

Miss Margaret Clark Stevenson

# The Trio House

## Inspection report

15 Abbotsmead Road  
Belmont  
Hereford  
HR2 7SH  
Tel: 01432 342416  
Website:

Date of inspection visit: 17/12/2015  
Date of publication: 05/04/2016

### 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 

### Overall summary

This inspection took place on 17 December 2015 and was unannounced.

The Trio House is registered to provide accommodation with personal care for up to three people with learning disabilities.

There was a registered manager in post. A 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 and associated regulations about how the service is run.

People were kept safe from harm by staff who knew how to recognise and report any concerns about people's safety. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

# Summary of findings

People were supported to take their medicines when needed. Medicines were administered and stored appropriately.

People were supported to make decisions and choices about their care and support. People's permission was sought before any care or support was given. Where people did not have the capacity to make specific decisions themselves these were made in their best interests by people who knew them well.

People were able to eat what they wanted when they wanted and had choice of fresh nutritious food.

People were supported to access health and social care services to maintain and promote their health and well-being and were treated with kindness, compassion and respect. Staff supported what people could do and promoted dignity and respect with the support they gave.

People received care and support to meet their diverse needs including people who had complex health needs. Staff supported people to pursue their interests.

Staff were well supported and had access to regular training and supervision. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Where any actions were identified these were actioned quickly.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had the skills and knowledge to protect people from harm and provide care and support that was safe. People had the correct support to take their medicines safely.

Staff had a good understanding of keeping people safe and managing risks associated with their care. People received care and support at the times that they needed it.

Good



### Is the service effective?

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were supported to make choices and consent to their care.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

Relatives were involved in planning and reviewing their care and support.

Staff were positive about their caring role and took time to make sure that people were involved in making decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

People's needs were responded to and if they were any concerns staff were quick to involve other professionals.

Relatives knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Good



### Is the service well-led?

The service was well led.

Relatives said the registered manager and staff were approachable and always took time to make sure they were happy about people's care and support.

Staff felt well supported and motivated and spoke about the encouragement they received to provide a good quality service.

Good



# The Trio 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.

The inspection took place on 17 December 2015 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we looked at the notifications and the provider information return (PIR) that the provider had sent us and any other information we had received to plan the content of the inspection. The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. Providers are required to notify us about specific events and incidents that include serious incidents and injuries which put people at risk from harm.

We contacted the local authority for their views on the service. We also looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as statutory notifications and providers are required to notify us about these events.

We met all of the people who lived in this home. The people who lived at the Trio House had were unable to tell us their views of the service. We spent time observing how people spent their day as well as observing the care being provided by the staff team. We spoke to the registered manager who was also the provider, deputy manager, two support staff and three relatives. We looked at three records relating to people's health care needs this included an epilepsy care plan and two risk assessments. We also looked at records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

Relatives told us that people were kept safe. One relative said, “Everyone has lived there for so long, and there have never been any worries or concerns about people’s safety.” Staff were able to tell us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. They also told us what they would do and who they would contact if they suspected abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home. This helped to make sure that when needed the relevant authorities were informed and swift action taken to keep people safe. The registered manager had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

People’s medicines were managed, stored, given to people as prescribed and disposed of safely. All staff who administered medicines had regular training and understood the importance of safe management and administration of medicines. Staff were able to tell us about people’s individual medicine requirements. For example, staff were able to discuss the medicines for a person’s epilepsy and also tell us about the medicines to help someone sleep better. Relatives told us that medicines were managed appropriately.

Relatives told us that they felt there were sufficient staff to meet people’s needs and keep people safe. One relative said, “If [person] needs anything staff are always on hand to

respond straight away. What we saw confirmed this. For example we saw where a person indicated that they required assistance with their personal care. Staff responded straight away and supported the person. The registered manager told us that at times of sickness and leave there were enough staff to cover and they had never had to use agency staff. They told us that this made sure that people had continuity of staff. Relatives confirmed this, one relative said, “It is so important that [person] gets regular staff. Any changes can make him anxious.”

Staff told us that checks were made to make sure they were suitable to work with people before they started to work for the provider. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

People were supported by staff who understood and managed risk effectively. Relatives told us that they felt that people’s risks were managed appropriately. One relative said, “The staff have got to know him over the years and now he gets to do a lot more than ever before. Staff know what to do to support him safely.” Staff were able to tell us about people’s health needs and how they managed any risk. For example staff were able to tell us how they made sure that a person’s epilepsy was managed safely. They were able to tell us what they needed to look out for and how they would respond if the person displayed signs of having a seizure. Staff were able to tell us about care of people in an emergency, it was clear they understood what actions they would take in the event of an emergency.

# Is the service effective?

## Our findings

Relatives told us they felt staff had the skills and knowledge to meet people's health needs. One relative said, "There is no doubt they [staff] are trained and skilled at what they do. Staff said that they had enough training to enable them to do their job effectively. Staff told us they had a comprehensive induction to support them when they started their roles, which included attending training and working alongside more experienced staff. They said that the induction process had been a positive experience. Staff told us that they had good supervision and support from the registered manager. One member of staff said, "It's a really good supportive team."

Staff said that they had completed a range of training that they felt were appropriate to their roles including training in safeguarding and the Mental Capacity Act. Training was also provided to meet the specific needs of people was also provided. For example, staff had completed training about epilepsy and how people should be supported. Staff spoke positively about this and told us that they felt this had helped them understand the person's health needs and how to support them.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection no DoL applications had been made.

Relatives told us that they felt staff worked hard to make sure that people were involved and given choices regarding their care and support. We observed that staff had a good understanding of people's own individual communication styles and took time with people to make sure that they

could be understood. We saw people were given choice over what they wanted to do as well as what they wanted to eat. We saw that staff respected their wishes. One relative said, "There is no question that people do not get choice." All the relatives we spoke with told us that they felt that staff gave time to make sure that people's wishes were respected. We saw people were able to choose what they wanted to eat and drink and when they wanted it. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

We discussed with staff what needed to happen if people did not have the capacity to make certain decisions for themselves. Staff told us about making decisions in people's best interests and the involvement of the people that knew them best such as family and professionals in best interest meetings which had been documented fully. What they told us demonstrated that they had knowledge of the principles of the MCA.

We saw that people enjoyed the food and that they were given choice over what they wanted to eat. Lunchtime was a positive time with staff laughing and chatting with people. Staff offered people a choice of drinks and snacks at all times through the day and provided support where required.

Relatives felt that people were supported to maintain good health and access to other health professionals when needed. They told us that when people were unwell or required doctor appointments were arranged straight away and staff supported them at their appointments. For example, a person was having difficulty eating due to dental problems and had been supported to a dental appointment. We could see where additional reviews with other health professionals had happened as a result of changes in a person's health.

Staff told us that through spending time with the person and knowing their ways of communication that any changes to people's health would be identified and appropriate action quickly taken. One relative told us how staff had identified that a medicine may be making a person too tired and how a medicine review had been arranged with the doctor. They told us that as a result the medicines had been changed slightly and staff were monitoring this.

# Is the service caring?

## Our findings

The relatives we spoke were happy and complimentary about the staff and the caring way in which people were supported. They felt staff met their family members needs and that they were treated as individuals. One relative said, "Staff treat everyone so kindly. They are all very caring." We found that there was a relaxed and friendly atmosphere in the home. Staff were able to tell us about people's individual health needs, likes and dislikes. The staff we talked with spoke fondly of the people that they provided support for.

We saw that staff involved people in their care and support. Staff explained clearly before going ahead and carrying out any care tasks and time was taken to give people the opportunity to be involved. Staff told us that the day was always taken at the person's own pace. One member of staff said, "If they want to do it, support them to do it, but if not support them to choose what they want to do." Relatives said that they were very much involved in the care and were involved in any reviews of care. The registered manager told us the most important thing was to have the full involvement of all the relevant people with the person themselves at the centre of all decisions about

what care and support needed. Relatives told us staff communicated well with the people that lived there and took the time to make sure that people were involved in their care, what we saw confirmed this.

Whilst we could see that people had complex learning disabilities and needed care and support to carry out any tasks. We could also see that staff encouraged and supported people to have some independence. We could see where people were supported to get ready to go out, but staff did not do everything for the person. Staff told us that they promoted an approach that recognised people's choices and independence. Examples we were given included aspects of personal care, meal preparation and shopping. One staff member said, "It's not about doing things for people. It is about respecting what people can do and maintaining that." This was a view shared by the other staff that we spoke with.

Relatives told us that people were always treated with dignity and respect. We saw that staff called people by their preferred names and respected people's privacy. All staff were able to tell us about how they promoted dignity and respect in what they did. One member of staff said, "It is really important that you treat people as you would want to be treated yourself." The care records that we looked at contained information on promoting people's dignity and respect.

# Is the service responsive?

## Our findings

Relatives felt that staff had the knowledge and understanding about the needs of people with a learning disability and had an insight into people's life history which ensured that individualised care was provided. Our observations of staff and our discussions with staff confirmed this.

Relatives told us that if people's needs changed the care and support they received was reviewed with the registered manager, staff and themselves to make sure it was still responsive to the care needs. One relative said, "We are reviewing [Person] medication and this has meant co-ordinating with the home and the doctor. The staff are great at doing what monitoring is needed." They told us that they were always consulted and part of any decisions made about the support people received. Staff told us that care needed to reflect people's own personal needs and the senior staff and management were quick to respond and organised care reviews when they were needed. The registered manager and the staff regularly engaged with other professionals associated with people's care and support so that they could respond to changes where they were required. We saw an example where a care plan had been reviewed with input from the district nurse following a

change in a person's health. As a result there was additional monitoring and reviews with the doctor. Staff told us that they felt the person's health had improved as a result.

Staff were able to tell us what they would do if someone's specific health condition changed. For example staff were able to tell us about a person's epilepsy and how they would support the person during and after the seizure. What they said matched what was written in the person's epilepsy care plan.

Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They were confident that any concerns or complaints would be listened to and dealt with appropriately. One relative said, "We never have any cause for complaint as we have regular contact with [manager], but without a doubt she would put things right straight away." There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

People were able to express what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to do some crafts. Staff were quick to make sure that people had the materials and support to do this.



# Is the service well-led?

## Our findings

Relatives told us that they felt management were approachable and were easy to contact if they needed them. They said staff were reliable and felt that they would listen and forward any concerns or comments to the registered manager if that was needed. We saw that the registered manager had good relationships with the people that lived there. Staff felt well supported and able to go and speak with senior staff or the registered manager if they wanted. One staff member said, "It's like a family here, you can go to the manager with anything." Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people's safety.

The provider told us that the vision for the service was to be, "A home for life that provides a homely and caring environment for the people that live here." Staff we spoke with felt the service was well led and they felt involved in the running of the service. A staff member told us, "We are

all together in this service. I think we all have ownership of where this service is in the future." The registered manager told us that they had regular staff meetings. Staff told us that they found the meetings supportive and useful.

The provider carried out regular checks and audits. These included checks on medicines and on care records. The provider told us that this identified areas for improvement. One example they gave us was the changes made to some of the monitoring charts to make them clearer and more accurate. They said this had been the result of checks made on the care records. There were also yearly meetings with the families to gather people's feedback on how the service was performing and to also take on any ideas or concerns. Relatives told us that this gave them the opportunity of providing feedback on how the service was performing and to raise any ideas or concerns.

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.