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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 30 March and 5 April 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Trinity House provides care and accommodation for up to seven people with a learning disability. On the day of our inspection there were seven people using the service.

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

We last inspected the service in February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Trinity House.

Staff treated people with dignity and respect and helped to maintain people's independence by

encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The service had good links with the local community and local organisations.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Trinity 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March and 5 April 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with two people who used the service and two family members. We also spoke with the registered manager and three members of staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members told us they thought their relatives were safe at Trinity House. They told us, "Safe? I don't worry" and "Safe? Oh, yes".

We discussed staffing levels with the registered manager and looked at staff rotas. A dependency tool was used to calculate staffing levels and we saw there were sufficient numbers of staff on duty to keep people safe and to enable people to access the local community. The registered manager told us staff absences were covered by their own permanent staff and they also had access to staff working in the registered provider's other homes in the area. Family members and staff did not raise any concerns about staffing at the home. This meant there were sufficient numbers of staff on duty to keep people safe.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

People had 'Behaviour profiles', which described the type of behaviours that people may exhibit, what the triggers and signs of these behaviours were and what staff should do to minimise the risks. For example, if one person became agitated, staff were directed to provide positive verbal support by talking about something the person liked or was interested in. Staff received training in positive behaviour support and we saw this training was up to date.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described the risk to be taken, the decision to be made, the possible consequences of the risk and precautions to be taken to manage the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Entry to the home was via a locked front door and visitors were asked to sign in. Appropriate health and safety checks had been carried out to ensure people were living in a safe environment. These included infection prevention and control audits, hot water temperature checks, window restrictor checks, electrical testing, gas servicing and portable appliance testing (PAT). All the records we saw were up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records

were in place to protect people in the event of a fire.

We looked at how medicines were stored at the service. Medicines were securely stored in a locked cabinet in a locked room. People's medication administration records (MARs) included details of the person and an up to date photograph. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we saw had been completed accurately and were up to date. Records were also in place for the administration of PRN, or as required, medicines.

Audits of medicines were carried out on a monthly basis and staff competency checks were carried out every six months. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "There is great communication with the staff", "They [staff] all get on well with the service users" and "It's all good at Trinity House".

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The registered manager had a supervision and appraisal planner on the office wall so they were aware of when these one to one meetings were due.

The majority of staff mandatory training was up to date and where gaps had been identified, training was planned. Mandatory training is training that the registered provider thinks is necessary to support people safely and included equality and diversity, dignity, human rights, mental capacity, safeguarding, health and safety, infection control, fire safety, first aid, food safety, nutrition, medication, moving and handling and positive behaviour support. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. This meant staff were fully supported in their role.

Care records described how people were supported at meal times and with their dietary needs. For example, one person's care record stated, "Staff at Trinity House help me to make sensible choices about my diet and offer a healthy range of choices on a daily basis." One of the people who used the service had been assessed as having dysphagia, which is difficulty swallowing. The person's care plan described how staff were to prepare foods that were easy to eat and soft in texture, and to cut up the person's food for them. Another person would only eat very few foods and their food had to be prepared in a certain way. Although the person's body mass index (BMI) did not identify a risk, the person had been assessed as being at risk of malnutrition and had been referred to a dietitian. This meant people who used the service were supported with their dietary needs.

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). We checked whether the service was working within the principles of the MCA. DoLS had been appropriately applied for and the registered manager was aware of their responsibilities.

Care records showed that people's decision making abilities were recorded and records were kept of

people's main choices and decisions. For example, where they wanted to live, activities they wanted to do and whether they had any preference for male or female staff.

People's communication abilities and preferred method of communicating were clearly documented in care records. For example, one person was able to construct short sentences to make their needs known to staff however if staff did not understand what the person was trying to say, the person could get frustrated and would try to show staff. This meant staff were aware of people's individual communication needs.

People who used the service had 'Hospital passports' in place and had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GPs, care managers, dentist, chiropodist, optician and speech and language therapists.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

People's individual choices and preferences were recorded and staff we spoke with had a good understanding of people's individual likes and needs. Care records described how people had made choices about their care. For example, "I go to bed and get up in the morning when I choose", "I prefer a bath to a shower but will tolerate a shower if necessary" and "I am quite happy for male or female staff to help me with my personal care".

Bedrooms were individualised and we saw people had been able to make their own choices about furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms. People we spoke with, and their family members, told us they were able to make choices about their own living space and were happy with the living environment.

We asked family members whether they thought staff treated people with dignity and respect. They told us, "They respect [Name]'s need to be on his own", "Yes, they respect his privacy and dignity" and "They are quite good [at respecting people's privacy and dignity]". This meant that staff treated people with dignity and respect.

Independence was promoted at Trinity House and care records described what people could do for themselves and what level of support they required with individual tasks. For example, "When I am ready for a bath, you should prompt me to put the plug in and turn the taps on as I can do this myself", "I am capable of carrying my own laundry to the laundry room but require staff to effectively launder and iron my clothes" and "I can use the toilet independently however staff need to prompt me to wash my hands". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had used an independent advocate. Information on advocacy was provided to people who used the service in the form of an easy to read leaflet.

One of the care records we saw included information on decisions made in the event of the person's death. We discussed this with the registered manager who told us families had been made aware of the service's plans to record people's wishes and forms were being sent out for family members to complete and meetings would take place to discuss people's future plans. Staff had been trained in end of life care. This meant people's end of life wishes had been considered.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and a full review took place annually.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Trinity House.

Each person's care record included important information about the person including emergency contact details, people and things that were important to the person, and medical history.

People's care records were person-centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and included health, communication, personal care, medication, challenging behaviour, eating and drinking, moving around, going to bed and meal times.

Care plans described people's individual choices, specific routines to follow and what the person wanted staff to know and do. One person had a specific routine for their personal care. For example, staff were to ask the person if they were ready to have a bath and whether the person wanted staff to stay with them while they had a bath. The care plan described how the person was able to make their own choices regarding what clothes to wear for the day.

Daily records were maintained for each person who used the service. The records included information on the person's emotional wellbeing, nutrition and hydration, personal care, hobbies and interests, daily living skills and relationships. Records we saw were up to date and detailed.

We found the registered provider protected people from social isolation. People had individual leisure and activity plans in place, which described what people liked to do and what was arranged to help meet their individual needs. For example, one person enjoyed travelling on public transport, listening to music, attending football matches and going shopping. The person was encouraged to go swimming as it was therapeutic for them however they did not enjoy it and it was recognised it was the person's choice.

The registered provider had a complaints policy and procedure in place. People who used the service were provided with an easy to read copy of the procedure. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. There had not been any formal complaints at the service within the previous 12 months. People who used the service and their family members told us they did not have any complaints about the service. This meant the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "The manager is very approachable. I've got good communication with [registered manager]", "They let me know if there's ever any issue" and "We have an annual meeting. I'm in constant contact".

Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly and an annual staff questionnaire took place. We looked at the results from the most recent staff questionnaire and saw all the staff who had completed the questionnaire agreed they felt supported by the registered manager, there was an open door policy and felt able to voice their opinion.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider carried out a 'Governance and quality' visit to the home on a regular basis. This provided a report on the quality of care at the service and was based on discussions with staff and a review of documentation.

The registered manager completed a monthly home audit, which was based on five key areas; general information, staying safe, enjoy and achieve, contribute to my own wellbeing, and be part of my chosen community. The completed audit was submitted to the registered provider on a monthly basis. In addition to the monthly home audit, additional audits were carried out and included staff files, medication, safeguarding, service user involvement, finances, food and nutrition, infection prevention and control, and medication. All the audits we saw were up to date and actions for any identified issues formed the service's 'Continuous service improvement plan', which was monitored by the registered provider.

People who used the service were regularly consulted about the quality of the care at Trinity House via monthly house meetings and coffee mornings took place monthly where family members were invited to attend. A 'Friends and family survey' took place annually, which asked questions on staffing, quality of life, the environment and how likely people were to recommend the service to others. We saw the results from the most recent survey and comments included, "All round excellent service provided", "Can't find fault" and "Staff genuinely care for clients".

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community and local organisations. People who used the service attended day services, accessed local shops and leisure facilities. For example, trampolining, swimming, bowling, cinema and cafés.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.