

## Essex County Care Limited

# Trippier

### Inspection report

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#### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

At a previous unannounced comprehensive inspection of this service carried out on the 19 and 21 2017, we found breaches with regulatory requirements relating to Regulation 9 [Person centred care], Regulation 10 [Dignity and respect], Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 14 [Meeting nutritional and hydration needs], Regulation 17 [Good governance] and Regulation 18 [Staffing]. As a result of our concerns the Care Quality Commission took action in response to our findings by rating the service as 'Inadequate,' placing the service into 'Special Measures' and amending the provider's conditions of registration.

A further focused inspection was undertaken on the 12 September 2017 and at that inspection we solely looked at the domains of 'Safe' and 'Well-Led'. The quality rating of the service remained 'Inadequate'.

Trippier 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 care home accommodates up to 36 older people and people living with dementia.

Trippier House is a large detached building situated in a quiet residential area in Colchester and close to all amenities. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service on each floor.

The Local Authority had placed a restriction on the service provision following our last inspection to the service in June 2017. This inspection was completed on the 30 April and 1 May 2018 and was unannounced. At the time of this inspection there were 15 people living at the service.

Since our last comprehensive inspection to the service in June 2017 and focused inspection in September 2017, a new manager had been appointed and had been in post at Trippier House since the 6 December 2017. The manager was registered with us on 16 April 2018. A registered manager is a person who has registered with the Care Quality Commission 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.

The overall rating for this service is 'Requires Improvement.' However, the service remains in 'Special Measures.' We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Improvements were noted since our last inspection. Risks to people's safety and wellbeing had been assessed and recorded. Moving and handling practices by staff were safe. The deployment of staff within the

service was now suitable to meet people's needs. Staff responded promptly when people used their call alarm to summon staff assistance. People were positive about the care provided and no evidence of poor care practices by staff were witnessed during the inspection. The dining experience for people was much improved and people's comments about meals provided were positive. Care plans had been reviewed and updated; and these now reflected people's care and support needs; and the care to be delivered. Training statistics for staff had improved and training was now embedded in staffs' everyday practice.

However, further improvements were required to the service's quality assurance arrangements at both provider and service level as these were not as effective as they should be. Visits by the registered provider's representative had not identified the issues found as part of this inspection. The culture of the service was not open and transparent. There was evidence to show staff that raise concerns were not always supported and the issues raised taken seriously.

The Care Quality Commission had not been notified of all safeguarding concerns. Improvements were required to ensure investigations were robust as these had either not been undertaken or were incomplete and provided little evidence as to how outcomes had been reached. Reporting of accidents and incidents was inconsistent and not all complaints had been investigated and actions taken.

The registered provider's arrangements to determine the service's staffing levels remained contradictory and ineffective. Where staff had been promoted to a more senior role, staff had not received an induction to their new designated role. However, our observation at the time of the inspection showed the deployment of staff at Trippier House was appropriate and people told us there was enough staff around to care for them effectively.

Care plans now covered all aspects of a person's individual care and support needs and risks to people were clearly identified and managed to prevent people from receiving unsafe care and support. People's healthcare needs were met and people had access to a range of healthcare services. People received their prescribed medication and staff's practice was safe. Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted and people's capacity to make day-to-day decisions had been considered and assessed.

Recruitment practices were safe. Staff received appropriate training and this was now embedded in their everyday practice. Newly employed staff received a robust induction and formal supervision arrangements were in place and staff confirmed they felt supported by the registered manager. People were able to participate in a range activities that met their social care needs and preferences. Staff had a good relationship with the people they supported. People were supported to maintain their independence where appropriate and had their privacy respected. The dining experience for people was positive and people had their nutritional and hydration needs met.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Improvements were required to ensure the Care Quality Commission was notified of all safeguarding concerns.

The registered provider's arrangements to review and investigate events and incidents and to learn from these were not robust and improvements required. There was a lack of evidence to show lessons learned when things go wrong.

Medication practices were safe and ensured people received their prescribed medication.

The deployment of staff was now appropriate to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Where areas of improvement were required to the premises and equipment required servicing or fixing, improvements were required to ensure these were completed in a timely manner.

Staff now received training to meet the needs of people using the service and formal supervision arrangements were in place.

Where staff were promoted to a more senior role, staff had not received an induction or received the support they required to undertake their role and responsibilities.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how to apply these principles.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Although people's comments about the care provided were positive and we recognised staff employed at the service were doing their best to provide a good level of care and support to people using the service, our overall findings at both service and provider level did not demonstrate that all areas of the service was caring.

People were positive about the care and support provided at the service by staff. People told us staff were kind and caring. Staff demonstrated an understanding and awareness of how to support people with dignity and respect and to maintain their independence.

### **Is the service responsive?**

The service was not consistently responsive.

Complaints management was inconsistent and not all complaints and concerns had been investigated and explored. Learning from complaints had not been used as an opportunity for improvement.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff.

People were now engaged in meaningful social activities throughout the day.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

Quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to help drive sustained improvement.

**Inadequate** ●

# Trippier

## 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 inspection took place on the 30 April and 1 May 2018 and was unannounced. The inspection team consisted of two inspectors and a 'bank' inspector on both days of the inspection. On the 30 April 2018, the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for older people and people living with dementia.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people living at the service, one visitor, eight members of care staff, two team leaders, two housekeepers, the service's chef and kitchen assistant; and the registered manager. The service's general operation's manager was present when the inspection team provided feedback of the inspection findings. We reviewed seven people's care files, staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

## Is the service safe?

### Our findings

Safe was rated as 'Inadequate' at our last inspection on the 19 and 21 June 2017 and 12 September 2017. At this inspection, we found that safe had improved to 'Requires Improvement.' At our previous comprehensive and focused inspection to the service in June and September 2017, concerns were highlighted about the numbers and deployment of staff available to meet people's care and support needs. Not all risks relating to individual people were identified or suitable control measures put in place to mitigate risk. Improvements were required in relation to medicines management and infection control practices. The above was in breach of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that sufficient improvements had been made in relation to staffing levels and the deployment of staff, the management of risk, medicines management and infection control practices. However, improvements were required in relation to safeguarding and lessons learned when things go wrong.

Prior to the inspection we reviewed safeguarding information forwarded to the Care Quality Commission as required by regulation. We found there was a discrepancy between the number of safeguarding concerns recorded at the service and those forwarded and reported to us. For example, one safeguarding concern was raised with the Local Authority after the person's relative raised concerns about the level of care and support provided for their member of family. The Care Quality Commission was not advised of the safeguarding concern and the internal investigation completed by the registered manager was incomplete and provided no evidence detailing how the outcome had been determined. Although we were made aware of a further safeguarding concern following an allegation of poor staff practice, an internal investigation was not considered or completed. This showed systems and processes had not been operated effectively to investigate allegations of abuse and lessons learned.

Where disagreements had occurred between two people using the service, some resulting in injury, not all of these had been raised with the Local Authority or the Care Quality Commission as a safeguarding concern. For example, incident reports provided at the inspection identified six occasions from April 2017 to February 2018, where one person had hit or thrown objects at other people using the service.

A review of the service's accident and incident reports for the period September 2017 to March 2018 identified a number of discrepancies. These included failing to record the action taken, failing to notify the Local Authority or the Care Quality Commission and failing to follow the providers own policy and procedure for responding to witnessed and unwitnessed falls. For example, a person had fallen in their bedroom. Under the heading of 'action taken', staff had recorded the risk assessment as updated but provided no rationale to explain the reason for the fall. A hospital report referred to the person having sustained a head injury and staff being given advice for monitoring the person. A body map detailing the nature of the injury was not completed. Information following the fall recorded that the person had started to vomit blood and the emergency services called. Although staff recorded observations were undertaken following the incident to ensure the person's wellbeing, there was no evidence to support this, to reflect the actions taken to

prevent further falls as per the checklist attached to the incident form or outcomes. The registered manager confirmed they were aware that records relating to accident and incidents at the service were inconsistently completed; however appropriate arrangements had not been made to learn from these incidents.

People told us they felt safe living at the service. Staff demonstrated an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team. Staff told us they were confident the registered manager would act appropriately on people's behalf. Staff told us they would not hesitate to report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team or registered provider were not receptive or responsive.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. One person told us, "I ring the bell and they [staff] come pretty quick, I cannot say anything against the staff." A second person told us, "They come quite quickly and if you have to wait, they [staff] usually say sorry." Another person told us they used their call alarm to summon staff assistance when requiring their comfort needs to be met. They told us staff were prompt and demonstrated this by using the call alarm facility. A senior member of staff was noted to respond in a timely manner.

The registered provider used two dependency tools to assess people's needs. Although there was evidence to show this was used to inform the service's staffing levels, it was unclear as to its effectiveness. Contradictory information was recorded for some people and it was not possible to define which specific assessment was being used to determine the staffing levels at the service. For example, the dementia dependency assessment for one person recorded 'moderate' whilst their dependency assessment was recorded as 'high'. Staff confirmed there were currently enough staff available to meet people's needs and the use of agency staff had radically reduced in recent months. However, staff were anxious that the present staffing levels would not be increased if and when any restriction on placements was lifted and more people admitted to the service. Our observation at the time of the inspection showed the deployment of staff at Trippier House was appropriate.

At our previous inspection in June 2017 not all risks had been identified or suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This referred specifically to where people had specific conditions, such as diabetes and epilepsy and the risks associated with these conditions had not been identified and managed. This meant risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up-to-date as they should be.

We looked at six people's care records and found that the risks associated with the above and other conditions relating to people's health and welfare needs, for example, where people were at nutritional and hydration risk, experienced poor mobility and were at risk of falls, at risk of developing pressure ulcers, and managing behaviour that challenged, had been assessed and guidance written for staff to follow to minimise the potential risk of harm. Risks to people were reviewed each month or sooner to reflect where a person's needs had changed. Staff demonstrated a good up-to-date knowledge of risks to people and what they needed to do to ensure their safety. One member of staff told us, "[Name of person using the service] diabetes is controlled by medication, so they can have the occasional biscuit, but we have to keep an eye to make sure they don't eat too many."

Staff told us there were some people living with dementia that could become anxious or distressed and presented with behaviours that could be perceived as challenging to staff and others. People's care records recorded the reasons for them becoming anxious; the steps staff should take to reassure them and



directions on the best ways to support the person to ensure their own and others safety and wellbeing. We observed staff dealing with difficult situations well and it was evident staff understood what they needed to do to diffuse people's agitation and anxiety. Staff spoke to people in a gentle and calm manner, used distraction techniques, altered the environment for the person where appropriate or sought support from other members of staff.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. A Personal Emergency Evacuation Plan [PEEP] was in place for those living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

Recruitment records for staff newly employed at the service were viewed. Relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] completed. Where agency staff had been used from an external employment agency, profiles confirming relevant checks relating to their employment had been sought.

Comments about the provider's medicines management arrangements from people using the service were positive as people confirmed they received their medication as they should. One person told us, "I get painkillers and I can ask and they [staff] will get them for me." Another person stated, "I have my tablets, staff always ask me if I am in pain. I have never missed my medication and staff always make sure I take them."

Our observations showed people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. A medication profile detailing people's preferred method of administration when taking their medication including any known allergies was in place. We looked at the Medication Administration Records [MAR] for 10 out of 15 people living at the service. These were in good order; provided an account of medicines used and demonstrated people were given their medicines as prescribed. Suitable arrangements were in place to ensure all staff that administered medication were trained and competent to undertake this task safely.

People were protected by the provider's prevention and control of infection arrangements. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us, and records confirmed they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

## Is the service effective?

### Our findings

Effective was rated as 'Inadequate' at our last inspection on the 19 and 21 June 2017. At this inspection, we found that effective had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in June 2017, concerns were highlighted about the dining experience for people using the service. Not all staff had received appropriate training or refresher training and improvements were required to ensure Mental Capacity Act [MCA] 2005 assessments were completed to an appropriate standard. The above was in breach of Regulations 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made in relation to the above. However, where areas of improvement were required to the premises and equipment required servicing or fixing, improvements were required to ensure these were completed in a timely manner. Additionally, where staff were promoted to a senior role they had not received an induction.

Some decoration was in progress, however the décor looked tired and areas of the service required redecorating, particularly current vacant rooms. Windows did not fit properly and the restrictors needed attention to ensure they were effective. Taps were leaking and toilets used by people which had no handle to pull the door closed and had small thumb locks with no grip, making it difficult to close and lock the door for privacy. Toilets and bathrooms were bare and clinical looking, with no homely features. A clear programme of maintenance was not in place to evidence issues raised were completed in a timely manner. Information recorded within the registered provider's health and safety audits suggested where matters were raised, for example, in relation to call alarms and other items of equipment; these were not always fixed or replaced as soon as possible.

We recommend the provider review their maintenance processes to ensure an effective and timely approach to addressing any property related concerns and repairs.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included personal possessions and photographs. People had access to comfortable communal facilities, comprising of two lounges and a separate large dining area.

Staff told us they received both face-to-face and online training, which gave them the knowledge, skills and confidence to carry out their roles and responsibilities. Staff training records provided by the registered manager confirmed the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. A copy of the staff training matrix was provided and this showed the service's training statistics had significantly improved to over 90%. Staff told us they had received additional training to meet the specific needs of people who used the service, for example, in relation to epilepsy, diabetes, Parkinson's disease, multiple sclerosis, Chronic Obstructive Pulmonary Disease (COPD) and the use of oxygen. Our observations showed staff effectively applied their learning and this meant positive outcomes were evident for people living at the service.

The registered manager confirmed all newly employed staff received an induction. This comprised of an 'in-

house' induction and staff being given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. One member of staff told us that working alongside experienced staff had been positive and given them the opportunity to get to know people living in the service. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

Staff told us they felt supported and valued by the registered manager and received formal supervision at regular intervals. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Although the above was positive, where staff had been promoted to a more senior role, they had not received an induction to their new designated role. For example, the personnel file for one member of staff showed they had not received an induction since being promoted to a more senior role in December 2017, and despite their supervision records in February 2018, detailing the registered manager would provide support to enhance their learning, this had not taken place.

People's comments about the meals provided at the service were favourable. One person told us, "The food is adequate and enough for what I want." Another person stated, "The food is always nice, and there is plenty of it." People also told us if they did not like the meal, alternatives to this were readily available. We observed the lunchtime meal on the first day of inspection and found the dining experience for people living at Trippier House was positive. People were able to choose where they ate their meals, for example, at the dining table or while seated in a comfortable chair in the communal lounge. We saw that staff consulted with people about what they wanted to eat and were offered a choice of meals. People were not rushed to eat their meals and were able to enjoy the dining experience at their own pace. All but two people were able to eat their meal independently and where assistance was required by staff, this was undertaken discreetly and in a respectful manner.

Catering staff told us things had improved since the new registered manager had been in post. The menu had been amended and they had autonomy to introduce and test new dishes. They told us a barbeque had been planned for when the weather was nice, but due to recent adverse weather conditions, this was now planned for the forthcoming bank holiday weekend. Both catering and care staff demonstrated an awareness and knowledge about people's food preferences and specialised diets, including the use of fortified food, snacks and milk shakes for people who were underweight and at risk of poor nutrition and hydration. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as the Speech and Language Therapist [SALT] and the dietician had been made and guidance followed by staff. Where people were at risk of choking, risks assessment were in place containing instructions for staff to prevent choking and how to deal with incidents should they occur.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. For example, the Dementia and Intensive Support Team [DIST], District Nurse services, local falls team and the local NHS hospital 'step-down' team. The latter refers specifically where people no longer require the level of care from an acute medical setting such as a hospital but are not ready to return to their own home.

People told us their healthcare needs were met and they received appropriate support from staff. One person told us, "If I am not feeling very well and need a doctor, the staff help me." Another person stated, "When I had a fall, help was at hand from the staff, they were very kind." Each of the care plans reviewed contained a 'hospital passport'. This provided hospital staff with important information about the person at the time of their admission either to the hospital or A&E department. Care records showed people's healthcare needs were recorded, including evidence of staff interventions and the outcomes of healthcare appointments. One person's care plan contained records relating to their specific healthcare condition of Chronic Obstructive Pulmonary Disease [COPD]. This is a progressive lung disease that can make them breathless. The person's records showed they had recently developed a chest infection and been prescribed antibiotics by their GP. Additionally, the COPD specialist nurse had reviewed the person's medication by changing their inhalers and provided a rescue pack containing steroids, with the aim of preventing hospital admission.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We saw that people's ability to make decisions was assessed in line with MCA principles. The registered provider had clear procedures in place for staff to follow when people were not able to make decisions about their care or treatment. These included making decisions in people's best interests on a day-to-day basis, such as providing personal care and continence management. Where decisions were more specific, appropriate professionals had been involved in making best interest decisions. For example, where a person needed their medicines administered covertly, a meeting involving the registered manager, family member and GP had taken place to discuss whether it was in the person's best interest. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for the DoLS assessments to be considered for approval. Where these had not yet been approved, there was information recorded within people's care plans to show the registered manager had been in contact with the Local Authority to chase a response to these applications.

## Is the service caring?

### Our findings

Caring was rated as 'Inadequate' at our last inspection on the 19 and 21 June 2017. At this inspection, we found that caring had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in June 2017, care for people using the service was poor and not consistent. The culture of the service was not caring and care provided was task and routine based rather than person-centred. The above was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvement had been made in relation to the above. However, because of our findings as detailed within the main body of this report, our overall findings at both service and provider level did not demonstrate that the overall service was caring and improvements were required.

Although people's comments about the care provided were positive and we recognised staff employed at the service were doing their best to provide a good level of care and support to people living at Trippier, our overall findings at both service and provider level did not concur with people's comments about a caring service. Not all safeguarding concerns were notified to the Local Authority or the Care Quality Commission and internal investigation arrangements had not been considered or were incomplete. Accident and incident reporting was inconsistent and demonstrated the registered provider's arrangements to complete and monitor these records were not in line with their own policies and procedures. Where existing staff had been promoted to a more senior role, a robust induction had not been considered to ensure they had the skills and were competent for their area of responsibility.

Despite these areas of improvement, our observations showed people received person-centred care and they had a good rapport and relationship with the staff that supported them. Staff were able to demonstrate a good understanding and awareness of people's preferences and how they wished their care and support to be provided. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them.

People were satisfied and happy with the care and support they received. People told us they were treated with care and kindness by staff. One person told us, "It is lovely and I could not wish for better. The staff are lovely, they all chat to me and they have the time to talk to me." Another person stated, "It's wonderful here, it is my home, I live here. I am really well looked after." A friend of a person using the service told us, "The carers are lovely with [Name of person using the service]."

Staff were friendly and affectionate and showed genuine concern for people's wellbeing. For example, we saw the person responsible for providing activities approach a person towards the end of the lunchtime meal. They asked the person if they would like to do some painting when they had finished their meal, commenting, "It would be lovely to see you. What do you think?" They sat with the person and helped them to finish their milk shake, commenting, "I know you love your milk shake." The person said, "Thank you, and see you later."

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect at all times. A member of staff approached a person in the communal lounge, and spoke with them quietly to ask if they required a comfort break. We also saw staff gained people's consent to enter their rooms and provide personal care. Staff knocked on people's doors whether or not they were open or closed, rather than just walking in.

People were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without or with limited staff support.

Staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. One person's care plan identified they walked independently with a frame, but were at high risk of falls. To mitigate the risk of falls, staff were noted to walk with them to ensure their safety and wellbeing.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff also told us that people's friends and family were welcome at all times.

## Is the service responsive?

### Our findings

Responsive was rated as 'Inadequate' at our last inspection on the 19 and 21 June 2017. At this inspection, we found that responsive had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in June 2017, people using the service did not receive care and support that was responsive and personalised to their needs. Activities were limited and not tailored to meet their needs. The above was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvement had been made in relation to the above. However, we could not be assured or confident all complaints were being taken seriously and acted upon.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed since our last inspection in June 2017, there had been two complaints in December 2017 and April 2018 respectively. A record was maintained for each complaint; however details of the investigation and action taken, relating to one complaint had not been considered or completed by the registered manager. This referred specifically to concerns raised from an external source whereby they were unable to access to the premises and attend to one person's healthcare needs, despite three attempts to gain waking night staffs' attention. A written record completed by the registered manager detailed unannounced night time checks would be completed, but when we discussed this with the registered manager, they confirmed these had still not taken place. This meant we could not be assured or confident all complaints were being taken seriously and acted upon.

We recommend the provider review their complaints procedures to ensure all complaints are managed and recorded clearly to reflect actions taken and responses to complainants including outcomes and learning taken to avoid reoccurrences.

Care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to people's individual needs. For example, where people were at risk of developing pressure ulcers and required support with their continence and mobility needs, information was recorded detailing the care and support to be provided by staff. This ensured staff had the most up-to-date and accurate information available to enable them to deliver person-centred care.

Information about specific healthcare conditions was included in care records and supporting plans and assessments had been written detailing how staff were to mitigate risks to people's health and wellbeing. Care plans were reviewed monthly or sooner and reflected where a person's care needs had changed. For example, one person's care records showed they had lost weight and were referred to the nutritional service. The person's care plan had been updated to reflect the dietician's recommendations and diet plan and there was evidence this was being followed by staff and the person was gaining weight.

People were very positive and complimentary about the activities at Trippier House, particularly since the employment of the new member of staff responsible for facilitating and implementing social activities at the service, Monday to Friday between 10.00 a.m. to 4.00 p.m. The person responsible for social activities



commenced in post in February 2018 and confirmed since being appointed they had attended a Local Authority workshop specifically based on activities. The member of staff had assessed people's social care needs to assist them with planning a programme of activities based on people's needs, preferences and interests and information was recorded detailing the activities undertaken each day.

On the first day of inspection during the morning, people were observed to participate in art and craft projects whilst listening to the fairy tale 'Peter and the Wolf'; the latter initiating much debate and discussion. In the afternoon further art and craft projects were undertaken, one person was supported with 'doll therapy' and one person was supported to review a magazine. Information available also demonstrated one-to-one activities were routinely undertaken with people based on their individual social care needs. For example, one person was supported to pursue their interest in television and film crime dramas and thrillers and another person was enabled to review current affairs. Additionally, group based activities were available, including 'film club' and a small group of people were soon to participate in 'line dancing'.

No one living at the service was receiving end of life care, and therefore we were unable to assess how this aspect of the service was managed. Our previous inspection identified that people diagnosed with a terminal illness did not have specific plans in place that gave staff an understanding of how to meet their physical, psychological, emotional and end of life care needs. At this inspection, Preferred Priorities for Care [PPC], which enable people to plan for their future end of life care and Advanced Care Planning [ACP] arrangements for making decisions if a person becomes unable to speak for themselves had been completed. This included their spiritual and religious beliefs and arrangements after their death. For example, one person stated they wanted to stay at Trippier House and included the name of the Catholic Church and priest where they wished for a mass to be held. The registered manager told us one person had been assessed by the GP as requiring end of life care, but their health had improved. The registered manager confirmed anticipatory medication had been kept to ensure these were readily available, if the person's health deteriorated.

The registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.



## Is the service well-led?

### Our findings

Well-Led was rated as 'Inadequate' at the comprehensive inspection on the 19 and 21 June 2017. At the focused inspection completed on 12 September 2017 'well-led' remained 'Inadequate'. At this inspection, we found that well-led remained 'Inadequate.' At our previous comprehensive and focused inspections to the service in June and September 2017, we found the provider's quality assurance systems were not effective or robust and there was a lack of managerial oversight of the service as a whole. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made. Risks to people's safety and wellbeing had been assessed and recorded. The deployment of staff within the service was now suitable to meet people's needs. The dining experience for people was much improved and people's comments about meals provided were positive. Care plans had been reviewed and updated; and these now reflected people's care and support needs; and the care to be delivered. People were positive about the care provided and no evidence of poor care practices by staff were witnessed during the inspection. Training statistics for staff had improved and training was now embedded in staffs' everyday practice. However, the registered provider's and registered manager's governance arrangements and overall oversight of the service still required improvement. This had not improved significantly enough to instil confidence they would be able to sustain changes in the longer term and continue to drive the required improvements needed.

Since our last inspection to the service in June 2017, a new manager had been appointed. The manager commenced in post at Trippier House on 6 December 2017 and was formally registered with the Care Quality Commission on 16 April 2018. The registered manager had a wealth of experience working within a care setting and as a registered manager.

We asked the registered manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. Quality assurance reports were completed at regular intervals by the registered manager and staff that had designated responsibility in specific areas, for example, health and safety. The registered manager confirmed a weekly report was forwarded to the registered provider. Additionally, visits were meant to be undertaken by a representative of the organisation to ensure the service was compliant with regulatory requirements and the fundamental standards. However, since the registered manager's appointment in December 2017, only two visits had been conducted by the registered provider's representative and these were in January and April 2018. Neither report identified the areas for improvement highlighted as part of this inspection and suggested the registered provider remained unaware of these shortfalls. We discussed this with the registered manager and they told us the registered provider's representative had recently been more involved in supporting another of the registered provider's 'sister' services.

The culture of the service was not open and transparent. There was evidence to show staff who raise concerns were not always supported and the issues raised taken seriously. For example, in September 2017, one member of staff raised concerns to a senior manager within the organisation about the registered provider's overbearing and bullying conduct. At the time of this inspection, six months after the incident, no

action had been taken to support the member of staff and to hold the registered provider to account. We raised our concerns with the newly appointed general operations manager and an assurance was provided that the incident would be investigated. We received email confirmation on 23 May 2018 that an investigation relating to the above had been completed and an apology provided to the member of staff. A copy of the investigation report was requested.

The Care Quality Commission had not been notified of all safeguarding concerns. Investigations by the registered manager were not robust, as these had either not been undertaken or were incomplete and provided little evidence as to how outcomes had been reached. Where actions were recorded and required to be actioned, these remained outstanding. Reporting of accidents and incidents was inconsistent and although the registered manager confirmed they were aware of these shortfalls, nothing had been done to address this. In addition, not all complaints had been investigated and actions taken. This demonstrated a lack of information available to evidence lessons learned when things go wrong.

The registered provider's arrangements to determine the service's staffing levels remained contradictory and ineffective. Where staff had been promoted to a more senior role, staff had not received an induction to their new designated role. Therefore we could not be assured staff had a clear understanding of their roles and responsibilities and were competent. Both of these issues remained outstanding from our previous inspections to the service in June and September 2017. A clear programme of maintenance relating to the premises was not evident to show issues requiring action were completed in a timely manner.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the registered manager was and found them approachable. Staff also spoke positively about the registered manager and told us they now received good support, morale within the service was much improved and there was better teamwork. One member of staff stated, "I don't know what happened previously, I read the CQC report, and in the short time I have been here, I can see things have improved a lot." They told us, "I feel the registered manager is spot on, I like their approach, they know what they are doing, and they are firm but fair. They do not tell you twice, if they see staff doing something wrong, they are put on training straight away." When asked about the registered manager, another member of staff told us they were, "Approachable, and easy to talk to."

People using the service confirmed regular meetings were held whereby they were encouraged to have a 'voice' and to express their views about the service. Additionally, staff confirmed meetings were held whereby they could express their views and opinions. Records of these were available, included the topics discussed and the actions to be taken.

People using the service, those acting on their behalf and staff had been given the opportunity to complete an annual satisfaction survey in January 2018. Information had been collated and showed three responses had been received from people's relatives, six from people using the service and eight from staff. However, an action plan had not been completed where comments were less than favourable to evidence that the provider was committed to continually improving the service

People benefitted from the service's collaborative approach with other organisations. The service worked in partnership with Local Authorities and staff employed at the service worked alongside healthcare professionals to meet people's healthcare needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Significant improvements were still required in relation to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance. |