

# Abele Care Limited

# Trevella House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Trevella House is a residential care home providing personal care to six people with mental health needs at the time of the inspection. The service can support up to six people in one adapted building.

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

Quality assurance systems were in place but needed further development to ensure they consistently identified shortfalls. There was an open culture, led by the registered manager who was described by staff as being approachable and supportive.

People continued to tell us they felt safe and well supported. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. There were enough staff on duty to keep people safe and meet their needs. People received the medicines they were prescribed. Safe practice was carried out to reduce the risk of infection.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted. Staff spoke positively about the support they received. People were consulted about the menu and told us they enjoyed the food provided. Staff encouraged and/or supported people to attend health appointments, opticians and dental appointments, so they would remain well.

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.

People told us that staff were kind and caring and treated them with dignity and respect. All the interactions we observed were respectful and professional. People were supported and encouraged to maintain their hobbies and interests.

The provider had a system in place for responding to complaints. People knew who to contact if they had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 22 August 2018) and there was one breach of the regulations in relation to provider's audits to assess; monitor and maintain an accurate, complete and up-to-date record of administered medication. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Trevella 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Trevella House 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

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. 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.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked living at the home and felt safe. A person said, "I feel very safe here." One person told us they sometimes had a feeling of being unsafe but that staff always treated them well.
- Staff were aware of the signs of abuse and the action to take if they had any concerns which included making the registered manager aware.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Individual risk assessments had been completed for people in the home and were followed by staff to reduce the risk of any avoidable harm and provide safe consistent care.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
- People were supported to have independence, choice and control of their lives and positive risk taking was encouraged and lifestyle choices were respected.
- Checks to the home environment were completed to ensure it was safe for people who lived there. These included checks to the fire prevention systems, water temperatures and window safety. Improvement was needed to the risk assessment process for ligature risks. We received information following our inspection to show this was being actioned.

Staffing and recruitment

- People and the staff we spoke with told us there was enough staff to support people safely. One person told us, "Staff are on hand to help us."
- There were sufficient staff on duty to meet people's needs during our visit. The registered manager was currently working some additional hours at weekends whilst recruitment of an additional member of staff was in progress.
- Safe recruitment practices were followed to ensure staff were suitable to work with people who lived at the home.
- The registered manager advised that all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

Using medicines safely

- We identified some medicine recording issues but these had not had any impact on people as evidence was available to show people had their medicines as prescribed.

- People living at the service had mental capacity to make decisions about their medicine and those we spoke with, all told us they were satisfied with the support they received from the staff.
- We saw that some people were supported by staff to self-medicate and arrangements were in place to ensure this was done safely.
- One person told us, "I do my own medicines, but staff check I am taking them."
- Medicine records showed that people received their medicines as prescribed. One person told us, "Staff never forget my meds."
- We found staff had received medication training and refresher training had taken place a couple of days before our inspection. The registered manager had recently introduced a formal system for assessing staff competency in relation to medicine practice and we were informed this would be completed with all staff.

#### Preventing and controlling infection

- Staff were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- We saw that the home was kept clean, this included the kitchen. One person told us, "The staff check the fridge temperatures and food to make sure we do not get food poisoning."

#### Learning lessons when things go wrong

- Staff reported incidents when they occurred, and the registered manager reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.



# 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

- People's individual needs including their preferences were assessed before they moved into the home. This way of working supported people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience

- Many of the staff had worked in the home for a lengthy period of time and had received a wide range of training linked to their role.
- Staff received training to meet the individual needs of people who lived at the home. We saw how this benefitted people as staff had the skills and knowledge to perform their roles and responsibilities effectively.
- One person told us that sometimes they lost their temper but that the staff had the skills to help calm them.
- Staff received appropriate support. One member of staff commented, "The manager is very supportive."

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

- People were consulted about the menu and told us they enjoyed the food provided.
- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.

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

- Care plans included information about the support people needed to stay healthy and attend health appointments.
- Staff encouraged and/or supported people to attend health appointments, opticians and dental appointments, so they would remain well.

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.

- Staff understood the importance of seeking consent and empowering people to make their own decisions.
- Throughout the inspection, we observed staff gaining day to day consent and providing people with choices regarding what they would like to do.

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

- The home was spacious and afforded people the opportunity to move around the home freely. The standard of decoration was good and had been well maintained.
- One person gave permission for us to enter their bedroom. The bedroom was spacious and had been personalised and decorated as the person wished.

# 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 now 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

- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff. They were smiling and laughing together.
- When we asked people if staff supported them and treated them well, we received positive responses. One person told us, "The staff are all wonderful", another person told us, "I get treated well."
- Staff were positive about the people they cared for and what the role meant to them. One member of staff told us, "I love working here."

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

- People told us staff listened to them and encouraged them to express their views. For example people told us they were able to speak to staff about any issues they had. One person told us, "There are always staff available to talk to."
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend private time in their own rooms or in other areas in the home as they wished. One person told us, "Staff respect my private space and knock on my bedroom door."
- People were encouraged to be as independent as possible, for example they were supported by staff to participate in house-hold tasks such as cooking and the laundry.
- One person told us, "I get to do my own cooking, I have learnt a lot here."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.
- CCTV was in place in communal areas and people had been consulted on it's use. One person told us, "The camera's do not bother me, I feel safe having them." Another person told us, "They are not in our bedrooms as that would be an invasion of privacy."

# 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

- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs. Staff ensured that the plans were focussed and individual to the person.
- People were encouraged to contribute towards their care plans but not everyone wanted to do this. One person told us, "I have reviews every few months." Another person told us, "I do have a care plan, but I am not interested in getting involved in it."

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.

- People's communication needs were identified, assessed and recorded in their care plans. Staff recognised where people may benefit from large text or needed documents to be read aloud.

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 follow their own interests. For example, some people attended courses at a local community centre and one person had been supported to find work experience.
- People told us they were supported to maintain contact with family and friends close to them, if they chose to. One person told us that the manager was helping them to find a pen pal.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to complaints or any concerns raised.
- The provider had received one concern since our last inspection. Records showed this had been resolved with the person.
- During our visit, people we spoke with did not have any complaints about the service they received. People told us they would tell the registered manager if they were not happy about something.
- After our inspection a person raised a concern with us but consented for this to be shared with the registered manager. The registered manager assured us they would work with the person to help resolve their concerns.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection.

Where people had expressed any preferences regarding end of life care these were recorded in their care plan. However the registered manager told us that not everyone had wanted to discuss this.

## 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 requires improvement. At this inspection this key question remained the same. 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.

There was previously one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Duty of candour

- The registered manager used established systems to review the quality of the care provided to continually improve the home. We found the provider needed to improve some aspects of the systems to ensure all aspects of the service were monitored effectively.
- Improvements had taken place to the auditing of medicine records but further improvement was needed as we identified some record keeping issues. There were some instances where staff had not signed the medicine record. The current system of two separate medicine records for each person was confusing as both had to be viewed to establish that medicine had been administered.
- The registered manager told us they would increase the frequency of their audits to every two weeks to ensure any issues were identified without delay.
- Improvements were needed in relation to the organisation and availability of records. Some records were paper-based, and some were electronic. Filing systems were not well organised. Frequently during our inspection visit the registered manager was unable to locate records we requested. Whilst these were sent after our inspection the current systems meant there was a delay in accessing records required for the effective management of the service.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the provider had systems in place to ensure we were usually notified of incidents so that their legal responsibility was fulfilled.
- The provider was meeting the requirement to display their most recent CQC rating.

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

- People who lived at the home and staff told us they felt supported by the registered manager and could speak with her whenever they wished to.
- People were encouraged to provide their views on the running of the service, for example during meetings and in satisfaction surveys that were sent out. These were positive in content with any issues acted on.
- One person told us, "The manager is wonderful, a good manager with a great sense of humour." Another person told us, "Manager is approachable, any problems I can go to her, she sorts them straightaway."

- Staff meetings were held to seek feedback and discuss any practice issues.

Continuous learning and improving care; Working in partnership with others

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met.
- The registered manager was working towards improving their current knowledge and skills. They were currently undertaking a level five management course.