Achieve Together Limited

Trafalgar House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Trafalgar House is a residential care home providing accommodation and personal care to up to eight people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found
Systems were in place to ensure people remained safe. Risks to people were assessed and well managed. Staff supported people to live full and busy lives. Infection control measures were in place to protect people. There were enough staff working at the home and people's medicines were managed safely.

Staff received the training and support they needed to care for people effectively. People were supported to eat and drink what they wished. A healthy diet was encouraged and people were supported to make their own decisions.

We observed staff talking and engaging with people. People enjoyed staff company and were comfortable and confident around staff that were supporting them. Staff knew people well and understood what was important to each person. Staff were passionate about supporting people in line with their individual preferences and unique abilities.

The service was well led by a registered manager and regional manager who inspired and supported their staff team. They ensured that people, staff and those important to people worked in partnership. The culture of the service empowered people to improve their independence and make their own decisions about how they wanted to spend their time and live their lives.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;
Staff worked with people to increase their independence and confidence to try new things and make their

own decisions. People were supported to be involved in the running of the service. One person told, "This is our home, it's up to us."

Right care: Care is person-centred and promotes people's dignity, privacy and human rights; People were supported in the way they chose and were treated as an individual by staff. Staff knew people well and understood how to support them. Staff told us about the rapport they had built with people which enabled them to provide the appropriate support even when people were anxious of distressed.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives; The home had been through a period of change. There was a new registered manager who, along with staff was passionate about supporting people to be as independent and live as least restrictive lives as possible. Staff advocated for people's rights to ensure they had the freedoms and choices they were entitled to Staff were positive about the registered manager, the support they received and the positive changes at the service.

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

Rating at last inspection
This service was registered with us on 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 10 April 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

During the inspection
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below

Is the service effective?

Good

The service was effective.

Details are in our safe findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Trafalgar 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
Trafalgar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
The first day of the inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we reviewed some records of the home. These included medicine and complaint records, infection control information, accidents and incident records, along with information about the upkeep of the premises.

We looked at one support plan and risk assessments along with other relevant documentation to support our findings. We engaged with all the people living in the home; we spoke with five staff members. This included the registered manager and regional manager.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at two further support plans and related records, training data and recruitment files and audits. We spoke with five relatives about the service and five members of staff. We received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of harm from abuse or discrimination. Staff received safeguarding training and understood how to identify and report any concerns. Staff told us they would report to the most senior person on shift, they could also report to senior managers within the organisation or to external organisations such as CQC.
- People were comfortable in staff presence. They approached them when they wanted something or just for a general chat. These interactions were open and relaxed.
- Before the inspection we had been made aware of some safeguarding concerns. These were being managed appropriately. The registered manager told us about discussions that had taken place with people and with staff to identify and address any concerns not already known and to provide reassurance and support. This approach was evident throughout the inspection.
- Safeguarding concerns were appropriately reported to the local authority safeguarding team and the registered manager worked with them to help investigate and address issues.

Assessing risk, safety monitoring and management

- Risks to people were well managed. Staff had a good understanding of the risks associated with supporting each person. There was information to guide staff about what may cause people to become distressed or anxious. How to avoid, as far as possible, this happening and what actions to take if a person did become distressed or anxious.
- Staff told us how some people may become distressed if they did not know what they were doing each day. They explained by having a plan that enabled the person to know what they were doing now and next they were able to reduce the occasions where the person may become distressed.
- Some people had risks associated with their health, staff were aware of these and able to tell us how they supported people safely. For example, some people were at risk of experiencing seizures. There was guidance for staff to follow and staff were able to talk about the support they provided.
- Environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place. Servicing contracts such as gas and electrical were in place. One person told us about a recent fire drill. They told us, "I am the Fire Marshall for the residents here. We make sure [person] has his headphones on as he doesn't like the noise but [Registered manager] is in charge of course. Everyone knows the areas they have to go to."

Staffing and recruitment

- There were enough staff to safely support people. Staff attended to people in a timely way and provided support when they needed it. Where people required regular one to one support this had been provided.

● There was a reliance on the use of agency staff. Agency staff were regular to the home and had a good understanding of people and their support needs. The registered manager told us that this was partially due to the impact of the pandemic and staff needing to isolate.
● There had been occasions where people had not been able to go out when they wanted to due to staffing numbers. We were told this was addressed by ensuring trips out were organised for other times of the day, so if for example a person was unable to go out in the morning then they would go out in the afternoon.
●Staff were recruited safely. Checks were completed on new staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working within care services.

Using medicines safely
● Systems were in place to ensure medicines were managed safely. Staff received medicine training and had their competency assessed before they were able to give medicines.
●Medicines were given to people individually, in a way that suited them. People were involved with their own medicines. One person had been prescribed medicines that needed to be checked and signed as given by two staff. This person was able to act as the second person who checked and signed as correct their own medicine.
● Where people had been prescribed 'as required' (PRN) medicines, such as pain killers there were PRN protocols in place. Some people had been prescribed PRN medicines to help manage their anxiety. The guidelines for these were detailed and informed staff of strategies to use to distract and support the person before the decision to give the PRN medicine was made.
● The registered manager was working with the local pharmacy team to help ensure stopping over medication of people with a learning disability, autism or both (STOMP) principles were followed. We were given examples of how this had been managed and worked well. Following a change in medicines the side effects of tremors for one person had been reduced. This meant the person was now able to insert a CD into the CD player without support. As a result, the person's independence and well-being had improved.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service. There had been no admissions to the home but appropriate guidance was followed when one person was discharged from hospital.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy and we observed staff cleaning high touch points.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People were supported to maintain contact with their family and friends in line with government guidance. This included family and friends visiting the home and people going out to catch up with family and friends outside the home. People told us how they enjoyed going out, one person told us about their weekly visits to see family. A relative told us their loved one was supported to visit them each week.
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

● Accidents and incidents were documented and responded to. Staff told us how they recorded and reported any concerns. Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences. For example, one person had fallen when trying to get a cup from a low shelf. The cups were moved to a higher shelf to reduce the risk of this happening again.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had lived at the home for a long time. Their needs and wishes were regularly reviewed to ensure they received support they needed. This included all aspects of their support needs such as how they communicated, their preferences, and how they liked to spend their time.
- Nationally recognised assessment tools were used to assess risks, for example, those associated with positive behaviour support.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and support they needed to support people who lived at Trafalgar House. When staff started work at the home they completed a two week induction which included, observing and shadowing experienced staff and getting to know people. This could be extended if needed. During this time, they started their training which included the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a training plan which showed what training staff had completed and where updates were required. During the pandemic most of the training had been online but recently staff had received some face to face training, for example, for first aid. We saw further face to face training for moving and handling and safeguarding had been booked for the next two months.
- The majority of training was online and this included mental capacity and Deprivation of Liberty Safeguards (DoLS), communication and training specific to people who lived at the home. This included autism awareness, learning disabilities and mental health. One staff member told us how the training helped them identify the support they were providing was appropriate. They told us, "If (other) staff aren't doing it right, there's no excuse, it's all in the training."

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

- People were supported to eat and drink a range of foods that met their individual choices and needs. The evening meal menu for the following week was chosen at people's weekly meeting. Each person chose one meal for the week and this was displayed on a pictorial menu. People usually ate their evening meal together.
- People chose and prepared their own breakfast and lunch, with staff support, when needed. One person told us they were going to have a bacon sandwich for breakfast and we later saw this person enjoying one.
- There was a blackboard where people could add to the weekly shopping list if they fancied something different, or they were running out of stock.

● Some people needed support with their dietary needs. Staff understood the support required and worked with people to help maintain their independence whilst keeping to the required diet.

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

● People were supported to maintain and improve their physical and mental health. They had access to healthcare professionals when they needed them. This included the doctor, dentist, chiropodist and learning disability nurse.

● People attended healthcare appointments when they were unwell or to maintain their ongoing health. They were supported by staff as needed.

● Plans were in place to keep people well and to ensure staff were aware of their health needs. Information in these included the healthcare professionals that were supporting them. Health action plans informed staff how to help people maintain good day to day health. This included when dental and optician appointments were due and if for example people should wear glasses.

● Where changes in health had been identified we saw referrals had been made appropriately and in a timely way. Once referrals had been made, staff had added a date by which they would follow up if an appointment had not been received.

● People were supported to make their own decisions about their health. One person felt unwell and informed staff they would be contacting the doctor the following day if there was no improvement. Staff spoke to the person about their symptoms and discussed what the person could do to help themselves feel better now. The person checked their own temperature and then decided some paracetamol may aid their discomfort. They told us later that this had helped and they hadn't needed to see the doctor.

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

● The home had been adapted to meet people's needs. The registered manager told us when they came into post the cupboards in the kitchen were locked. This meant people were not able to access food and drink freely when they wished. These locks had been removed. One person told us, "[The registered manager] didn't think we should all have things restricted just because one person needed them to be. Now we can get into everything we need."

● Where cupboards needed to be locked, for example the Control of Substances Hazardous to Health (COSHH) where cleaning products were kept, consideration was given to who may be able to access this. One person told us they were responsible for their own cleaning and therefore had access to the cupboard.

● One person had recently moved to a different bedroom to help promote their independence. Therefore, other people were due to change rooms to promote their independence and where appropriate their changing needs. People's bedrooms had been decorated and personalised in ways they chose.

● People were supported to make the home their own. Their own artwork was displayed and there were plans to decorate the main living areas, with people's involvement. People were encouraged to take pride in the home. One person had challenged a decorator who they felt had not completed the work to a good enough standard. The work was re-done.

● People had free access throughout the home and garden. They told us how they used the garden and had made or decorated their own garden furniture. They also told us about plans they had to develop the garden for greater use during the summer.

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 MCA 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).
● Mental capacity assessments in place to determine if people had capacity to make specific decisions. Where people lacked capacity, best interest meetings had been held, for example, to determine whether people should have Covid vaccinations. Mental capacity assessments and best interest decisions were regularly reviewed to ensure they were still relevant for each person.
● There was information in people's support plans about their capacity. One person's support plan explained that they struggled to retain information. The person would often answer with learned responses. It was noted that when given a choice, the person would choose the last option, even if the options were switched around. This information guided staff to help the person make their own decisions and choices.
● Throughout the inspection and during discussions with staff it was clear they had a good understanding of each person's capacity and how to support them. Staff told us everybody was able to make their own decisions and choices and were empowered to do so.
● The registered manager told us when they came into post everyone living at the home had been deemed to have capacity to make their own decisions and choices. However, there were 'agreed' restrictions in place. The registered manager explained that reviews of people's capacity were taking place and as a result some DoLS applications had been made and authorised.
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.
● DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. The registered manager was continuing to review everybody to identify if a DoLS was required.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect. Staff knew people well and wanted to advocate for people's rights to ensure they had the freedoms and choices they are entitled to. We saw people were comfortable in staff presence and enjoyed their company. One staff member said, "I am really confident in how to support everyone. Everyone is different but I know what people like, what interests them and how to distract them, especially if they are upset."
- People's relatives spoke well of staff. One relative told us, "Staff treat him very well, if he wasn't happy he would tell me." Another relative told us, "Staff are amazing." They said their loved one was supported to visit them at home but was always looking out for the minibus to take them back. One relative spoke of staff kindness to them. They told us, "[Staff] go out of their way to help me." This was in relation to supporting the person to visit their relative.
- People were supported to maintain their religious preferences. One person told us they were looking forward to going back to church. They said during the pandemic they had been supported to attend via zoom meetings.
- Staff understood what was important to each person, this included interests and hobbies. Some people needed routines and to know what they were doing next. Staff knew how to support each person appropriately and how to provide the information.
- Staff demonstrated kindness and this set an example for others. We saw people demonstrating this kindness to others. One person was sensitive to noise. An external contractor was due to start work as this person walked past. Another person asked the contractor to wait until the person had passed by. The person told us, "[Name] really doesn't like noise, that's why I asked [contractor] to wait."

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

- People were supported to express their views and be involved in making decisions about their support. As far as possible, staff supported and enabled people to be the prime decision maker in any choices or decisions they made. We heard people in discussions with staff about what they should do and staff asked the person, "What would you like to do." This was asked in a way that enabled the person to make their own choices.
- People chose what time they got up and went to bed, what they had to eat and how they were going to spend each day. Some people required more structure and routine and staff ensured people were able to make their own choices with their structure. For example, one person had a 'Now and Next' plan. This meant the person chose what they were doing now, but also what they would do when the current activity had

finished. This plan was in the form of a board where the person was able to choose from a range of pictures what they would like to do.

● Some people were less able to verbally express themselves when they became distressed or anxious. Individual colour wheels had been developed with each person. People were then able to share with staff how they were feeling by pointing to an area of the colour wheel. They were also able to tell staff if the feeling was intensifying or reducing. This meant staff were able to support the person promptly to reduce anxieties and distress and prevent these escalating to where the person may experience extreme distress.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was maintained and their independence promoted. One staff member told us previously people had been spoken to in a less than dignified way. They gave us an example of how a person had been, "told off like a child." The staff member described how positive changes implemented by the registered manager helped ensure this no longer happened.

● A staff member described the changes at the home. Staff were quieter and more respectful. They were mindful they were working in people's home. They told us, previously if someone wanted to do something the answer was no, now it's yes. It might not be immediate, but we work with people to enable them to do what they want to."

●The registered manager told us people had often lived with a number of rules for many years. They had introduced the philosophy of no rules, except respect and tolerance. Some people had difficulties in living with this freedom and were constantly seeking reassurance. One person approached the registered manager to ask if what he was doing was ok. The registered manager explained and reassured the person of their freedoms and supported them to make their own choices.

● People were supported to maintain, improve and develop new friendships and relationships. Where people were struggling with this, they were supported by professionals within the company to allow them to explore their feelings.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People received person centred support that met their individual needs and preferences. Staff knew people well and understood the support they needed. Support plans were personalised and contained guidance for staff. These were reviewed and updated as people's needs changed.
- Changes had been made to the rota system to provide a better spread of staff throughout the day. Staff came on and off duty at different times. This enabled support to be given when people wanted it, especially when people were going out. This meant people's activities were not dictated to by staff shift times.
- Positive Behaviour Support (PBS) plans were developed with senior staff from the provider. They used information staff had recorded from behavioural observations, the use of 'as required' medicines and incident forms. This information helped to provide a bespoke plan for people which identified what may cause a person to become distressed, how this could be prevented and what to do if the person was distressed, including after care.
- Staff were aware of changes in people's physical and mental health. They were able to identify when people were distressed or anxious, what may trigger this, and how to reduce the risk of this happening. For example, staff had recognised an increase in one person's anxiety and a higher use of PRN medicines. They identified that this had happened after one medicine had stopped. Following discussion with the person's GP the medicine was restarted and the person's anxiety and PRN medicines was reduced.
- Staff told us they knew how to support people when they were distressed. One staff member said, "We know how to cheer people up if they get upset. [Person] loves gadgets so we always talk to them about their phones, iPad and tablets. [The registered manager] knows [person] loves the TV show Porridge so always does impressions which really makes [them] laugh. Recently [they've] been obsessed with whether Boris Johnson will be sacked, so we enjoy talking to [them] about that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were met. Throughout the inspection we observed staff chatting and generally engaging with people in a way that met their individual needs. Support plans included information about how to support each person to communicate. This included using simple

sentences, using photographs as visual support and getting the person's attention before speaking with them.
● There was also information about the way people communicated. Some people took longer to ask or respond to a question. There was information about non-verbal communication. One person was not able to process 'neutral' faces. Therefore, staff needed to use facial expressions as well as words to communicate. Where appropriate people were supported through the use of easy read or other pictorial information.
● Staff had worked with one person to develop a detailed communication plan. This provided, simple but detailed and easily accessible information about how the person communicated. The registered manager was looking to develop these plans for other people.

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

● The registered manager and staff were passionate about working with people to identify and promote activities relevant to each person. They worked with people to identify each person's interests and ambitions. There was an emphasis on engaging people in mainstream activities and not restricting them to a learning disability environment.
● One person had entered and won a local art competition to have their art displayed locally. Other people were interested in music and had been supported to attend 'open mike' nights at a local café. Videos and photos from these events showed people's enjoyment of participating.
● Another person told us they would like to work in a café. During the inspection this person was invited to an interview and had secured a placement for work experience due to commence soon. Another person told us they had visited a local café which was run by people with learning disabilities. They told us they would like to also work there and staff told us this was something they were hoping to develop.
● The registered manager and staff had embraced this opportunity to integrate people within the local community and raise people's awareness. They told us how they explained to people they were ambassadors for others with a learning disability. People were aware of the importance of this engagement and embraced the opportunities.
● When people went out staff supported them to have a purpose for their trip. One person was going to the local shops with a friend. They needed some storage units and were going to identify where they could buy them from and research sizes and prices.
● People told us about friends and family they had outside of the home. One person told us they were going to meet family. Another person showed us a photo of their friend and said they were able to meet them. People's support plans included information about those who were important to people and how they were supported to keep in touch.

Improving care quality in response to complaints or concerns
● There was a complaints policy which provided guidance for people. People were asked if they had any complaints or concerns. This was done at meetings and when people had reviews with their key worker.
● Following any incident between people, the person who had been identified as the victim was asked if they would like to make a complaint. They were asked after the incident and a few days later to allow them time to think and decide. When people did wish to make a complaint, they were supported to do this through completing a complaints form. Where appropriate this was in an easy-read format. The person was also able to say what they would like the outcome to be. The registered manager told us this was usually an apology, which would be received.
● People told us if they had any worries they would talk to the registered manager and they would support them. Relatives we spoke with told us they didn't have any complaints but any concerns they raised were

addressed promptly.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 culture of the service was open, honest and focused around supporting people to live their lives the way they wanted to, with as few restrictions as possible. Before the inspection we had been made aware of a number of concerns related to the culture at the home. The registered manager and senior managers within the service had taken action to investigate and address these concerns. Staff told us about changes that had happened, how the home had improved and the positive impact this had had on people's lives. One staff member said, "It's a different place, I can't imagine it ever going back to where it was." Another staff member told us, "The energy vibe has so changed since [registered manager] took over, it's so right."
- The registered manager was highly thought of by people and staff. Staff were inspired by his passion, knowledge and support. One person told us, "[Registered manager] is quite good, very friendly. We go joking and laughing and get the giggles." One staff member said, "[Registered manager, is incredible, he's slowly turning things round, he's an amazing captain and has so much compassion." Another staff member said, "I love working here, there's a good rapport with people, I'm well supported and there's a great management system. I couldn't be any more blessed."
- One person told us about changes at the home. They told us the registered manager wanted them to live their own lives. The person said, "If we mess up, we just learn from it." This attitude was displayed throughout the inspection. If something didn't work for a person they were supported to look at different ways to approach things.
- Family members were positive about Trafalgar House. One relative said, "I'm very, very happy, I'm always kept informed, staff are amazing I cannot fault them at all."
- Staff spoke about the positive impact changes had made for people. One staff member told us about a discussion they had with a colleague because [person] had answered the door. They said, "The staff member was very angry that the person had the keycode and argued they shouldn't. Once I explained that everyone has the right to know the code unless they have a DoLS, they calmed down and understood. But it's all about changing the thinking of some staff to be more person centred and less restrictive." Another staff member told us, "I now have confidence in my own role to challenge (poor practice)."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.
- The registered manager acted openly and honestly when dealing with safeguarding, incidents, accidents

and complaints within the service. In addition to their statutory responsibility the registered manager contacted CQC and the local authority to discuss areas of concerns and ensure appropriate measures were in place.

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

● The registered manager was aware of their responsibilities and was aware of the what was required of them to continue to improve and develop the service for the benefit of people; Continuous learning and improving care

● The registered manager was responsible for the day to day running of the service, they were supported by a regional manager from the provider. They both had good oversight of the service. They were aware of the improvements and developments that were needed. They knew work was still needed to get to where they wanted to be but were able to identify the positive impact changes already implemented had made.

● Audits identified areas of the service that needed to be developed and an action plan was in place. For example, an audit identified key worker reviews needed to be completed. We saw this work had started. The registered manager analysed other aspects of the service, for example, if staff had sustained any injuries. They were able to identify if there were any themes or trends. However, this had not been recorded. We discussed this and the registered manager told us this would be implemented.

● People's records provided staff with guidance on how to provide support. We found key worker reviews did not appear to involve the person. Staff explained how they discussed the review with each person, asked their thoughts and feelings and asked if they wanted to be involved but had not recorded this. We discussed this with staff and the registered manager and they immediately identified how this would be addressed.

● There was an emphasis on learning and improving care and support. Incidents were analysed to identify themes and trends. The registered manager looked at different ways of making improvements. They had identified that some people experienced incidents related to distress or anxiety when working with some staff but not others. Rather than concentrating on the negative outcomes, the registered manager looked at the interactions of staff with whom less incidents occurred. They were able to identify the positive aspects of staff behaviour / attitudes that may have a positive impact on people. They were then able to support other staff to reflect these for the benefit of people.

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

● People were fully engaged with the home, the developments and improvements. On arrival at the service we were welcomed and shown around the home by people who lived there. They were proud of their home and to tell us about the changes and freedoms they now had. One person pointed to the previous inspection report that was on display. They told us, "This is what we had before, we want the same again, we would like excellent but don't think we're there yet."

● Relatives told us they were generally get updated about any changes to their loved one through phone calls and visits. One relative said, "If there's a problem they will always call." However, some relatives said they felt unsure of what was happening at the home since there had been a change of registered manager and apparent change of provider. The registered manager told us that this would be addressed immediately and provided evidence of what actions they had taken.

● People's views were sought through regular meetings, discussions and reviews. People had weekly meetings where they discussed what they were going to do and plan their menus for the following the week. Meeting minutes showed that people discussed what was happening at the home, for example identifying environmental issues that needed to be addressed. People also identified what jobs they were going to be responsible for the following week for example one person would be putting the

cutlery and drinks out and another person cleaning the tables and wiping the mats down.

● Staff had meetings and supervision. Meeting minutes showed they were updated about what was happening at the services, changes in people's support needs and improvements required at the service. Staff told us they were well supported by the registered manager. One staff member said, "Whether we've had a good or bad day he's always there for us to help us get back on our feet again. He's exceptional, you can speak to him even on days off."

Working in partnership with others

● Staff worked in partnership with other professionals to improve people's lives. For example, they were working with professionals from the learning disability team, mental health professionals and the medicines optimisation for care homes team.