

2 Care

Trevayler Residential Care Home

Inspection report

309 Burton Road
Derby
Derbyshire
DE23 6AG

Tel: 01332348080
Website: www.2care-rsl.org.uk

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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

This unannounced inspection took place on the 8 December 2016.

Trevayler Residential Care Home accommodates and cares for up to 23 persons with mental health needs, including people in crisis that required support to recover. There were seven people in residence when we inspected, with two people accommodated because they were in crisis.

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

People were safe. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening. There were recruitment procedures in place that protected people from receiving care from staff that were unsuited to the job.

People's needs were assessed before they were admitted to the home and regularly reviewed to ensure they received appropriate and timely care. People benefited from being cared for by sufficient numbers of experienced staff that had received the training they needed to do their job safely. Staff knew what was expected of them when caring for people with complex mental health needs. Staff carried out their duties effectively and with compassion.

People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary.

People's individual preferences for the way they liked to receive their support were respected. People's support needs had been assessed prior to admission and they each had an agreed support plan that reflected their individual needs. Their support plans were regularly reviewed and provided staff with the information and guidance they needed to do their job.

People were enabled to do as much as they were able to do for themselves by staff that were attentive to each person's individual needs. They understood and acted upon the impact of people's mental health needs. People received support from staff that demonstrated that they understood what was required of them to provide people with the support they needed.

People were treated with dignity and their right to make choices was upheld. People and their relatives or significant others, including people's advocates, were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to resolve matters to their satisfaction.

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.

People were kept safe by sufficient numbers of experienced recovery workers deployed to meet their needs in a timely way.

People's support needs and any risks to their safety were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People were protected by safe recruitment practices.

Is the service effective?

Good ●

The service was effective.

People benefitted from being cared for by recovery workers that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received care from recovery workers that had the training and acquired skills they needed to meet people's complex mental health needs.

People's healthcare were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good ●

The service was caring.

People's dignity was assured when they received support with personal care and they were treated with kindness and compassion. Recovery workers had developed good relationships with the people they supported.

People were individually involved and supported to make choices about their day-to-day care. Recovery workers respected people's preferences and the choices they were able to make

about how they received their care.

People received their support from recovery workers that encouraged them to retain as much independence as possible by doing what they could for themselves.

Is the service responsive?

Good ●

The service was responsive.

People had support plans that reflected their individual needs and how these were to be met by the recovery workers.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People were assured that appropriate and timely action was taken to address complaints or dissatisfaction with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People were supported and cared for by a conscientious team led by an experienced registered manager.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving support from recovery workers that received the managerial guidance they needed to do their job well.

Trevayler Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by one inspector. The inspection took place on the 8 December 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We viewed the communal accommodation and facilities used by people during their stay at the home.

We looked at four people's support records and three staff records in relation to recruitment, training, and best practice. We met and spoke individually with two people using the service. We also met and spoke with the registered manager, deputy manager and two staff. We looked at other documented information related to the day-to-day provision of the service and quality assurance monitoring practices by the provider and registered manager. Additional information regarding good practice and service initiatives was subsequently provided by the registered manager.

Is the service safe?

Our findings

People were kept safe. One person said, "When I'm struggling I need to be in a safe place. I get that here. I feel safe. I can 'chill' and get myself together again."

People's support needs were safely met by sufficient numbers of experienced and trained staff on duty. People received timely support when they needed it. Staff had the time they needed to focus their attention on providing people with safe care. Staff were attentive and responded quickly to ensure people's safety when the need arose.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff employment histories were checked and their backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

People were protected from unsafe care. A range of risks were assessed to minimise the likelihood of people receiving unsafe care such as when a person needed the support of a staff member to safely access community facilities. There were also risk assessments in place to guide staff that were related to the safe management of medicines for people that required prompting and supervision when using medication. People managed their own medicines and there were safeguards in place for staff to enable them to monitor this and ensure people took their medicines as prescribed.

People's needs were regularly reviewed by staff so that risks were identified and acted upon. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. People's risk assessments were included in their support plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. Support plans contained a comprehensive assessment of the person's mental health needs, including details of any associated risks to their safety that their assessment had highlighted.

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People were assured that regular maintenance checks were made throughout the home to ensure people were safe in the home environment.

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well the training they needed to support people with a range of complex mental health needs. People's needs were met by staff that were effectively supervised and had their day-to-day job performance regularly appraised. New staff had received induction training that prepared them for their duties.

Staff had a good understanding of people's holistic needs and the individual care and support they needed to enhance their quality of life. Timely action had been taken by staff whenever there were concerns about person's deteriorating mental health that affected their quality of life or put them or others at risk. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. Staff then worked closely with the individual to support them during these times to enable them to regain their independence and manage their coping skills.

People's support plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. 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. Staff acted in accordance with people's best interests.

People received timely healthcare treatment from appropriate community based professionals. Staff acted upon the advice of healthcare professionals that had a role in people's treatment. Suitable arrangements were in place for people to receive prescribed treatment from their GP when they needed it.

People had enough to eat and drink. People managed their own meals and prepared their food and this was monitored by staff whilst the person was accommodated in the home. Staff helped people that needed support with managing their diet, particularly when the person was in the early stages of their recovery.

Is the service caring?

Our findings

People were supported by staff that were compassionate and attentive. Staff were able to discuss how they facilitated people's choices in all aspects of their support. One person said, "I feel at ease with them (staff)."

People were encouraged to do as much as they could for themselves within the constraints imposed upon them by their mental health needs. They lived as part of the local community and independently made use of local facilities with, where necessary, discrete support from accompanying staff.

People were supported at their own pace and they were not rushed to do things. Staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person needed their attention. Behaviours arising from people's mental health condition were sensitively managed by staff that were knowledgeable of 'triggers' that contributed to an individual's behaviours. These 'triggers' were avoided but staff knew how to work with the person in a kind, thoughtfully measured way, whenever such behaviours occurred.

Staff were familiar with and acted upon people's routines and preferences for the way they liked to have their support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support, including their right to take risks.

Staff used people's preferred name when conversing with them. People's individuality was respected by staff that directed their attention to the person they engaged with. Staff spoke with people calmly, used words of encouragement, and their good humoured yet purposeful manner was in keeping with sustaining a relaxed ambience within the home.

People's dignity and right to privacy was protected by staff.

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home and subsequently reviewed on a regular basis. Changes to people's support plans were made in their best interest and with the appropriate involvement of significant others. People were actively encouraged and enabled to be involved in their support planning. One initiative included participation in a bicycle promotion scheme that enabled people to have free access to bicycles and all the appropriate safety equipment acquired by the service. This successful scheme has encouraged social inclusion and has promoted healthy living. People using the service have used the bicycles to visit their friends and family living locally in Derby.

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time. People benefited from receiving care from staff that responded promptly if they needed attention, so they were not left in distress or at risk.

People were encouraged to make choices, however simple, about their care and how they preferred to spend their time. People's support plans were reflective of people's needs and the actions staff needed to take to provide them with timely support. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their support plan was agreed with them.

People, or their representatives, were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

A registered manager was in post. People benefited from receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager, or from any of the senior staff. The staff team worked well as a team and were very supportive of each other so that people could rely upon receiving consistent support. Staff said there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the registered manager and provider.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and provider. These audits included checking that all staff were consistently adhering to good practice guidelines and were following the procedures put in place to protect people from poor quality support. The provider also ensured that regular monitoring visits to the home were appropriately carried out by a senior management representative.

People's support records were electronically kept. The records were fit for purpose and had been reviewed on a regular basis. Support records accurately reflected the daily as well as longer term support people received. The registered manager checked that the content accurately reflected people's needs and the support provided. Records relating to staff recruitment and training were also fit for purpose. They reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were also kept up-to-date. Records were securely password protected when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and reflected best practice. Staff had the current guidelines they needed to do their job.

The new manager had kept the Care Quality Commission (CQC) informed of events and incidents that needed to be reported. They also worked cooperatively with health care professionals and commissioners involved in monitoring the care of people that used the service.

People were assured that timely repairs were made to the premises and that living environment was appropriately maintained. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.