to take their medicines safely.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The provider had not clearly displayed their previous inspection rating in the home.

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

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

Staff told us that they felt supported by the registered manager.

**Requires Improvement** ●

# Trevella (Kings Heath)

## 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.

We undertook an unannounced focused inspection of Trevella House, Kings Heath on 23 November 2017 and it was conducted by one inspector. The service was inspected against two of the five questions we ask about services: is the service safe, is the service well led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We had received a number of concerns from partner agencies that related to keeping people safe and from risk of avoidable harm. We looked into these concerns as part of our inspection.

We spoke with one person, one social care professional, one staff member and the registered manager (provider).

We also looked at records in relation to people's care and medication records to see how their support and treatment was planned and delivered. We looked at the provider's training records to check staff were suitably trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

# Is the service safe?

## Our findings

We had received information from partner agencies that related to keeping people safe from risk of avoidable harm. Although we could not review the specific concern that prompted the focused inspection because of the ongoing investigation, we did review the provider's processes that were in place to support staff to report concerns and maintain peoples' safety. We found where investigations had been conducted in partnership with the local authority; actions identified to be put in place to maintain people's safety, had not always been effectively followed. We could find no evidence to demonstrate what lessons had been learned and what measures had been put in place to reduce risk of reoccurrence. The provider has, post inspection, provided CQC with an action plan to address the issues found during this inspection.

People told us they felt safe living at the home. One person said, "I don't feel I'm in any danger." Staff told us about the different types of abuse and explained the signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "We have a responsibility to support people." The files we looked at had risk assessments in place but they had not consistently been updated or reflected updated information received about people. For example, information passed to the provider that suggested one person was at potential risk of harm had not been updated into the person's risk assessment, to keep staff informed of people's circumstances, so monitoring could take place and the appropriate health professionals informed when needed. We discussed this with the provider. The provider submitted evidence, post inspection, to demonstrate the information had now been shared and measures put in place, with input from relevant healthcare professionals to support the person.

We had received concerns about the cleanliness of the home. People spoken with had no complaints and told us they were satisfied with hygiene standards. Staff told us they operated the cleaning of the home on a rota basis and we saw there were processes in place to monitor the effectiveness of the cleaning schedules. During our visit we saw the environment was clean and fresh. Staff confirmed they had completed training in infection control and were familiar with the provider's infection control policy. One staff member told us, "The home is regularly cleaned and we support people to also clean their rooms." This showed the provider had processes in place to reduce the risk of infection and cross contamination.

People we spoke with told us there was sufficient numbers of staff on duty to support people. One person told us, "There is enough staff." A staff member said, "We have enough staff to cover all the shifts." The provider had a recruitment process which included obtaining references and the completion of criminal record checks. We found suitable staff had been recruited to support people.

People living at the service had mental capacity to make decisions about their medicine and told us they had no concerns about their medicines. One person confirmed they were supported, by staff to take their own medicine as prescribed by the doctor. We saw that people were supported by staff to self-medicate and that arrangements were in place to ensure that people received the support to do this safely. We looked at one Medication Administration Records (MAR) and having confirmed with people living at the home, we found they had received their medicines as prescribed.

## Is the service well-led?

### Our findings

It is a legal requirement that the overall rating from our last inspection is clearly displayed within the home. We found the provider had not displayed their rating.

This was a breach of Regulation 20(a) Requirement as to display of performance assessments, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. Although the provider had co-operated throughout the inspection and was responsive to our feedback; it is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. As the inspection had been responsive to incidents we had been notified of, on checking the provider's records, we found they had failed to inform us of one safeguarding incident and a second had not been notified to us in a timely way. We need to consider what action we will take.

This was a breach of Regulation 18 Notification of other incidents, Care Quality Commission (Registration) Regulations 2009.

We saw that there were systems in place to monitor the service and quality audits were undertaken. This included audits of medicine management. However, we found that these systems had not always been effective at identifying errors. For example, one person had obtained their medicine and passed them to the provider to keep them safely locked away. The provider's systems had not identified there was a quantity of medicine missing and the provider could not account for the missing medication. The provider informed us, post inspection, the medicine had been secured by a staff member in separate lockable cupboard. The provider confirmed this should not have occurred and that the staff member would be spoken with to ensure they did not repeat this error.

Staff we spoke with told us the provider was approachable and if they had concerns regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the provider and if it became necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

There was a registered manager in place and the condition of this registration had been met. People we spoke with told us they were happy with the support they received. A staff member we spoke with said, "[Provider's name] is a great manager, they listen to you and you can go to them with any problems." Staff told us they had received guidance and support from the provider through supervision and team meetings. Records we looked at confirmed staff received supervision and staff meetings had been held.

We asked the provider how they sought feedback from people living at the service. We found one 'house meeting' had taken place in May 2017 but no recent meetings had been held with people. One person explained they did have regular discussions with staff about their support needs but could not recall when the last 'house meeting' had taken place.

We could see from people's support plans there was a working partnership between the provider and other agencies. Information was shared between agencies to ensure people continued to receive support.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  It is a legal required to inform CQC of notifiable incidents in a timely manner.

### The enforcement action we took:

After reviewing the notifications in line with CQC processes and taking into account the provider's history, it was agreed no further action would be taken on this occasion

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider had not displayed the previous inspection rating conspicuously and legibly at the location.

### The enforcement action we took:

After considering mitigating circumstances and in line with CQC enforcement processes no further action would be taken on this occasion.