Acorn Villages 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

Trinity House is a residential care home for 6 people with learning disabilities. It is set over three floors and located in on the high street of Manningtree, with good access to local services and amenities. It is near Acorn Village, where the head office is based along with a much larger service owned by the same provider. People and staff at Trinity House benefit from the resources and facilities available at Acorn Village. At the time of our inspection there were five people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Trinity House had a well-established staff team and management support structure. There was effective communication between the registered manager and staff. Staff were well supported and motivated. Regular checks were carried out on the quality of the service which improved the service people received.

There were enough safely recruited staff to meet people's needs. Where people's needs changed the registered manager reviewed the staffing and the skills of the staff team and made the necessary adjustments to maintain a good quality of support.

Staff knew what steps to take if they were concerned about a person. Senior staff carried out detailed assessment of peoples' needs and risks to their safety and effective plans put in place to keep them safe and promote their wellbeing. People chose what they ate and drank, and received support to remain healthy. Staff worked well with outside professionals to meet people's health and social care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had a dedicated maintenance team and staff helped people reduce the risk of infection. The age and the layout of the building provided some challenges which the registered manager addressed effectively on an ongoing basis.

Staff knew people well and treated them with kindness. There was a relaxed friendly environment at Trinity House, which felt like a home rather than an institution. People were encouraged to remain independent, taking part in household tasks. Support was person centred and flexible, ensuring people had fulfilling lives. Care plans were cumbersome, but provided staff with the necessary guidance to meet people's needs.

The provider promoted an open culture where people, families and staff felt able to speak out. Complaints and concerns were investigated in detail and used to improve the service.

Further information is in the detailed findings below

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 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 unannounced comprehensive inspection took place on 28 September 2018, when we visited Trinity House. On 3 October 2018 we went to the head office at Acorn Village, where we reviewed the documentation around the management of the service. The inspection team consisted of one inspector.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people had complex needs, and were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We also spoke with four family members and three professionals to find out their views about the service. We spoke with the registered manager, the chief executive officer, the deputy manager, two care staff and office based staff who supported the running of the service.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the provider information return (PIR), which is a statement of information registered providers are required to send the commission at regular intervals to help us understand the service provided and any current risks to the service. We reviewed the care records of two people who used the service and looked at a range of documents relating to the management of the service.

Good

Is the service safe?

Our findings

We observed people were relaxed with the staff who supported them and families told us their relatives were safe at the service. Staff had received training in how to safeguard people and knew what to do if they were concerned about a person's safety. We saw examples where staff had spoken to senior staff when they had concerns and they had received a prompt response.

People were protected from avoidable risk, whilst being supported by staff to engage in life fully. Staff were given detailed information on the risks to people's safety. Staff had clear advice regarding any actions they needed to take to minimise risk, for example what immediate care a person with diabetes needed if they became unwell. Each person had a plan should the property need to be evacuated in an emergency. The provider kept a log of incidents and accidents and reviewed these regularly, implementing learning from throughout the organisation. For example, the quality officer told us they reviewed this log when deciding what areas to focus their quality checks on.

Staff supported people to minimise the risk of infection. The provider had introduced new policies in this area and had recently checked Trinity House to ensure staff understood and implemented the policy. We found staff had a practical approach to infection control which concentrated on keeping people safe, whilst maintaining the homely environment. Whilst the upkeep of the property posed a challenge due to its age, staff had access to a maintenance team who responded promptly, as required.

There were enough staff to meet people's needs. We observed staff and managers discussing where more staff were required to keep people safe. Managers constantly reviewed the staffing levels, responding to people's changing needs in a timely manner. Some staff and families told us they would like more staff to be able to take people out more. However, they confirmed there were enough staff on duty to keep people safe. For example, a member of staff told us, "Every evening is quiet and we don't have to ring on-call."

Recruitment processes were carried out safely. Checks prior to staff starting work at the service included previous employment references and a Disclosure and Barring Service (DBS) check, which ensured staff being recruited were not barred from working with people who require care and support.

People received support to take their medicines as prescribed. Staff received guidance and training and had their competency checked to ensure they had the skills to provide safe support. There were effective and safe measures where people administered their own medicine. People had locked cabinets in their rooms where they stored their medicines, which helped promote their independence. A person pointed to staff saying, "They open it (cabinet) and tell me what to do." Some people visited families regularly and the transfer of medicine was well managed. A family member told us, "When [Person] comes home their medicines are carefully labelled and correctly dispensed."

Good

Is the service effective?

Our findings

At this inspection, we found people's needs were met by an effective staff team. The rating remains good.

People at the service had a variety of complex needs. Most of the families and professionals gave us positive feedback about how effective staff were in meeting these needs. We received some feedback that staff were not always consistent when managing people's complex behavioural needs. We spoke about this to the registered manager and saw they had acted promptly to address when changing circumstances at the service required staff to develop new skills. This was confirmed by a professional who told us, "Staff have sought advice from psychology and I have noticed a tentative shift in the approach in the last few months." A member of staff described how they had adapted the training they had received to divert the attention a person who became anxious, whilst ensuring staff and people remained safe.

Staff received regular training and guidance. The provider had a training log to ensure there were no gaps in staff attendance on courses. There was a detailed induction process for new staff, though there were no recent new staff, as this was an established staffing team. Although the registered manager told us they were aiming to increase formal meetings with staff, staff told us they were well supported by their managers and we could see evidence of regular communication across the whole team. Staff left clear messages and daily records so their colleagues could provide consistent care, especially where people were not able to communicate.

Senior staff had carried out in-depth assessments to ensure staff had the necessary information and guidance to meet people's needs. Whilst we found care plans were repetitive and not always well-ordered, people only received support from staff who knew them well, and who were able to locate the guidance they needed. We discussed this with the registered manager, who understood the need to ensure information was clearly presented and was working with staff to address this.

Staff supported people to maintain good health and wellbeing. Appointment diaries and care records detailed the support staff gave to people to access health and social care professionals, such as district nurses and GPs. A health professional told us, "This is a stable work group who are supporting of the work I am doing with the individual." Staff had a good understanding of people's complex needs and monitored these in a proportionate non-institutionalised manner. For example, they recorded the detailed support provided to a person with diabetes but people were only weighed when required. Each person had a detailed plan to help health staff to understand their needs and any risks if they needed to be admitted to hospital.

Meals were flexible and relaxed. People and staff chatted about meal times and people decided when to eat, for instance a person chose to have their meal after their hair appointment. During our visit a person told us they had just had a snack, and said, "I made a peanut butter sandwich and a glass of water, not coffee this time." Any specialist diets were well catered for.

The property was very old and in the historic centre of the village. Each person's room was highly

personalised and the property was homely and non-institutionalised. The narrow layout of the building over three floors meant it posed a risk for people with limited mobility. This also posed a challenge for people with complex needs as staffing needed to be shared over the three floors and it was difficult for staff to supervise discretely from a distance. The provider was limited in the adaptations they could make and we found they were effectively managing the ongoing challenges posed by the physical environment.

We checked whether people were being supported in line with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had an excellent understanding of people's capacity. For example, a member of staff explained, "[Person] is competent to make a decision but vulnerable to understanding the consequences." Senior staff had carried out detailed assessments into people's capacity and the registered manager ensured the necessary procedures were being followed when people's freedom was restricted.

Good

Is the service caring?

Our findings

At this inspection, we found people continued to be supported by caring staff who treated them as individuals. The rating remains good.

Families told us staff were very caring, "The staff always treat [Person] with respect, they are caring and considerate. Staff are clearly very fond of them and the feeling is mutual." and "Trinity House has effectively been person's family for many years, and they could not be in better hands."

We found the atmosphere at the service very companionable and relaxed. Staff and people knew each other well and joked together, talking about shared interests and experiences. As well as relationships with staff we observed people were affectionate with each other, having built up friendships over time. Where relationships became fraught, staff supported people sensitively to resolve differences.

People were enabled by staff to make choices about their day to day routines. We observed throughout our visit staff gently offering choices, for example about activities or meal times. Staff said, "It's their decision, we can encourage not force." A social care professional told us, "My own observations are that staff are person centred in their practice and I have witnessed interactions where staff offer choice and control to the people they are supporting." Staff promoted independence throughout the week and each person had sessions where they focused on life skills around the house, food shopping, changing sheets and cleaning bedrooms.

Staff supported people to communicate in a variety of ways, including using pictures. Some people communicated using signs which staff understood, based on a detailed knowledge of the person, which had built up over many years. There were limited examples of best practice in relation to aids and adaptations around communication, however we did not find this impacted negatively on people. We discussed this with staff to ensure they sought out and reviewed their current practice to consider whether people might benefit from any new resources in this area.

People were treated with dignity and respect. Care plans were written sensitively and promoted people's rights and privacy. Staff described how a person chose to have female staff to carry out specific personal care tasks throughout the week.

People were supported by staff to express their views. The provider had made links with local advocacy services who could support people to speak out. No one in Trinity was using an advocate though this was available and an advocate had been used in the past.

Good

Is the service responsive?

Our findings

At this inspection, we found people lived full and varied lives in line with their individual needs and preferences. The rating remains good.

Feedback about the service was overwhelmingly positive. Family members told us, "[Person] has a very good life and is very happy." and "Staff know the residents very well and are able to detect any changes in their needs or behaviours quickly and accurately. Residents are offered different activities at Acorn Village and in the community as part of their weekly timetable and these appear to be based on the residents' interests." We had some feedback from families and professionals that activities had reduced due to staffing changes, however the registered manager was regularly reviewing staffing arrangements to maximise opportunities for people.

We observed that people took part in a variety of pastimes. When at the service they engaged in activities of their choice. For example, we saw the television was off for most of our visit and only turned on when two residents returned home and wanted to watch their favourite quiz show.

Most of the people at the service had lived there for many years. A member of staff said, "Everywhere you go people know the guys, we are part of the local community." People knew the local shop assistants and hairdressers by name and one of the people chose to have their Christmas dinner at the pub next door. People received support to stay in touch with their families and we saw a member of staff had encouraged a person to invite a family member to join them in a regular pastime.

Care plans were highly personalised and described people's needs in detail. The service adapted flexibly to people's needs, for example increasing their support when people became unwell or when there was a special occasion. Care plans were regularly reviewed and adapted so they provided up-to-date guidance to staff.

There was a complaints policy in place and all the families we spoke to told us they were able to raise concerns with senior staff and felt they would be listened to. We observed that people were confident to speak out throughout our visit and staff listened to their ongoing concerns. During our inspection we became aware of an informal complaint which had been raised. We considered this in detail and found the registered manager was working well with relatives, staff and professionals to review the support provided to a person with complex needs. The registered managers demonstrated through this example a commitment to supporting families to speak up when they had concerns.

No one at the service was receiving end of life care. We discussed with staff the support people might need towards the end of their life and staff were able to describe this in detail. The care plans did not reflect this level of knowledge. We discussed this with the registered manager who agreed to address this sensitively with the people at the service and their families. They described the specialist palliative care resources which staff and people at Trinity House could access from the larger local service when required.

Good

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well-led. The rating remains good.

There were two registered managers in post, who were shared with Acorn Village, the larger local service. The registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although the registered managers were based at the head office they were regularly involved with the service and had good oversight. Staff were well supported in their absence by senior staff who communicated regularly with the registered managers.

There was an open culture at the service and the management promoted communication. A family member told us, "The whole business is very open, I can pop in anytime, everyone is very easy going, you can go right to the top." As well as good informal links, there was a staff survey and a staff member from Trinity House attended the provider's staff committee.

Staff told us they felt supported and they were able to introduce and try out different ideas to improve people's lives. For example, a member of staff showed us a system they had introduced to make the medication administration safer and more flexible.

Despite being a small service, Trinity House benefitted from the resources of the wider organisation. We observed that as soon as people's needs changed, staff and managers could draw from the resources and experienced colleagues at the larger service. Families told us they felt assured by this link. A family member told us, "The first thing I should say is that we have absolutely nothing but praise both for Acorn Village as an institution, and for all of its staff."

Senior staff carried out audits and checks on the quality of the service and developed practical action plans which improved people's quality of life and safety. For example, checks had highlighted where staff had not attended a manual handling course and where thermometers were missing in medicine cabinets.