

Trident Reach The People Charity

Trescott Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trescott Road is a residential care home providing personal care to up to seven people with complex disabilities. At the time of the inspection there were five people living at the home.

Trescott Road accommodates five people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Some people living at the home were unable to share their experiences with us, however relatives and visiting professionals told us they were confident people were safe. Staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. Staff were safely recruited.

Staff received training relevant to their role and understood people's individual needs well. People were offered a choice of food and drink and where people had specific dietary requirements these were managed safely. People received support to manage their healthcare needs and staff worked proactively with other professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Decisions about people's care and treatment were made in line with law and guidance.

People were supported by a caring staff team who respected people's diverse needs and individual preferences. Staff supported people to make day to day decisions and understood the importance of maintaining people's daily routines and choices. People were supported to maintain their independence and their dignity was valued and respected.

People were supported by a staff team who knew them well and understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People were supported to participate in activities and follow their own interests. Relatives and visiting professionals knew how to raise a concern if they were unhappy about the care people received. The registered manager had responded appropriately to recent complaints.

Relatives, visiting professionals and staff felt the home was well managed. The registered manager had

made improvements since the last inspection and were looking to further develop the quality of care people received. People and staff were given opportunities to share feedback about the service. The registered manager and senior staff undertook regular auditing to ensure the quality of care provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Trescott Road

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Trescott Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We met all of the people living at the home. We spoke with two support workers, a senior support worker and the registered manager. We also spoke with a professional who regularly visited the service. We looked

at two people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at two staff recruitment files.

After the inspection

Not all of the people living at the home were able to tell us about their experiences; so we spoke to two relatives and an independent advocate.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because people could not be confident that they would always receive their medicines and prescribed creams safely and records did not always reflect that risks had been shared with staff. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Systems used for the management of medicines had been improved since the last inspection and were safe. Medicines were administered, stored and disposed of safely.
- Where people received their medicines within food we found staff had acted in people's best interest's and held appropriate discussions with relevant healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they were confident their family members were safe. One relative said, "I do not worry about whether [person] is safe. Staff seem well trained and I am always informed of any concerns."
- We observed interactions between people and staff. We saw people looked comfortable when in the presence of staff members and their body language was receptive when staff asked them questions to help them make choices.
- Staff had received training in how to keep people safe and knew how to escalate any concerns for people's safety or well-being. The registered manager was aware of their responsibilities in relation to safeguarding and had reports matters of concerns to both the local authority and CQC as required by law.

Assessing risk, safety monitoring and management

- Risks were assessed and managed and staff followed information in people's care plans to support people safely. For example, there were clear plans in place to manage seizures related to epilepsy and staff were aware of how to support people during and following any seizures.
- The registered manager regularly reviewed information about people's risks to reduce the likelihood of people being harmed.

Staffing and recruitment

- Relatives and staff told us they were confident there were enough staff available to support people. The visiting professional we spoke with told us, "Today is a typical day. The atmosphere here is calm, staff are never rushed."
- We observed staffing levels and found people received timely care and support and were supported to take part in activities both within and outside of the home.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean. A visiting professional told us, "The home is always clean, warm and comfortable."
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care. Audits were undertaken to ensure infection control policies and procedures were being followed.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home.
- The registered manager had made improvements to the way accidents and incidents were monitored. Any learning identified through events or incidents was included in a corrective action plan which were completed by senior support workers. The registered manager told us this enabled them to act swiftly to address any concerns and make the required improvements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Initial assessments were in place which included all aspects of people's care and health needs. Information gathered during assessments had been used to assess risks and develop care plans which offered guidance to staff about how to meet people's needs.
- Where appropriate, relatives and external professionals had been asked to contribute to the assessment of people's need. This enabled staff to understand more about a person's history and life experiences and also ensure people's views were fully represented.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious and cultural needs so these could be met.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required to support people. We observed staff had specialist skills required to support people with complex disabilities and they demonstrated a good understanding of people's needs and their communication styles.
- Staff told us they received training relevant to their role. One staff member told us "I recently did some training in supporting people with dysphagia. It taught me a lot about how the thickness of people's drinks can affect them." Staff told us they received one to one supervision which offered them support and guidance within their role.

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

- People received enough food and drink to maintain their health. We saw there was a weekly menu and people were offered a choice of meals. Staff understood people's individual likes and dislikes and drinks were offered throughout the day.
- Where people had specific dietary needs, guidance had been sought from healthcare professionals. Staff followed advice from speech and language therapists to ensure people were safe when eating and drinking.
- Where people received their nutrition through the use of a feeding tube there was clear guidance which was understood by staff to ensure this was managed safely. Where required, food and fluid intake were also recorded daily.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs. The registered manager and staff worked in partnership with other agencies to ensure people received specialist support when needed.
- Care records contained information about people's health histories which offered guidance to staff about

how to identify changes in people's health. Relatives told us they were kept updated if people's health needs changed.

- Care records reflected people had been supported to attend healthcare appointments including GP, district nursing and hydrotherapy.

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

- The home environment had been developed with consideration for the needs of people with complex disabilities.
- The environment met people's needs. There was a large lounge dining room as well as a spacious sensory room and level access garden for people to enjoy. We saw some people also enjoyed spending time in their own rooms, which were personalised according to people's interests and experiences.

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 Act 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 the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. Where conditions had been applied to these restrictions the registered manager was aware and had plans in place to ensure conditions were met.
- Staff understood the MCA and ensured that people were asked to consent before care was provided. One staff member told us, "People can't always tell us, but they can communicate if they are happy with something or not. We get to know their body language and look for positive or negative responses."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives and visiting professionals told us they felt people were well treated. One relative told us, "We are very happy with the care, we appreciate the way staff care for [person]."
- We observed positive interactions between people and staff. We saw people responded to staff using facial expressions or movements. We saw people felt confident to refuse something offered by staff if it was something they did not want to do.
- Staff knew people's life histories, were aware of people's diverse needs and understood how to support them.

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

- We saw that person-centred communications systems were used to support people to make choices. Photographs and visual prompts were used to support communication and we observed staff understood people's subtle body language or gestures.
- Where decisions were perhaps more complex, people's relatives or independent advocates had been invited by the registered manager to be involved making decisions in their best interests.
- People had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was supported and respected.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that respected their dignity and shared examples with us of how they supported people according to their wishes. One staff member said, "I always ask [person] what they would like me to do. Are you ok if I close the blinds? Things like that."
- The registered manager told us one person had recently been supported to use a virtual reality headset to develop their understanding of risks outside of the home. They hoped this would support the person's independence and confidence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care that was personalised to their individual needs.
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences.
- Care plans were reviewed regularly by staff and the registered manager. Any changes were shared with staff to ensure people received care that met their current needs. Relatives told us they were involved and consulted about changes to people's care and received regular updates about their family members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Specialist communication systems were in place to support people's communication needs. Staff received training in supporting people's communication and information was available in a variety of formats according to each person's needs.
- People had individual communication passports which were used to support their communication when away from their home. For example, when people had a stay in hospital.

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

- People were supported to take part in activities that interested them. People attended hydrotherapy, social clubs, and parties based on their individual preferences. Staff shared with us the importance of knowing the people they supported well, so their daily preferences were respected. For example, one person enjoyed listening to the radio each morning and water play each evening so staff ensured this was supported.
- The home had cat, which two people looked after. The registered manager told us, "We think it's important for people to have the opportunity to take responsibility for and care for something else."
- Staff supported people to maintain relationships with people who were important to them. Relatives told us they received regular updates about their family members and received a warm welcome whenever they visited the home.

Improving care quality in response to complaints or concerns

- Relatives and visiting professionals told us they felt confident to complain if they were dissatisfied with the

support people received. One relative said, "I have confidence in [registered manager] they will deal with anything I raise."

- We reviewed the complaints log and saw where concerns had been raised the registered manager had responded appropriately. In one example, improvements had been made to communication given to staff which included photographs of the expected standards of food preparation, so staff were clear about how people's food should be presented.
- There were no outstanding complaints at the time of the inspection however, there was a complaints system in place and staff knew how to escalate concerns made directly to them.

End of life care and support

- Information about the care people would like to receive at the end of their lives had been recorded. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs.
- The registered manager was sensitive to the needs of relatives and had held discussions with those who were open to discussing the end of life care they would like their family member to receive.
- The registered manager told us they were looking to improve the support they offered to families and the end of people's lives. This included both emotional and practical support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives and professionals told us they felt the service was well-led. One visiting professional said, "I have been impressed by the manager's approach to personalisation. They appreciate people's likes and dislikes and allow individuals to express themselves."
- The registered manager promoted a positive culture which was reflected in feedback from staff who told us they felt valued and listened to.
- The registered manager was experienced and understood the needs of people who lived at the home. They were keen to continually drive improvements at the home to improve outcomes for people and ensure people received a high standard of care.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager with support from senior workers regularly reviewed the quality of care people received. They completed audits on care and medicines records and acted where inconsistencies were identified. The registered manager told us they wanted to make improvements to the audit processes for health and safety matters and was in the process of reviewing how this system could be streamlined.

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

- People's views and feelings were recorded by staff during day to day observations and support. Relatives, advocates and visiting professionals had the opportunity to express their views about the quality of service provided through annual reviews and regular conversations with the registered manager.
- Staff told us they were confident to share their thoughts and ideas with the registered manager and told us they were approachable. One staff member said, "I felt supported from the day I started working here. You just know [registered manager] is there for you. I'm more than happy to approach them with any

thoughts or feedback."

- Two people were also involved in the management of safety within the home as staff supported them to conduct health and safety checks.

Continuous learning and improving care

- The registered manager was honest with us about where improvements could be made. They were continually looking to raise standards at the home and made changes where the need for improvement had been identified. For example, an audit of care records had shown improvements were needed to the way some information was being recorded.
- The registered manager also attended manager's meetings organised by the provider. They told us these gave them an opportunity to discuss learning from incidents or events with other managers and also share good practice. They also attend events run by local commissioners and other professionals to support their continued professional development.

Working in partnership with others

- The registered manager and staff worked in partnership with a range of other professionals to meet the needs of people living at the home. A visiting professional told us, "Communication from [registered manager] is very good. Information is always made available and staff have a good knowledge of people's needs."
- Staff worked alongside people's relatives to understand people's life histories and personal experiences. This enabled them to improve the lives of people by improving their home environment to reflect their individual tastes and preferences.