

Swanton Care & Community (Autism North) Limited

Trinity House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trinity House is a residential care home providing personal care to seven people with a learning disability and/or autism at the time of the inspection. The service can support up to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's quality of life had improved significantly due to the exceptionally responsive and person-centred support they received. Proactive support strategies had resulted in a significant reduction in the number of incidents that could be distressing for people. Staff had an excellent understanding of people's needs and how they preferred and needed to be supported.

Relatives told us they felt Trinity House was outstanding in terms of exceeding their expectations in how staff met people's specific needs. Staff did not view the complex needs of the people who used the service as a barrier to them participating in similar activities to those of their peers.

People appeared happy and relaxed with the staff who supported them. Relatives told us people were safe and our observations confirmed this. Staff understood the importance of safeguarding and were able to tell us what they would do if they had concerns about a person's wellbeing. Staff were recruited safely and people living at the service took part in the interview process. There were enough staff to meet people's needs. Medicines were managed safely. There was a positive approach to safety and risk which was not restrictive for people.

People were looked after by staff who had the skills and knowledge to carry out their roles. Staff communicated effectively with relevant professionals to ensure people received the healthcare support they required. Staff supported people to buy, prepare and cook food. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect and their independence was promoted. Relatives said staff were very kind and caring. There was a happy family atmosphere at the home. People and staff cared about each other and enjoyed spending time together. Staff understood the importance of understanding people's abilities and working with them to achieve positive outcomes.

There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted positive support strategies which improved people's quality of life. Relatives felt the service was well managed and spoke positively about the changes the registered manager had made. There were effective systems in place to monitor the quality of the service. Action was taken if any issues or concerns were identified.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Trinity House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Trinity House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service. During the visit we observed how people were supported in communal areas and spoke with two people who used the service. We spoke with the registered manager, the deputy manager, a team leader, the chef and two support workers.

We reviewed a range of records. This included two people's care records and three medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives on the telephone and received feedback from two relatives via email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Trinity House. A relative said, "[Family member] is very safe there. Staff always keep them within reach and safe from traffic and the dangers of the outside world."
- There were systems in place to help protect people from the risk of abuse. Staff were knowledgeable about what action they would take if abuse were suspected. Safeguarding concerns had been dealt with promptly and appropriately.

Assessing risk, safety monitoring and management

- There was a positive approach to risk taking. Staff managed these risks so people could lead fulfilled lives by being as independent as possible.
- Staff carried out regular checks to make sure people lived in a safe environment.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. The service was maintained to a reasonable standard. An environmental action plan was underway to improve areas of the service which needed repairing or replacing due to wear and tear.

Staffing and recruitment

- Staffing levels were determined by people's needs. There were enough staff to meet people's needs and keep them safe.
- People were supported by a well-trained, experienced and familiar staff team.
- Safe recruitment procedures were followed to help ensure suitable staff were employed. However, we were unable to view records relating to one staff member's DBS check during the inspection. The registered manager sent us this information after the inspection, and we were reassured the appropriate checks had been done.

Using medicines safely

- Medicines were administered safely and effectively. People received their medicines when they needed them and in an appropriate way to their individual needs.
- Medicine records we viewed had been completed accurately.

Preventing and controlling infection

- There were effective systems in place for reducing the risk and spread of infection. Staff had completed training in infection prevention and control and food hygiene. Staff used personal protective equipment,

such as gloves and aprons, to protect themselves and people from the risk of infection.

- The service was clean, tidy and odour-free.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise the risk of further incidents, although no trends had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place. This was to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- Staff training in key areas such as learning disabilities and autism awareness was up to date. Staff had recently completed training in oral health care.
- Staff received regular supervision and annual appraisals. Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- New staff completed a comprehensive induction which covered key areas such as communication and equality and diversity.

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

- People were supported to have enough to eat and drink. There were enough staff to support people to eat safely. People chose where they preferred to eat.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Staff, including the chef, had a good understanding of people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- People attended healthcare appointments. These included dentists, GPs and speech and language therapists. Recommendations had been included in care records which staff followed.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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

- People's bedrooms were personalised. Where people preferred minimal furniture in their bedrooms, this choice was respected. Communal lounges and dining areas were comfortable and spacious, with a homely feel.
- Plans were underway to refurbish communal areas and for new furniture to be bought. People were involved in these decisions.

Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive in accessing support from health professionals. This led to people receiving timely support.
- People attended healthcare appointments. These included dentists, GPs and speech and language therapists. Recommendations had been included in care records which staff followed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us how much they liked living there because of the staff. One person said, "I'm very happy here because the staff are great."
- Relatives said staff were kind and caring. One relative said, "Staff are caring and understanding of [family member's] needs." Another relative told us, "All staff seem well-intentioned and friendly and genuinely interested in [family member's] wellbeing."
- The atmosphere at the home was relaxed and friendly. There was a positive rapport between people and staff. People were respected as individuals with different strengths and interests. People appeared comfortable in the company of staff and we saw how people and staff enjoyed a laugh and a joke together.
- Staff treated people with respect and dignity. Staff knew people's needs well and told us how important it was to support people in the way they liked and needed.
- Staff were trained in equality and diversity and the provider had relevant policies in place to help protect people and staff from discrimination.

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

- People were involved in decisions about their care where capabilities allowed. Where people needed support in this area relatives were involved in the decision-making process. Care plans were reviewed and updated on a regular basis to ensure people's care needs and preferences were up to date.
- People's communication needs were clearly identified in care records and staff knew people's needs in this area well.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence without unnecessary risks to their safety.
- Staff understood their responsibilities for keeping personal information about people confidential.
- Staff supported people with personal care respectfully and discreetly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People received care which was extremely person-centred and responsive to their needs. Relatives we spoke with said Trinity House was 'outstanding' in terms of how staff met people's needs and how much progress people had made. For example, one relative told us how staff had completed training in positive behaviour support and this had an exceptional outcome for their family member. This relative said, "Staff are really skilled in de-escalation and the number of incidents has reduced drastically. Staff know what the triggers are. Before, staff sometimes had to call the police. [Family member's] quality of life has definitely improved as a result. I think Trinity House is outstanding as [family member] is a very complex person and staff go above and beyond to meet their needs. [Family member] has a lot of confidence in the staff."
- When people needed to go into hospital staff continued to support them. A relative said, "The staff were exceptional when [family member] had a recent stay in hospital."
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us how the service had made a significant impact on their family members by enabling them to lead full and rewarding lives which enhanced their well-being. Relatives told us staff were effective at providing people with access to an exceptional range of activities. One relative commented, "The home is outstanding because staff treat people like their own family and the ethos is very caring. They understand [family member's] needs really well. [Family member] can now access activities they couldn't do before, so their quality of life has vastly improved."
- Staff did not view the complex needs of the people they supported as a barrier to them participating in similar activities to those of their peers. The registered manager showed us photographs of people enjoying activities and outings, where appropriate consent had been sought for this. We saw photos of people enjoying using a hot tub while on holiday, trips to Blackpool, horse riding and people improving their daily living skills by participating in activities such as making snacks and drinks and posting a letter. This demonstrated people were not discriminated against but enabled to be active participants in their own lives.
- People were supported to participate in meaningful activities that reduced the risk of social isolation. Two people who used the service were supported to find voluntary work which they really enjoyed. Staff told us how this gave people a sense of purpose.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff followed the AIS and were aware of people's communication needs. People were given the time and support needed to express themselves.
- Care records outlined people's communication needs in detail. Information was available in different formats where needed, for example picture menus were available to support people to choose their meals. Information about a range of issues such as healthy eating and safeguarding was available in easy read format.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, although no complaints had been received since the last inspection.
- Staff told us people and family members were encouraged to share any minor concerns straight away, so issues could be resolved quickly.
- Relatives said they knew how to raise a complaint. Nobody we spoke with had any concerns.

End of life care and support

- No one using the service was receiving end of life care.
- Care plans contained details of people's end of life preferences where people and relatives had felt able to discuss this sensitive matter.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The values of the service were embedded into the care people received. People were supported to live good lives and the ethos was person-centred, so that each person was treated as an individual.
- There was a positive and happy atmosphere in the home. Staff told us they felt valued and enjoyed working there.
- Staff told us they felt listened to and that the management team were approachable. Staff told us they worked as a team to deliver high standards for the benefit of people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example. They promoted staff to support people to lead fulfilled lives where their choices were respected.
- Relatives spoke positively about the registered manager. One relative said, "I must say [registered manager] has done a lot of good since they came to the service." Another relative told us, "[Registered manager] has been a great asset to the house and all seem happier since they came."
- The registered manager understood their duty of candour responsibilities and was open and transparent when dealing with issues and concerns.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.

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

- The views of people who used the service and their relatives were continually sought both on a formal and informal basis. Feedback was positive.
- Staff told us they had plenty of opportunities to provide feedback about the service.

Continuous learning and improving care

- When an incident occurred, this was investigated thoroughly and lessons learnt where appropriate.

Working in partnership with others

- Staff supported people to be active citizens within their local community by using local services regularly.
- Staff worked alongside health and social care professionals to make sure people received joined up care which met their needs.