

Miss Margaret Clark Stevenson

The Trio 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

The Trio House is a residential care home providing personal care for up to three people with learning disabilities. People's care and accommodation is provided within one adapted building over two floors. At the time of our inspection, there were two people living at the home.

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

Further improvements were needed in relation to the provider's quality assurance systems and processes to ensure people's individual needs and the risks to them were consistently identified and addressed. The provider needed to demonstrate improvements made in the service since our last inspection could be sustained over time.

People were supported by staff who understood how to identify and report potential abuse. Improvements had been made to the overall standard of fire safety within the home. The provider maintained appropriate staffing levels to ensure people's needs could be met safely.

Systems and procedures were in place designed to ensure people received their medicines safely and as prescribed. The provider took steps to protect people, staff and visitors from the risk of infections. Accidents and incidents involving people were recorded and reported by staff and monitored by the management team to learn from these.

Staff received an initial induction, followed by ongoing support and training, to give them the knowledge and skills needed to care for people safely and effectively. People had the support they needed to maintain a balanced diet. Staff and management played a positive role in helping people to maintain their health and access professional medical treatment if they were unwell. 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.

Staff promoted positive, caring relationships with the people who lived at the home. People's relatives were encouraged to express their views about the care provided. Staff treated people with dignity and respect at all times.

People's care plans were individualised and supported a person-centred approach. Staff confirmed they

read and followed these. People had support to participate in a range of social and recreational activities, both within and outside of the home. People's relatives knew how to raise any concerns or complaints with the provider, and were confident these would be addressed. People's wishes and choices regarding their end-of-life care were established, so these could be addressed at the appropriate time.

People's relatives and staff commented on the open and inclusive culture within the service, and felt their views were welcomed by the provider. Staff felt well-supported by the provider and spoke about their work with enthusiasm. Staff and management sought to collaborate effectively with the community health and social care professionals involved in people's care.

Rating at last inspection

The last rating for this service was Requires improvement (report published 11 April 2019).

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

The Trio 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

The Trio 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 is not required to have a manager registered with the Care Quality Commission. During our inspection visit, we met with the provider and the deputy manager who oversee the day-to-day management of the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection visit was unannounced. We let the provider know when we would be returning for a second day to complete our inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

During the inspection

We spoke with the provider, deputy manager, one senior care staff and three care staff. We spent time with

people in the communal areas of the home and we saw how staff supported the people they cared for.

We reviewed a range of records. These included two people's care records, medicines records and three staff recruitment records. We also reviewed incident and accident records, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with two relatives and four community health and social care professionals about their experiences of the care provided. We also reviewed additional information sent to us by the provider.

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. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not always reported allegations of abuse in line with local safeguarding procedures, in order that these could be investigated externally. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were supported by staff who understood how to identify and report potential abuse. Staff told us they would immediately report any witnessed or suspected abuse to the management team. They were confident management would act on their concerns.
- The provider had procedures in place to ensure the appropriate external agencies were alerted to any abuse concerns involving people living at the home, in line with local safeguarding procedures.
- Staff and management had assisted the local authority in investigating a safeguarding concern involving a person living at the home, and had implemented agreed procedures to keep this person safe.

Assessing risk, safety monitoring and management

At our last inspection we found the provider's procedures for assessing, reviewing and managing the risks to people's health, safety and welfare were not sufficiently robust or effective. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's relatives were confident staff and management took steps to keep their family members safe. One relative told us, "I am very confident in the safety of [person's care]. [Person's name] seems happy, comfortable and relaxed."
- The provider had taken additional steps to reduce the risks to people in the event of a fire. They had conducted a new fire risk assessment and made improvements to the overall standard of fire safety at the premises. This included the installation of new fire detection and emergency lighting systems, new fire doors and appropriate fire safety signage.
- Procedures were in place designed to ensure the risks associated with people's individual care and support needs were assessed and managed. This included assessments of people's behaviour support

needs, their mobility and the support they needed to stay safe outside of the home.

- Staff demonstrated good insight into the known risks to the people they supported. They confirmed they read and followed people's risk assessments and care plans. They told us they were kept up to date with any changes in risks or people's needs by management and their colleagues. One staff member explained, "Updates are passed on during handovers and, if it's a big change, we will have a staff meeting to discuss it together."

Staffing and recruitment

- People's relatives and staff were satisfied staffing arrangements at the home enabled people's individual needs to be met safely and effectively.
- During our inspection visits, we saw there were enough staff on duty to meet people's individual care needs.
- People were supported by staff who underwent pre-employment checks to ensure they were suitable to provide their care before they started work at the home.

Using medicines safely

- People's relatives were confident their family members received the support they needed to manage and take their medicines safely.
- Staff received training in the provider's medicines procedures and underwent periodic medicines competency checks. They confirmed they felt confident handling and administering people's medicines.
- The level of support people needed with their medicines was clearly explained in their care plans.
- Staff maintained accurate and up-to-date records in relation to the administration of people's medicines. Written guidance had been developed for staff on the expected use of people's 'when required' (PRN) medicines, so they understood when to offer these.

Preventing and controlling infection

- Staff maintained good standards of hygiene and cleanliness throughout the home, as part of protecting people, visitors and themselves from the risk of infections.
- The provider supplied staff with appropriate personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection. Staff knew when they were expected to use this.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving the people living at the home. The management team reviewed safety concerns to identify learning and took action to prevent things from 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 Requires improvement. At this inspection this key question has now improved to 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

- There had not been any new admissions to the service since it had been registered with us. However, the provider assured us people's individual needs would be assessed before they moved into the home.
- People's needs and wishes were reassessed on a regular basis, to ensure their risk assessments and care plans remained accurate and up to date.
- Staff and management understood their role in promoting equality and diversity through their work with people and the need to take into consideration people's protected characteristics. Staff spoke positively about the inclusive approach adopted by the provider.

Staff support: induction, training, skills and experience

- People's relatives were confident staff had the knowledge and skills they needed to meet their family members' care needs. One relative told us, "As far as I can see, they [staff] all know exactly what they are doing and work well as a team." Another relative said, "Most of the staff have been there a while and they know [person's] needs."
- New staff underwent the provider's induction training to help them settle into their new roles. This included the opportunity to work alongside, and learn from, more experienced colleagues.
- Following their induction, staff participated in a rolling programme of training designed to enable them to work safely and effectively. The training provided reflected people's individual needs. Staff spoke positively about the training they received. One staff member told us, "We've done a lot of training and it makes you confident in performing your job role."
- People were supported by staff who had regular one-to-one meetings with the management team to receive constructive feedback on their work and identify any additional support they needed.

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

- People's relatives were confident their family members had the support they needed to maintain a balanced diet and enjoy their food and drink.
- Mealtimes at the home were flexible and relaxed events. People received support and encouragement from staff to enjoy their meals. When providing people with physical support to eat, staff did so in an attentive and patient manner.
- The home's menus were developed based upon people's known preferences and ideas for new meals which they may enjoy.
- Any risks or complex needs associated with people's eating and drinking had been assessed, with specialist input from the local speech and language therapist and plans put in place to manage these. We

identified the need for the provider to seek additional advice from the speech and language therapist about safely accommodating one person's food preferences. Following our inspection visit, they confirmed to us they had done so. We will follow this up at our next inspection.

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

- Staff worked with a range of community health and social care professionals to ensure people's care needs were monitored and addressed. The community professionals we spoke with confirmed the provider supported effective working relationships for the benefit of people living at the home.
- People's relatives spoke positively about the responsiveness of staff to any changes in their family members' health and the prompt way staff sought professional medical advice and treatment.
- People had support from staff to attend routine medical appointments and health check-ups. This included their annual health checks.
- People's oral healthcare needs had been assessed and plans were in place to address these.
- People's care files included information on the management of long-term medical conditions. We identified the need for clearer recording in relation to one person's long-term medical condition. Following our inspection visit, the provider sought advice in this regard from the relevant nurse specialist. We will follow this up at our next inspection.

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

- The decoration and furnishings of the home were to a good standard and designed to promote people's comfort and wellbeing in a homely environment.
- People had space to socialise with one another, participate in recreational activities, eat in comfort, receive visitors or spend time alone if they wished.

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.

- People's relatives felt staff respected family members' wishes and choices.
- Staff understood the need to support people's right to make their own decisions and to seek their permission before carrying out their care.
- Formal mental capacity assessments had been carried out in relation to significant decisions about people's care. Best-interests decisions had been taken where people lacked capacity to make specific decisions for themselves. This included decisions around the management of people's medicines, nutritional needs and the support they needed to stay safe in the local community.
- Applications for DoLS authorisations had been made, based upon an individual assessment of the people's capacity and their current care arrangements. The provider understood the need to comply with any recommendations made on DoLS authorisations which were granted.

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 Requires improvement. At this inspection this key question has now improved to 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

- People's relatives told us staff and management adopted a kind and compassionate approach towards their family members' care. One relative said, "They [staff and management] all care. They have a really good staff team at the moment and they all pull together."
- People were clearly at ease in the presence of staff and management whom they knew well.
- Staff and management spoke about the people who lived at the home with affection, clear insight into their individual needs and a commitment to people's continued health, comfort and wellbeing.

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

- People's relatives told us staff kept them updated on their family members' health and wellbeing, and actively involved them in any decisions about their care. They felt their views were welcomed and taken into account.
- Staff provided people's care in an unrushed manner, and had time to establish and respond to their wishes and choices.

Respecting and promoting people's privacy, dignity and independence

- People's relatives felt staff treated their family members with dignity and respect at all times. One relative told us, "I have never seen staff show anything other than respect for the people who live at the home."
- Staff spoke to people in a friendly, polite and professional manner.
- Staff gave us examples of how they protected people's rights to privacy and dignity through their day-to-day work. This included promoting people's independence and encouraging them to assist with household tasks where it was safe for them to do so. Other staff spoke about the need to protect people's modesty during personal care, to offer them choices and take into account what was most important to people. One staff member explained, "It's about doing things at people's own pace and following their preferred routines."

Is the service responsive?

Our findings

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to 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

- People's relatives told us the care and support their family members received reflected their individual needs and preferences. A community professional commented, "I think they [staff] are very person-centred in their approach."
- People's care plans were individual to them, kept under regular review and included information about their likes, dislikes and preferences to encourage a person-centred approach. Staff confirmed people's care plans were easily accessible, and they read and followed these.
- People's relatives told us they were involved in decisions about their family members' care and any proposed changes to care plans.

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 relatives were confident staff understood how to communicate effectively with their family members.
- People's care files included guidance for staff on how to meet their individual communication needs. This included information on the use of key words and gestures to maintain effective communication with individuals.
- The provider assured us they had the facility to produce information in alternative accessible formats, upon request from people or their relatives.

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 had support from staff to participate in activities, both within and outside of the home, which they found interesting and enjoyable. People's relatives spoke positively about the support their family members received in this area.
- The provider had appointed an 'activities lead' from amongst the staff team to develop and improve people's activities. The range of activities on offer currently included trips to local events and places of interest, meals and drinks out, swimming, bowling and in-house baking and arts and crafts sessions.

Improving care quality in response to complaints or concerns

- People's relatives knew how to raise concerns and complaints with the provider and told us they felt comfortable doing so.

- The provider had a complaints procedure in place to ensure all complaints received were recorded and handled in a consistent manner.

End of life care and support

- The management team initiated discussions with people's relatives to identify and record their family members' wishes regarding their end-of-life care, in order to ensure they received the support they needed when they reached the end of their lives.

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 Inadequate. At this inspection this key question has improved to Requires improvement. This meant the provider needed to demonstrate improvements in their quality assurance systems and processes were fully embedded in the service.

Continuous learning and improving care

At our last inspection the provider's quality assurance systems and processes were not sufficiently effective. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved the scope and effectiveness of their quality assurance systems and processes. However, further improvement was needed in relation to the records maintained in respect of people's care. The guidance recorded in relation to one person's dietary needs was not sufficiently clear and did not fully reflect the advice provided by the speech and language therapist. The records associated with this person's long-term health condition were also incomplete. As a result, the provider could not be fully assured the risks to the people who used the service were consistently managed. The provider's quality assurance processes had not enabled them to identify these issues.
- The provider had introduced a programme of monthly audits and checks focused on key aspects of the service, including fire safety, care planning, the management of people's medicines, and infection control. A staff member explained, "They [management team] have worked hard to change the audit system and fire safety system and get them to where they need to be. It [service] feels more organised and we [staff and management] are pulling together now."
- The provider carried out periodic spot checks to ensure staff were working as expected.
- These changes to the provider's quality assurance systems and processes, in addition to the support they had received from the local authority's quality and review team, had resulted in improvements in the quality and safety of people's care. However, the provider needed to demonstrate these improvements could be sustained over to time to assure us they were fully embedded in the service.

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

At our last inspection, the provider had not notified us of all required incidents affecting the health, safety and welfare of the people who the service. These 'statutory notifications' play an important part in our ongoing monitoring of services.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider demonstrated an understanding of the incidents involving the service and the people using it which they must notify us of.
- Staff and management were clear about their respective roles within the service.
- Effective procedures were in place to communicate information about changes in people's needs and quality performance issues across the staff team. These included daily handovers between shifts, use of a staff communication book and regular staff meetings.

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

- People's relatives spoke positively about the open culture within the service and their relationship and dealings with the management team. They told us the management team were accessible and approachable and committed to people's wellbeing. One relative said, "Their [people's] care is impeccable. They come first in everything."
- Staff spoke about their work with enthusiasm. One staff member told us, "I love my job. I have a caring streak in me and I enjoy making their [people's] lives better."
- Staff had confidence in and felt well-supported by an approachable management team who were willing to listen to and act on issues or concerns. One staff member told us, "I've always found them [management team] very supportive and I have been able to go to them with any problems."

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

- The provider recognised the legal requirement upon them to inform people and relevant others in the event people were harmed as a result of the care and support provided. People's relatives expressed confidence in the provider's open communication with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People's relatives told us the provider kept them up to date with any changes in their loved ones' health or wellbeing, and involved them in decision-making about their care.
- Staff expressed a sense of shared purpose with the management team and felt their views about people's care were welcomed and taken on board.
- The community professionals we spoke with told us staff and management sought to work effectively with them to ensure people's care needs were met.