

Homes 2 Inspire Limited

Trevone House

Inspection report

22 Denmark Road
Gloucester
Gloucestershire
GL1 3HZ

Tel: 01452937220
Website: www.homes2inspire.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Trevone House has two registered beds (known as 'well-being suites') within the service providing the regulated activity of accommodation for persons who require nursing or personal care. The well-being suites have been commissioned primarily to support young people who require additional support following a mental health assessment or as a step-down from secure accommodation. At the time of our inspection there were two young people using the service.

People's experience of using this service and what we found

The provider was unable to identify and act on shortfalls of the quality of care being provided in a timely way as they did not have an effective oversight of the service or quality assurance systems and protocols. This meant that the provider and manager could not be assured that young people received safe and effective care and support.

Staff did not always have access to comprehensive care records of care to guide them in the strategies to support young people. The assessment and agreed approaches in the management of young people's personal risks were not clear. Comprehensive care plans reflecting the holistic care requirements of young people and their views and personal goals were not in place.

Safe infection control and medicines management practices had not been maintained and implemented which put young people at risk.

Staff felt trained and supported to carry out their role. However, the provider had not ensured that agency staff had the skills to support young people with complex needs.

Staff understood their role to protect young people from abuse and harm and how to support young people with heightened emotions or in a crisis.

Young people were supported by sufficient numbers of staff who provided them with continual support and helped them their personal wellbeing and objectives such as attending college.

Young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. All incidents were reviewed to identify any trends or concerns.

Relatives praised the ethos of the service and the kindness of staff. Young people were treated with respect and in a non-judgment manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27 April 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe care and treatment of young people and provider's quality assurance systems.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Trevone House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Two beds within Trevone House are registered as a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trevone House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a new manager had been employed who intended to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives of the young people who used the service. We spoke with six members of staff including the manager, office manager, three agency nurses and senior support worker.

We reviewed a range of records. This included two young people's care records and medication records. We looked at staff and agency staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two representatives of the local authority commissioner.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider had implemented all reasonable measures to help prevent the spread of infection.
- The provider had not ensured that a system was in place for COVID-19 testing of staff in line with current government guidance. Staff were not wearing PPE in accordance with government guidance.
- A current infection control policy and risk assessment which reflected government guidance had not been implemented as a result of the COVID-19 pandemic.
- A plan to manage a COVID-19 outbreak, the management of visitors or any environmental risks relating to safe infection control practices had not been considered or implemented.

Effective infection control measures had not been put into place putting people at risk of harm and the spread of infection. This was a breach of regulation 12 (2) (h) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Young people who lived at Trevone House lived with complex mental health needs. Staff were aware of each young person's personal risks and provided personalised and therapeutic support according to their individual needs and current support strategies. A positive risk-taking approach was being developed to assist each young person to develop their own coping strategies and to take risks which may benefit their wellbeing.
- However, staff did not have access to current assessments and risk management plans to help them understand the current risk for each young person and how they should be supported during a decline in their mental health and associated risks. This put young people at risk of not receiving appropriate care.
- The provider had not assessed young people's level of risk in the event of a fire and tested staffs knowledge of the homes evacuations procedures.
- Safe medicines management processes had not been implemented in line with the provider's policy and recognised good practice.
- Staff did not have access to clear medicine care plans and 'as required' medicines protocols which informed them how the young people's medicines would be safely managed, and any associated risks and preferences.
- Agencies supplying the nursing staff who supported young people with the administration of their medicines had been trained in safe medicines practices, however the provider had not ensured themselves

that the agency nursing staff were competent in the management of people's medicines.

- The new manager had implemented a bi-weekly meeting with staff to review any incidents that had occurred on the previous days. Any learnings and actions from the meeting were shared with staff. However, there was a risk that not all staff would be aware of any changes in strategies to support young people, as their support plans were not reviewed and updated in line with the recommendations from the meeting.

Effective control measures had not been put into place to manage people's risks and medicines placing them at risk of harm. This was a breach of regulation 12 (2) (a) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to check the stock count of medicines after each shift.
- Staff had sought advice from a medical practitioner regarding the administration times scales of one young person's medicines when they chose to sleep in, in the morning.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibility to raise safeguarding concerns with the manager and with external safeguarding authorities if their concerns were not effectively managed within the service.
- Relatives told us they felt their family member was safe living at Trevone House.
- However, the provider had not ensured themselves that the agency staff employed to support young people had been suitably trained in safeguarding children and adults and the policies of the local authority.
- The provider had safeguarding and related abuse and exploitation policies in place.

Staffing and recruitment

- The provider ensured there were sufficient staffing levels to support young people living at Trevone House. Each young person was primarily supported by a team of nurses who knew them well.
- The employment and criminal history of permanent staff at Trevone House had been checked and verified including Disclosure and Barring Service (DBS) checks. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The recruitment of new staff was supported by the provider's HR department. However, the new manager recognised that they needed to improve their oversight of the recruitment process to ensure any potential new staff were of good character and understood current evidence-based approaches when supporting young people with complex mental needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider worked in partnership with Gloucestershire County Council and their partners. They had been commissioned to deliver a new model of care based on current and innovative ways of supporting younger people who had experienced trauma, long term mental health issues and to prepare them to leave care and to achieve a successful transition into adulthood.
- Young people being supported in the registered beds were provided with therapeutic support based on current guidance and informed models of care.
- Young people were assessed for their suitability to reside at Trevone House and their needs were closely monitored by multi-agencies to ensure that they were being provided with appropriate care which met their needs. The provider's aim was to help young people to slowly integrate back into the community following a hospital admission and reduce the frequency of readmissions and time spent in hospital.

Staff support: induction, training, skills and experience

- Permanent staff had been inducted and trained to carry out their role. However, the provider had not considered whether their induction programme for new staff who were required to deliver the regulated activity aligned with the care certificate (nationally recognised set of care standards). The manager agreed to review this concern with the provider's training department.
- Whilst agency nurses had completed training prior to being deployed to Trevone House, and their practices were observed by the manager. However, the provider had not ensured themselves that the agency nurses were competent in their role to support people with complex mental health needs and physical and medicines needs. However, all agency nurses were registered with the Nursing and Midwifery Council which approves the fitness to practice as a nurse. This mitigated the risk of young people not receiving effective care by knowledgeable staff.
- Since being in role, the new manager had met with all staff and was planning a more targeted programme of regularly supervising and observing staff including agency staff and assessing their competencies.

Supporting people to eat and drink enough to maintain a balanced diet

- Young people were supported to progress into independent living and be more active in taking responsibility of daily living tasks such as planning and preparing meals and drinks.
- Staff supported young people to make healthy meal choices and suggested alternative meals when their appetites were poor. Staff told us they monitored young people's food intake from a distance and reported any concerns to the manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The manager stated they wanted to empower young people to be more involved in decisions around their routine health care needs and more specialised appointments. They had identified that a more structured plan to monitor people's health care appointments was needed.
- They worked closely with the community mental health team and other agencies to ensure the continuity of care and timely referrals to necessary health care professionals were completed such as Child and Adolescent Mental Health Service (CAMS).
- The provider had formed strong links with the local community mental health services for children and adults and other key stakeholders. Staff were knowledgeable in the management of supporting young people with emotional, behavioural or mental health difficulties and where to escalate any concerns.

Adapting service, design, decoration to meet people's needs

- Young people lived individual flats. They had been supported to decorate their flats as they wished, display personal items and keep pets.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, applications to the Court of Protection had been approved to restrict young people of their liberty with approved conditions and restrictions. The restrictions were recorded, monitored and known by staff.
- The requirement to continuously supervise and monitor young people was continually being reviewed. For example, the new manager had reviewed the constant supervision of one young person and implemented a new reduced strategy of observing the young person. This meant the manager was aware of their responsibility to continually review and respect young people's human rights.
- A review to extend one person DoLS was being reassessed and discussed with the young person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider and staff promoted an ethos of individualised care focused on people's diverse and cultural needs. A safe and calm environment was provided to enable young people to feel safe. Their values, beliefs and how they wished to live their life was respected.
- Relatives confirmed that staff were respectful and supported their family members without judgment or prejudice. One relative said, "They [staff] are very respectful to me and [name]"

Supporting people to express their views and be involved in making decisions about their care

- Progress was being made to ensure that the care being provided was personalised and underpinned by young people's view and wishes. The manager stated that they were working to shift the culture to support staff to empower young people to make informed decisions about their care and support. This would help staff to understand young people's preferred approach of support specifically in a time of crisis.
- Staff recognised the importance of empowering young people with information about their rights and support which enables them to make informed decisions and thrive as an adult in the local community.
- Relatives stated that they felt communication from the service had improved. They recognised the balance of their involvement as a parent as well as their family members empowered and supported to make decisions about their care as they transitioned into adulthood.

Respecting and promoting people's privacy, dignity and independence

- Young people were supported by staff to build up their skills in areas that require extra support until a safe level of independence was achieved with the aim to live in their own homes.
- Young people were being supported to access employment, education and explore new areas of interest.
- Staff were always aware of the balance of respecting young people's privacy but ensuring they remained safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Young people living at Trevone House had been supported to transition from highly specialised mental health inpatient services to living in the community with the support of multidisciplinary teams and specialised mental health services.
- Staff provided responsive care which was personalised and focused on the specific needs of young people who required intense support to manage their mental health needs. The therapeutic model of care enabled young people to progress with their mental health and life skills at their own pace and to live in a stable and safe environment closer to their families.
- Staff were aware of how to support young people with 'Adverse Childhood Experiences' (ACE) and with emotional, behavioural or mental health difficulties and who to contact in a crisis. They were equipped to manage any incidents involving the tying of ligatures and incidents of self-harm.
- A positive risk-taking approach was being developed to enable young people to learn strategies to help identify and self-manage their own support in a crisis. Staff and the manager spoke confidently of supporting people to learn new approaches and to help them to build a strong support network to manage their own personal challenges. The manager spoke of empowering young people to make decisions about their care and how they wished to be supported if their mental health was declining.
- Through the dedication of staff and model of care being provided, young people had been supported to reflect on their experiences, develop coping strategies and to work towards their individual goals.
- Young people's care was also focused on developing and achieving personal goals such as education and gaining employment. Staff were working with one young person and the local college to plan and assist them in attending a course.
- Relatives spoke highly of staff and the care being provided. They told us they had seen significant positive changes in the wellbeing and mental stability of their family members since moving to Trevone House. They explained, that having their family members living close to their family home had had a huge positive impact on the young person and all the family.
- An on-call system was in place which provided staff with additional support outside office hours.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We were told that people's communication needs were assessed as part of their initial assessment but not

recorded.

- No one with specific communication needs was living at Trevone House at the time of the inspection. The manager stated that they would review the provider's policies around Accessible Information Standards to ensure they were equipped to meet the communication needs of young people in the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager had encouraged staff to support the young people to be carry out a range of activities tailored to each person's individualised needs and requests. This had provided staff with additional tools and strategies to use when they observed changes in young people's emotions.
- Progress was being made to support young people to develop and maintain their personal interest, attend education, and to develop relationships in a community which was familiar to their themselves and their family.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which supported a culture of managing complaints efficiently and to achieve a resolution which was satisfactory to all parties.
- The manager was not aware of any complaints being made prior and since being in post. They were aware of their role to investigate into any concerns and to communicate their findings with the complainant and key stakeholders.
- Relatives confirmed they understood relevant complaints procedures but did not have any issues.

End of life care and support

- The provider did not provide end of life care at Trevone House.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not maintained sufficient oversight of the service and fully understood their responsibility to implement systems to assess and monitor the quality of care in line with legal requirements.
- The provider's policies had not been updated to reflect the requirements of their registrations and regulated activity and legal obligation to inform CQC of significant incidents. This meant staff may not take the appropriate action to safeguard people.
- Effective auditing systems had not been implemented to monitor the running of the service and quality of care being provided. For example, a system of checking the management and administration of people's medicines were not in place. This meant the manager had not identified that unknown codes were being recorded by staff when medicines were not administered. Therefore, the manager could not be assured that young people had received or refused their medicines as medicines administration records (MARS) had not been accurately completed.
- Effective systems had not been developed by the provider to check the accuracy and completeness of young people's care plans and associated records.
- Reliable processes were not being used to ensure all staff were fully competent and skilled to support young people with complex needs.
- The provider had not ensured safe infection control practices, policies and contingency plans were in place in line with current government guidance for adult social care settings.
- The skills and knowledge of how staff should respond in the event of a fire had not been tested in line with the provider's fire safety related policies.

Effective quality assurances and governance systems had not been implemented to assess and monitor the quality of the service. This was a breach of regulation 17 (2) (a) (b) (c) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Trevone House has been commissioned as a pilot by Gloucestershire County Council as part of their "Right Placement First Time" strategy to provide accommodation and specialist support for children and young people leaving care or in care in county. This model of care was being continually evaluated and reviewed by the commissioners and key stakeholders to assess whether the aims of the pilot had been met

and achieved good outcomes for children and young people.

- The provider worked in partnership with the council and other local services to ensure a high level of cohesive support for young people who lived at Trevone House.
- The commissioners had carried out their own assessment of the service and identified learnings to improve the service and outcome for people such as having a highly qualified manager and nursing staff dedicated to the 'well-being' suites (registered care beds).
- A positive, person-centred and non-discriminatory culture was promoted within the home. The new manager was encouraging an ethos of empowering young people to ensure their views and wishes remained at the centre of the care they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Systems were in place to review the incidents associated with young people's emotional wellbeing. Recommendations were made as a result of the analysis of incident and shared with staff.
- The manager was open and honest when things went wrong. For example, incidents were followed up with appropriate actions. They were of their responsibility to provide an explanation of incident and an apology when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the new manager had implemented a range of new communication systems to improve the communication amongst staff and sharing of information such as to aid a communication book and more effective handovers between shifts.
- Relatives said that they felt communication from the service had improved.

Working in partnership with others

- The service had formed good links with key and specialist professionals and stakeholders. Appropriate referrals were made to specialist teams where required.
- The manager attended and contributed to multi-agency meetings as required to share the progress of young people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective infection control measures had not been put into place putting people at risk of harm and the spread of infection.</p> <p>Effective control measures had not been put into place to manage people's risks and medicines placing them at risk of harm.</p>

The enforcement action we took:

We have issued the provider with a warning notice and told them to take immediate action to address the breach of regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective quality assurances and governance systems had not been implemented to assess and monitor the quality of the service.</p>

The enforcement action we took:

We have issued the provider with a warning notice and told them to take immediate action to address the breach of regulation.