

Mr Donald Smith

Trafalgar Street

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trafalgar Street is a care home providing personal care and accommodation for four adults with learning disabilities and Autistic Spectrum Disorders. At the time of our inspection there were three people using the service. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

There were systems and processes in place to monitor the safety of the service. These needed strengthening to ensure they were checking best practice was being followed and risks were being suitably addressed. The provider had failed to give the registered manager any supervision and appraisal.

People were safe from the risk of abuse as staff had good knowledge and understanding of safeguarding. People received their medicines as prescribed. Accidents and incidents were reported including actions taken. The environment was clean and odour free.

People were supported by enough staff who had employment checks undertaken prior to starting with the service. Staff received regular supervisions and appraisals and felt very supported by the registered manager.

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.

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

Relatives, health care professionals and staff all felt the registered manager was approachable and it was a lovely home. Positive relationships had been developed between the community and 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

The last rating for this service was good (published 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Trafalgar Street

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Trafalgar Street 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We carried out observations of how staff interacted with people who used the service. We spoke with four

members of staff including the registered manager, team leader, and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of documents relating to the management of the service, including audits and quality assurance surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant there were some safety shortfalls and a risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Care plans demonstrated the level of support people needed and risk had been assessed and monitored. Improvement was needed around the risk assessments for epilepsy so that it gave greater detail of risks such as the risk from bathing. People's finances were kept safe but some checks in relation to booking money in needed to be strengthened. This was addressed immediately by the registered manager when we brought this to their attention.
- Health and safety checks and actions were completed to ensure the environment was safe.
- People received their medicines safely in line with their preferences and by staff who knew them well.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). However, the medicines audit systems had not identified that one PRN guideline needed to be updated following an increase in the dose of the medicine. This medicine had been administered as prescribed as staff knew people well but the guidelines being out of date could have created an administration error to staff who didn't know the person so well, like a new starter.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Staff were aware of the process for administering epilepsy medicines and had written guidance to show them the process, however no specific training had been given. The Registered Manager took action immediately after the inspection to source training for the staff in the administration of Buccal Midazolam.

We recommend that the Registered Manager implements recognised guidelines on epilepsy management.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the manager and area manager to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence.
- The Registered Manager was responsive to making adjustments to improve the delivery of the service so it could continually improve.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control.
- The service was clean and free of malodour.
- Staff had access to personal protective equipment and hand washing techniques were displayed to remind staff of the importance of thorough hand washing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as the provider had safeguarding systems and processes in place.
- Staff were knowledgeable on how to recognise and respond to safeguarding concerns.

Staffing and recruitment

- People were supported by enough staff who had checks undertaken prior to starting their employment.
- Staffing levels were adapted to meet people's needs.
- Checks continued to be completed prior to staff beginning employment. This included, appropriate references and disclosure and barring service checks (DBS). A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.

Is the service effective?

Our findings

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

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

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

- The registered manager carried out an initial assessment which ensured that the person would be suited to the service and they would be compatible with the other people who lived there.
- When there were changes in people's needs these were reviewed and care plans were updated. Relatives told us they were involved in review meetings and were able to give feedback on the care their relative received.
- People's physical, mental and social needs were holistically assessed. Their care, treatment and support was delivered in line with current legislation and evidence-based guidance.

Staff support: induction, training, skills and experience

- New staff undertook an induction training programme on commencing work at the service. This included shadowing experienced staff and completing the Care Certificate. This is a nationally recognised qualification for staff who are new to the care sector.
- Staff told us they received regular training and said there were no significant gaps in their training.
- Staff had not received specific training to instruct them how to administer epilepsy rescue medicines. However, the Registered Manager was in the process of sourcing specific rescue medicines training for staff.
- Staff told us that they had regular one to one supervision meetings with the registered manager and also had an annual appraisal.

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

- Staff were aware of the importance of promoting a balanced diet and providing appropriate support to people
- Relatives told us their family members were able to make their own choices around the food and drink. One relative said, "I don't think [name] refuses much but if he wanted a different choice of meal then I'm sure this wouldn't be a problem."

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

- There was a range of professionals involved in support of people's physical and emotional health.
- People were supported to make and attend healthcare appointments when they needed.
- People received support from health professionals where required. One relative told us, "Staff phone us if there are any concerns."

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

- People had personalised bedrooms which reflected their personal interests and preferences.
- Trafalgar Street had been adapted to meet the needs of the people living there. Work had been done by the staff and people to upgrade the garden and it had been made into a sensory area.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff sought people's consent before supporting them and described the importance of seeking consent and how people were encouraged to make choices.
- Staff had adequate understanding of the requirements of the MCA.
- When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Mental capacity assessments were completed, and when necessary the provider followed the best interest process.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Relatives were positive about the quality of care and support people received. Comments included, " Staff are all very nice, they look after my relative very well and equally helpful. There is not one staff member that I have any concerns about." Another relative said, "Staff are great. They are always friendly, [my relative] is one of the family there."
- Relatives told us that they could visit their family member when they wanted them to. One relative said they were always made to feel welcome.
- We saw a warm and caring approach by staff with positive and kind interactions taking place.
- Staff spoke about people with genuine interest and affection. One staff member told us, " We are person centred here and that means we do whatever the people want, they have what they like. If people don't want to get up early, they don't have to. We respect people's choices on a hour by hour basis and don't overburden them. We give people time to process the information."
- People were supported to have detailed personal histories and likes and dislikes information. Their personalised records detailed people's preferences, emotional wellbeing and other support needs.
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses. We observed staff responding proactively when a person didn't want to have breakfast. The person was given time to consider what they had been asked then a different member of staff asked them again, this time the person chose to have breakfast.
- People and relatives were offered opportunities to be involved in reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, respect and without discrimination. Staff had enough time to develop meaningful relationships with people to build trusting relationships. We saw staff speak with people respectfully.
- People were supported to be as independent as possible. People took part in a variety of activities of their choice.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans were person centred and contained important information on people's likes and dislikes and preferred routines.
- Care plans were regularly reviewed and updated when required.
- People had access to group and individual activities. Activities included, bowling, swimming and walking.
- Family and friends were able to visit people throughout the day. All relatives and visitors felt the home was warm, friendly and welcoming.

Meeting people's communication needs

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

- Staff were very knowledgeable on people's communication needs. They said, "We provide [person] with an itinerary in a morning to give them time to process information. It helps them decide in their own time if they want to participate in activities."
- Care plans had a good level of detail on each person's communication needs and set out how best to communicate with them.
- There was a range of information available to people such as the use of pictures and easy to understand documents.

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

- All the relative's we spoke with told us people were involved in various activities. One relative said, "[My relative] goes bowling, goes out walking, and goes on holiday. [My relative] goes somewhere or has the choice to do something every day." Another relative left the following feedback for the service, 'My relative has benefited from outdoor activities which has helped with their seasonal affective disorder.'
- Staff were proud to show us a folder called the 'above and beyond file' which contained information of the outings and activities people had participated in. For example, people had been to a Westlife music concert and there had been numerous outings.
- People were supported to be actively involved in household tasks such as laundry and cleaning. This helped to develop people's skills and things were done with them rather than for them.
- People were supported to maintain relationships with family and friends. Relatives told us they were

involved in people's care and were always made to feel welcome when they visited the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. There were no open complaints currently.
- People had access to accessible information on how to make a complaint and staff told us they would make a complaint on behalf of a person should they need to.
- All the relatives we spoke with said they hadn't needed to make a formal complaint as small issues had been addressed straightaway. They were confident to make a complaint and felt action would be promptly taken to deal with a concern, should one arise.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership was inconsistent.

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

- The provider had failed to ensure the registered manager received any supervision or appraisal. This meant that the registered manager had not had an opportunity to formally discuss any work or personal issues or have any evaluation and monitoring of their work. This had been a concern previously highlighted to the provider however, no action had been taken.
- There were several audits in place to check the quality and safety of the service. They had not always identified all the shortfalls we found in the key question of safe in relation to epilepsy management, safe keeping of finances and some medicines shortfalls.

The provider's governance systems to monitor the safety of the service had failed to ensure the audits and systems were robust, and that the registered manager received supervision and appraisal. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Regulations 8 to 20A).

- Relatives and health care professionals all felt positive about the service and all were complimentary about the staff and way the registered manager led the team. One relative told us, "[Registered manager] is very good and is doing an amazing job, really on the ball. I think they're marvellous. I think it's the best place my relative has been. We are really pleased with them."
- The service was displaying their CQC rating within the service.
- Notifications were made when required. Notifications are when certain changes, events and incidents occur that affect the service or people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 took time to interact with relatives and respond positively to their comments. The registered manager said, "I have an open-door policy, I welcome people coming to me and discussing things with me so we can improve."
- The registered manager understood their responsibilities and were open and transparent when accidents/incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager understood and implemented Registering the Right Support guidance. The service model of Trafalgar Street reflected the underpinning principles of Registering the right support. For example, the design of the building was such that it fitted into the environment and look like all other domestic homes in the area. The service continued to promote people's choice and independence.
- Staff told us that they felt involved in the service and that the registered manager was very supportive.
- Relatives were very positive about the support their family members received and felt able to give feedback on how the service was doing.
- Staff were involved in meetings about the service and people were involved if they chose to be.

Working in partnership with others

- Quality assurance questionnaires were sent to people, their families, staff and professionals. The latest feedback was being collated and we saw people had made positive comments about the service. For example, 'We are happy with staff and grateful for their care and attention.' And, 'Positive feedback, found staff courteous. And, 'lovely home and staff. [Name] is doing amazing staff can't do enough.'
- The registered manager and staff team had positive links with local agencies and people were supported by a regular GP and dentist who knew them well.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. The audits should be baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>