

Miss Margaret Clark Stevenson

The Trio House

Inspection report

15 Abbotsmead Road
Belmont
Hereford
Herefordshire
HR2 7SH

Tel: 01432342416

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Trio House is located in Hereford, Herefordshire. The service provides accommodation and personal care for three adults who are living with learning disabilities, autistic spectrum disorders and complex health needs. People receive accommodation and 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.

This inspection took place on 20 July 2018 and was unannounced.

There was not a requirement to have a registered manager at this home. The home was managed by the registered provider. Registered providers and registered managers 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.

At our previous inspection in December 2017, we rated this service as 'Inadequate,' and it was therefore placed in 'special measures.' We had identified breaches of regulation in relation to safeguarding people from abuse or improper treatment; the need for consent; receiving and acting on complaints; good governance; staffing; failure to display the ratings; and failure to notify the CQC of incidents involving alleged harm or abuse.

At this inspection, we found the provider had taken action to meet the requirements of Regulations. However, further improvements were still required. We identified a further breach of Regulation 18, which related to the failure of the provider to notify CQC of three Deprivation of Liberty Safeguards application outcomes as required by law.

Services that are in 'special measures' are kept under review and inspected within six months. We expect services to make significant improvements within this time frame. During this inspection the provider demonstrated to us that improvements had been made and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, the service is no longer in 'special measures.'

At this inspection, People and relatives had been provided with contradictory information about the provider's complaints procedure. Care plans did not always reflect people's end of life needs and preferences. Staff confirmed that they received regular training to give them the skills to meet people's needs, the process for their formal supervision remained inconsistent.

There were sufficient numbers of suitably qualified, competent and experienced staff deployed to meet people's needs, who supported people in a way that was respectful and compassionate.

The risks associated with people's individual care and support needs had been assessed, recorded and reviewed. Both the provider and staff understood their individual responsibility to protect people from

abuse. Pre-employment checks were completed to ensure prospective staff were suitable to work with people.

People's relatives and community professionals were able to express their views on the service and to participate in care planning and reviews. People had support to participate in social and recreational activities. The provider had introduced procedures to ensure complaints were recorded, investigated and responded to.

The provider promoted an open culture within the home, and consulted with people, their relatives and staff about the service. Staff felt well supported, valued and were clear what was expected of them at work. The provider had quality assurance systems and procedures in place to enable them to monitor and improve the quality and safety of people's care and support.

You can see what action we have told the provider to take at the back of the full 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?

Requires Improvement ●

The service was not always safe.

People were protected from the risk of harm and abuse. People received their medicines safely. There were sufficient numbers of suitably qualified, competent and experienced staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although staff confirmed that they received regular training to give them the skills to meet people's needs, the process for their formal supervision remained inconsistent. Staff supported people and ensured that their health was regularly monitored to meet their individual needs.

Is the service caring?

Good ●

The service was caring.

People were treated with, kindness and compassion by staff who understood their individual needs and requirements. Staff were respectful and treated people with dignity. Staff were aware of the need to consistently promote people's equality, diversity and human rights.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People and relatives had been provided with contradictory information about the provider's complaints procedure. Care plans did not reflect people's end of life needs and preferences. People were stimulated in both group and individual activities.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had failed to submit statutory notifications to CQC in line with their registration with us. Staff told us the provider promoted an open culture, which encouraged relatives and staff to speak their minds at any time. Staff felt confident about challenging working practices

The Trio House

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 was an unannounced comprehensive inspection carried out on the 20 July 2018. The inspection was carried out by one inspector.

Before the inspection visit, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We reviewed a range of records about people's care and how the home was managed. We looked at three care records, two medicine administration records, six staff recruitment files, and records related to the management of the service. We spoke with the registered provider, the deputy manager, three members of care staff, and an external training provider, who was present during our visit. We also spoke with two health care professionals, which included a speech and language therapist, and an epilepsy nurse.

Is the service safe?

Our findings

At the time of our last comprehensive inspection in December 2017, the 'Safe' key question was rated as 'inadequate.' At this inspection we judged the key question as 'requires improvement'. The provider had made improvements in relation to reporting and managing safeguarding concerns, and by ensuring there were sufficient numbers of suitably qualified, competent and experienced staff deployed to meet people's needs. Although these improvements had been made, the provider must demonstrate consistency over time to achieve a rating of 'good.'

At our last inspection, the provider had failed to safeguard people from abuse or improper treatment, and notify the relevant authorities about allegations of abuse. This meant allegations of abuse had not been investigated formally and had resulted in a lack of action taken to prevent people from further abuse or harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was now meeting the requirements of Regulation 13, having taken action to ensure people were safe from abuse or improper treatment.

We spoke with staff about safeguarding procedures at the home. Staff understood their individual responsibilities to protect people from abuse, were aware of potential signs of abuse, and recognised the need to immediately report any concerns of this nature to the management team. The provider had procedures in place designed to ensure any witnessed or suspected abuse was reported to the appropriate external agencies, such as the local authority, police and CQC, and investigated.

During our last inspection, the provider had failed to ensure there were sufficient numbers of suitably qualified, competent and experienced staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection, both relatives and staff confirmed, and we saw, there were now sufficient staff to meet people's individual needs. One relative told us, "I believe my [relative] is safe. They have a full complement of staff now. I haven't detected any concerns on that front." One professional visitor to the home told us staffing levels were always good, with any staff shortages covered. One member of staff told us, "Staffing levels work very well. There is always someone available to come in if more support is needed. I have no concerns. We definitely have enough staff to meet people's needs." We looked at rota schedules and spoke to the provider, who confirmed that including themselves, they now had a total of 13 staff for deployment. There was a minimum of at least two staff on duty during the day and evening, supported by an activities coordinator during the day. There was one member of staff on duty between 10pm and 9am, with the provider or deputy manager available on-call.

During our last inspection, we identified concerns with the quality of risk assessments, which were not always reflective of people's individual needs. At this inspection, we found the risks to people's safety had been assessed and plans were in place to minimise these. The risk assessment completed now took into account people's specific health conditions, their mobility needs, and their safety and welfare when engaging in activities. One relative told us that their loved one needed to be monitored closely, because of a

specific health condition. They were confident staff monitored their loved one's condition closely and knew what action to take in the event of a seizure. The provider told us risk assessments were regularly reviewed in line with people's changing requirements. Staff were able to tell us about the specific risks to individuals and the methods they used to manage and monitor such risks.

The provider had safe recruitment procedures in place to ensure staff were suitable to support people who used the service. We saw checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. DBS searches police records and barred list information to help employers make safer recruitment decisions.

Measures were in place to protect people from the risk of infection. The areas of the home we visited were clean and smelt fresh. One relative told us the home was kept clean and tidy, and their relative was also clean and well-presented. All staff were encouraged to maintain standards of cleanliness and hygiene. The provider told us they reviewed infection control measures as part of their quality assurance audits, which included mattress checks and deep cleaning. The physical environment was safe for people. Fire safety checks had been carried out together with checks on gas and electrical equipment. Evacuation plans for people were in place and staff had received training in fire safety.

We checked to see how the provider managed and administered medicines safely. Relatives told us they were satisfied with the assistance and support their loved ones received to ensure they received their medicines when they were required. The provider had appropriate arrangements in place to manage medicines safely. We spoke with staff and looked at a sample of medication administration records. These records were up to date and without omissions. Staff confirmed they had received training on administering medication safely and were subject of competency checks by the provider.

Is the service effective?

Our findings

At the time of our last comprehensive inspection in December 2017, the 'Effective' key question was rated as 'inadequate.' At this inspection we judged the key question as 'requires improvement'.

During our last inspection, we found that staff did not receive the appropriate training and development, which was of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider was now meeting the requirements of Regulation 18, however further improvements were still required.

Although staff told us they received regular supervision, this was not reflected in the records we looked at. These showed that whilst some staff had received supervision in the current year, others had not. Both the provider and deputy manager agreed that formal supervision had been inconsistent. However, with such a small service, they were in daily contact with most staff. They assured us that a more consistent approach to supervision would be adopted.

A new formal induction process had been introduced for all new care staff. One member of staff told us that their induction programme consisted of initial training in subjects such as food hygiene, safeguarding, medication, fire and safety, and practical moving and handling. They then underwent a period of two to three weeks shadowing more experienced staff. Before commencing work on their own, they were asked by the provider whether they were confident to work on their own, or if they required additional support. They also told us, "I have had two to three supervisions since I've been here. The management are one hundred percent available for support at any time." The provider confirmed that they did not currently incorporate the Care Certificate as part of their induction programme. The Care Certificate is a nationally recognised qualification in adult social care. The provider explained that their current induction programme included 17 training areas of adult social care. However, moving forward, they would introduce the Care Certificate as part of their induction training for new staff.

One relative told us, "As far as I'm concerned, the staff have the right skills and training and seem very competent to me." Staff spoke highly of the training received since our last inspection. One member of staff told us, "Training has definitely improved, which has given us more confidence in our role." Staff told us the provider used an external training service, and personal development included reflective assessments of their training and outcomes. Reflective assessments enabled staff to reflect on the training received and the practical implications on their daily role. Since completing initial training, staff had commenced training in nationally recognised qualifications in adult social care. The provider also confirmed that all staff had now received practical training in manual handling, before commencing working at the home, which was renewed annually.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last Inspection in December 2017, we found the provider was not adhering to the principles of the Mental Capacity Act and that people had been unlawfully deprived of their liberty. They had failed to submit appropriate DoLS application to the relevant supervisory body. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, the provider was now meeting the requirements of Regulation 13. They were able to demonstrate that three DoLS applications, had been submitted to the relevant supervisory body, for people living at Trio House, which had been authorised in February 2018.

During our last inspection, the provider and staff were unable to demonstrate an understanding of the key principles of the MCA. For example, set bedtimes had been imposed on people, which were not reflective of current best practice and had not been subject to appropriate best interests' decision-making. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, both provider and staff confirmed they had received additional training on the MCA. We saw documented evidence of best-interests decisions, which had involved relatives, and health professionals. These best-interests decisions were specific to people's individual needs. The provider was therefore meeting the requirements of Regulation 11.

People continued to be supported to maintain their health. People had access to a range of healthcare professionals, which included epilepsy nurses, speech and language therapists, district nurses and GPs. One health care professional told us, they had no concerns about the service. They always received a positive response from the provider and staff, and felt staff were fully aware of their responsibilities in supporting people who lived at the home. Information and guidance provided by healthcare professionals was recorded in people's individual care plans. We saw evidence of appropriate and timely referrals to multidisciplinary teams in people's care files.

We found people's dietary requirements were assessed and care plans and risk assessment were in place to meet people's needs. One relative told us their loved one really enjoyed their food. They had no concerns about their loved one's nutrition as they received a varied diet and meals they would receive at home, such as a 'roast.' Where people needed specialist diets or help with their eating and drinking needs, we saw this was being provided.

Is the service caring?

Our findings

At the time of our last comprehensive inspection in December 2017, the 'Caring' key question was rated as 'requires improvement.' At this inspection we judged the key question as 'good'.

During our last inspection visit, people's confidential information was not always kept securely. During this inspection, confidential information was stored safely and securely, either in a secure filing cabinet, or in a secure office on the first floor.

One relative told us, "Staff are very caring and respectful. I have never had cause for concern, my relative is happy and content when I visit him." Another relative said, "I have never seen staff being anything other than exceptionally kind and caring." One health care professional told us that people appeared happy, care staff were really caring and they knew the people living at the home very well. Another professional visitor told us they had no concerns about the approach staff adopted to their work. They found the service very homely, people were relaxed and had a good relationship with staff.

Staff understood people's individual needs and requirements. One member of staff explained to us the importance of respecting people's privacy and dignity and explained how they ensured doors were closed when delivering personal care. They ensured people were covered up and were given plenty of time to enjoy their bath times, and were always on hand to offer support if required.

People looked well-cared for, cleanly and comfortably dressed and were supported by staff in a way that was respectful and compassionate. Staff addressed people by their first name and clearly knew the people they supported. We saw many caring and respectful interactions between staff and the people living at the home. People were comfortable and confident when in the presence of staff. We were told and saw people were not able to communicate verbally. Staff understood how to communicate with people and were able to tell us how each person expressed themselves. Staff explained how they monitored people's reactions in supporting effective communication and were able to anticipate and react positively if people became agitated. One relative told us that staff were able to communicate very effectively with their relative, who was unable to speak, but was able to understand and respond to staff.

Staff were aware of the need to consistently promote people's equality, diversity and human rights. People's sexual preferences and needs were documented and staff told us they adopted a non-judgemental approach to people and supported people in the way they wanted to be supported. Staff told us they considered the provider to be very progressive about lesbian, gay, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. The provider told us they would support people from the LGBT community in a non-judgemental manner and that they were welcome at the home.

Since the last inspection, the provider told us they had made links with an independent advocacy service, which was currently supporting one person at the home.

Is the service responsive?

Our findings

At the time of our last comprehensive inspection in December 2017, the 'Responsive' key question was rated as 'requires improvement.' At this inspection we judged the key question to remain as 'requires improvement'.

At our last inspection, we found there were no systems in place for capturing, receiving, investigating or responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that the provider was now meeting the requirements of Regulation 16, however further improvements were still required.

Relatives confirmed to us they were aware of the provider's complaints procedures and would not hesitate to raise any concerns with the provider. They were also confident that the provider would deal with all matters effectively. The provider confirmed they had not received any complaints since our last inspection. We were given a copy of the provider's complaints policy and procedures. This provided detailed guidance on how to address, record and respond to complaints. However, the corresponding 'complaint or concern' notice, which was displayed in the entrance to the home, contradicted information in the policy. For example, the policy stated formal acknowledgement of complaints would be sent within 72 hours, whereas the notice stated with 48 hours. The notice was not clear about external agencies with whom complaints could be shared, such as CQC or the local authority. It did not include the addresses of these agencies. The notice included the telephone number of the Disclosure and Barring Service (DBS), which do not have a responsibility for investigating complaints. We spoke to the provider who assured immediate steps would be taken to address these matters.

During our last inspection, we identified concerns about the quality of people's individual care plans, which did not always reflect people's needs. During this inspection, we found care plans reflected people's specific health and welfare needs, and provided guidance for staff on how to address these. People's care needs had been reviewed, and relatives confirmed they had been consulted and had been involved in the review process. They felt they were listened to and that the provider acted on any of the issues they raised. However, records of reviews did not record the specific issues that had been raised or discussed with relatives and any related actions agreed. Although the dates of completed review meetings had been recorded, clearer information was required regarding the outcome of these meetings, in order that this could be followed up by the provider. Staff we spoke with were fully aware of people's needs and preferences, and told us they were always informed of changes.

At the time of our inspection visit, no one at the home was receiving palliative care. Staff confirmed they had received end of life training and would support community nurses and relatives in meeting people's needs in their final days. However, end of life needs and choices had not been completed within people's care files. The provider confirmed that these were very relevant for one person at the home. The provider told us that this had been an oversight and immediate action would be taken to update these care plans.

Relatives told us that activities and social events were available to their loved ones on a regular basis. This

included daily trips out and weekends away in the country or seaside. One relative told us, "I do genuinely believe they are meet [relative's] needs. They get them out and about very often. They have regular breaks away and long weekends. They have plenty of stimulation." Staff confirmed people participated in trips out to the bowling green, garden centres, a local small breed farm, swimming and shopping. The provider employed an additional activities member of staff during the day to support people with activities and visits.

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The provider told us they used 'Makaton' to facilitate communication with one person. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate. We did not see this being used during our inspection.

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in December 2017, the 'Well-led' key question was rated as 'inadequate.' At this inspection we judged the key question as 'requires improvement'. The provider had taken action to address staffing and safeguarding concerns. They had also reviewed and introduced improvements to the training and development needs of staff. Systems had been introduced to ensure people were lawfully deprived of their liberty in line with the principles of the Mental Capacity Act.

Registered providers are required by law to notify the CQC of incidents where people have suffered harm, injury, abuse or suspected abuse. At our last inspection in December 2017, the provider failed to notify CQC of allegations of abuse regarding people living at Trio House. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014. Providers are also required to notify CQC when an application is made in relation to depriving a person of their liberty, once the outcome is known. Statutory notifications are used by the CQC as a way of monitoring services and any emerging risks to people using them. During this inspection, the provider had failed to notify us of three Deprivation of Liberty Safeguard authorisations, that had been approved by the local authority. The provider told us they had been unaware of their responsibility to report the outcome of DoLS applications to CQC.

This was a further breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014.

At our previous inspection in December 2017, we identified concerns regarding the overall governance of the service and the provider's knowledge of the legislative framework underpinning their practice. Records associated with people's individual care needs were not always accurate or up-to-date. The provider had no quality assurance systems in place to monitor the quality of service provision. The provider had also failed to capture feedback from people, relatives and community professionals, as a means of continually improving the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that the provider was now meeting the requirements of Regulation 17, though further improvements were still required.

Records, were on the whole, reflective of people's needs. However, areas such as end of life care still required updating. Some records were lacking information, such as reviews undertaken, which did not record the involvement of relatives. Risk assessments had been reviewed by the provider and now reflected people's health and welfare needs. The provider had taken action to update policies and procedures, and work was still on-going at the time of our visit. The provider had introduced a system of daily and monthly audits and checks to ensure the service was continually improving. These included audits of medication, DoLS applications, fire safety systems, complaints and concerns, people's activities, staff spot checks, and standards of hygiene and cleanliness. These were audits and checks were supported with records of the action taken to resolve identified issues.

The provider had sent out questionnaires to relatives and professionals seeking feedback in order to continually improve the service. The feedback we reviewed was very positive regarding the quality of care being provided. Where an issue was raised regarding activities for people, we were told by the provider that

the matter had been resolved and addressed. However, no records have been retained to demonstrate the action that had been taken.

The provider had worked with the local authority and other community professionals to address the failings identified during the last CQC inspection. The provider told us improvements had been made to address previous failings, such as staffing levels, training and development. They described the service as being 'work in progress.' Relatives told us that the provider had been open and honest about the previous failings of the service and had worked very hard to improve standards. One relative referred to the specific improvements they had witnessed in the home's staffing level

Staff told us the provider promoted an open culture, which encouraged relatives and staff to speak their minds at any time. Staff told us the culture of the home was open and transparent and were confident that they would be listened to if they raised any concerns with management about the service. Staff felt confident about challenging working practices within the service, or decisions taken by the provider, if they needed to. They were aware of the provider's whistleblowing policy and told us they would follow this.

Registered providers are required to display their current rating visibly and conspicuously at their premises. During our last inspection in December 2017, the provider had failed to display CQC ratings as required by the provider's registration with us. This was a breach of Regulation 20 A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, CQC ratings were visibly on display in the entrance to the home.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of three Deprivation of Liberty Safeguard authorisations, that had been approved by the local authority.