Mrs Melanie Louise Brunsdon

Tremona Care Home

Inspection report

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EX1 3TA

Tel: 01392460945

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 21 December 2015 and was unannounced.

The service provides accommodation and support for two people, who live as part of the provider's family. The service is intended for younger adults with a learning disability.

The service had a registered manager. At this service the registered manager was also the registered provider and main carer. No other staff were employed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of the inspection the service was not fully meeting its requirements in relation to protecting people's human rights, where people lacked the mental capacity to make certain decisions about their care and welfare.

People at the home lived as part of the provider's family, and were encouraged to participate in the running of the household and family events and activities. One person told us, "I do like living here".

People were supported to be independent and make decisions for themselves as far as possible. They chose what clothes they wanted to wear and how they wanted to spend their time. The provider ensured important information was shared in a way that was meaningful to people with communication and literacy difficulties. This meant they could make informed decisions about aspects of their care, and provide feedback about the quality of the support provided.

People participated in a wide range of activities, both at home and in the community, which helped them to maintain their fitness as well as develop other skills and interests.

Care and support was provided in line with care plans. Risks were assessed and managed effectively, which meant that people were safe. People's nutrition and health needs were met with the support of the provider, who encouraged healthy food choices and ensured that all health appointments were attended.

People's privacy was respected and they were treated with dignity and kindness.

The provider worked in partnership with the other agencies that supported the people living at the home, to ensure they had a shared understanding of their needs and the care provided was consistent. They were committed to maintaining their own skills and knowledge through ongoing training.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's human and legal rights were not fully protected.

People's communication needs were understood and met.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

The provider had a very good understanding of each person and their individual needs.

People were fully involved in family life.

Is the service responsive?

Good

The service was responsive.

Care plans promoted independence while minimising risk.

People were involved in a wide range of activities according to their interests.

People were encouraged and enabled to give feedback.

Is the service well-led?

Good

The service was well led.

The provider had a quality assurance system to ensure she continued to meet people's needs effectively.

The provider worked in partnership with other agencies to ensure that people's needs were met holistically and consistently.

The provider was committed to maintain their skills and knowledge.

Tremona Care Home

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 inspection took place on 21 December 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. We looked at the information in the Provider Information Return (PIR) completed by the provider prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the last inspection on 5 November 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

We spoke with both people who lived at the home. They had limited verbal communication skills, and one expressed their views using pictures and sign language. We also relied on our observations of care to help us better understand people's experience of the service they received. We spoke with the provider, who was also the registered manager and main carer, and one external health professional. We reviewed two care plans and other records relevant to the running of the home. This included medication records, financial records and feedback questionnaires.

Good

Is the service safe?

Our findings

Both people living at the home told us they felt safe there. They said they would say if they were unhappy, and identified people outside the service they could talk to if they had any concerns. They looked relaxed and comfortable with the provider and their family, who also lived there.

Risks to people were minimised through appropriate policies and procedures, for example, relating to safeguarding, health and safety, and missing persons. The provider, who was the main carer, had completed safeguarding training and knew how to ensure people were protected. They understood people's individual vulnerability, for example they would not recognise they were at risk, and acted to keep them safe by ensuring they always had somebody with them.

Risks to people living at the home were reduced because the provider and others who provided support, such as enablers, had been checked by the DBS (Disclosure and Barring Service).The DBS checks people's criminal history and their suitability to work with vulnerable people.

Care plans contained comprehensive risk assessments which promoted people's independence while ensuring their safety, for example when cooking or bathing. They asked whether the person had an awareness of danger and appreciated the need for care in relation to hot surfaces, sharp implements and water temperature and depth. Risk assessments addressed environmental risks, like hot radiators requiring radiator covers, and risks outside of the home like traffic and possible dangers when talking to strangers. The provider gave this information to the community services that people attended to maintain their safety when they were out. There were no accidents or incidents recorded since the last inspection, which indicates that risks were being managed effectively.

Although the provider was the only member of staff, this was sufficient to meet people's needs and keep them safe. Additional cover was provided by enablers and others who knew the people well, and who could respond in an emergency or when the manager had a holiday. This ensured continuity of care and minimal disruption for the people living at the home.

Systems were in place to ensure people received their medicines safely. Medicines were kept in a locked cupboard and medicine administration records (MAR), were signed when medicines were administered. There was also a 'homely remedies' policy and MAR sheet for non-prescription medicine like paracetamol, for minor self-limiting conditions.

The provider carried out health and safety checks to ensure the physical environment in the home was safe. Smoke alarms were fitted in every room and there was a heat alarm in the kitchen. They were tested regularly, along with the fire extinguisher. Regular fire drills meant that the people living in the home would know how to respond in a fire.

There were effective systems in place to reduce the risk and spread of infection. People were supported to maintain their personal hygiene generally and when preparing food. The provider had a comprehensive

cleaning programme, which maintained the tidiness and hygiene of the home. Carpets had been replaced with wooden flooring which meant it was easier to keep clean.

There were systems for managing people's money safely. The provider told us their previous experience of working in a bank meant they had a good understanding of finance management, and they used this for the benefit of the people at the home.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. People's rights were not being protected in relation to the Deprivation of Liberty Safeguards. (DoLS). 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. This meant people at the home, who met this criteria, required an assessment under DoLS. However, the provider was not aware of this and they had not been referred to the local authority for assessment.

Where people were unable to make an informed decision the provider had documentation in place to support a best interest decision making process but it had not been used. This meant people's human rights were not being protected under the Mental Capacity Act 2005. (MCA). The 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.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

The people who lived in the home were supported to express their views and make day to day decisions about the care they received as far as possible. The provider facilitated this, taking into account additional support needs related to communication and literacy. For example one care plan said the person needed eye contact, and used Makaton to communicate. Pictures in feedback questionnaires helped people to understand what was being asked, and to provide meaningful feedback by pointing to 'yes' or 'no' symbols. We saw this was an effective system as it also enabled people to contribute to the inspection process. In addition the provider ensured they had the time and support they needed to understand what was being asked and to respond.

The provider was knowledgeable about each person's individual support needs and provided care and support in line with their care plans. They kept their training up to date to ensure they maintained the necessary skills and knowledge to meet people's needs. The registered provider had recently upgraded their first aid qualification and completed training in safeguarding adults and food hygiene. They had also achieved a higher level management award.

People had sufficient to eat and drink and received a balanced diet. They participated in the food shopping, planning and preparation of meals. The provider had a good understanding of the dietary support people needed to maintain their health and encouraged them to make healthy food choices. People were provided

with three meals a day, including a packed lunch on the days when they were out. Drinks and snacks were available as required. Annual health checks with the GP indicated that people's nutritional needs were being effectively met.

People were supported to maintain good health. They were encouraged to lead an active lifestyle including horse riding, swimming and going to the gym. There was a trampoline in the garden which they told us they enjoyed using. The provider was proactive in monitoring the health and well-being of people at the home and ensured they got the support they needed. They had developed a healthcare action plan and checklist, which allowed them to do this and kept a record of appointments with a range of health professionals such as the optician, dentist and GP. Feedback from a health professional was positive that this support helped people to keep well.

Good

Is the service caring?

Our findings

During the inspection we observed that the interaction between people and the provider was warm and relaxed. The provider ensured they were fully involved and able to express their views. In the Provider Information return (PIR) the provider stated their intention to, "Continue to listen and care with compassion, to ensure our residents have peace of mind that they are well looked after". People had limited verbal communication skills but one person said, "I do like living here".

People were encouraged to make their own choices in all aspects of daily life, for example, they chose the clothing they wished to wear each day. If it was not appropriate for the weather, the provider said they would, "gently encourage them to change". People made choices about where in the home they wished to spend their time. This might be watching TV in the lounge, in their room or spending time with the family. During the inspection they joined us at the dining table and were fully involved in the discussion about the support provided.

The PIR stated, "Our residence is a domestic home and we live as a family. This is best suited to the needs of our clients. We encourage open communication between the residents and the family, to ensure everyone is happy within the home." We observed this to be the case, with family members coming and going and interacting with people. The provider told us her children had grown up with the people at the home, and they and their friends understood 'how it all works'. People told us they enjoyed it when the children's friends came round. They were looking forward to a family Christmas, showing us their presents under the Christmas tree and opening the cards that had arrived for them in the post. Written feedback from a professional said, "The house is always a lovely environment to take [the people] home to. It's more of a family environment than "staff and residents".

People's privacy was respected and all personal care was provided in private. The provider told us it required some "manoeuvring" to "manage the family environment and everybody's needs". They ensured that people's dignity was respected by shutting the door when they were getting changed. The provider supported people with the personal care tasks they found difficult, and encouraged them to be independent with the tasks they could manage.

The provider was aware of issues of confidentiality and ensured the people living at the home understood their confidentiality was respected and information only shared when appropriate. Care plans contained a confidentiality policy designed so the people at the home could understand it, and signed by them to show they consented to it. It stated, "All records are securely kept in a locked facility and only authorised people may have access to this. Confidential information whether on paper or computer should not be left for others to see".

There were ways for people to express their views about their care. Care plans contained completed feedback forms which people were invited to complete periodically. The provider emphasised the importance of good communication and had a clear understanding of people's support needs in this respect. They actively encouraged people to speak out about any concerns or difficulties, and did so during

the inspection process.

Good

Is the service responsive?

Our findings

The people at the home had lived there for several years, so the provider knew them very well. The provider assessed and reviewed risks and support needs annually or as they changed, and updated care plans accordingly. Care plans were held by each service that people used. This meant they received care that was responsive to their needs, according to their wishes and preferences.

Care plans were personalised to each individual and aimed at promoting independence while minimising risk. They covered a range of activities and situations in detail, clarifying whether the person was independent, required verbal prompts, required some physical help/support or required total physical support. Activities included bathing, hair care, support with eating and drinking, money skills, social and personal relationships and leisure activities both inside and outside of the home.

People were very positive about their activities and interests, and enthusiastic when telling us about them. They particularly enjoyed watching the 'soaps' on TV. They contributed to household tasks like shopping and meal preparation, emptying the dishwasher and helping with the washing and dusting. They were looking forward to going to the pantomime, having a Chinese takeaway and watching Christmas films.

People attended a day centre three times a week and went out with an enabler on two days a week. The enabler came from a local centre which supported people with disabilities, and was therefore appropriately vetted, skilled and experienced. This was an opportunity for them to do individual activities, including bowling, singing, cooking, music and arts and crafts. The enabler provided written feedback on their return, which meant the provider had a record of the day and any particular achievements or concerns. Certificates were displayed on the bedroom wall, most recently an award for personal progress related to dance and movement and playing a musical instrument. Once a year people attended a big event for people with disabilities, where they could try new activities like archery or photography.

Both people shared a bedroom and told us they were happy with this arrangement. It was comfortable and full of personal possessions and photographs.

The home had a complaints procedure which contained pictures alongside the text, so that it was accessible to people living at the home. In the Provider Information return (PIR) the provider stated, "Concerns and complaints are rare, but residents are encouraged to speak up about any problems they may be having".

Good

Is the service well-led?

Our findings

The provider was registered with the Care Quality Commission as the registered manager and registered provider for the service. In the Provider Information Return (PIR) they stated, "I have been running my own care home for 13 years now and understand what is important to my residents. I have been involved with vulnerable adults since I was a child, living within my parents care home". They told us their philosophy was to "always welcome the residents into a happy family atmosphere, and offer every encouragement to participate in all family activities". While the service worked very well for the two people currently living there, in the longer term the provider would like to expand the service, offering support to more people.

The provider had a quality assurance system to ensure they continued to meet people's needs effectively. We saw three questionnaires completed by visiting professionals. All were very complementary about the provider and the service provided. Comments included, "[Person's name] and [X] are always positive and always happy and in high spirits when they return home", and, referring to the provider and the people who lived at the home, "It's always very apparent there is a great strong relationship between them". Quality assurance questionnaires had also been completed by the people who lived at the home. They used pictures to ask, "Are you happy? Is the home clean and tidy? Do you like your bedroom? Do you like the food? Do you like the activities? Do you like the people looking after you?" Both people had answered 'yes', to all questions, and did so again during the inspection.

In the PIR the provider stated, "I am continually in touch with healthcare professionals, enablers and day centre staff, to ensure we are all delivering the appropriate care for my residents and implement new ideas, if suitable". They had drawn up an agreement for use with agencies like the GP surgery, day centre and enabling service. This stated, "It is of the utmost importance that agencies we work with all share our vision in improving my clients lives and are committed to delivering this where possible. It is therefore paramount that agencies aims and objectives match ours". Aims and objectives included treating people with dignity and respect, ensuring equal rights to choice and opportunity, supporting people to achieve their potential, involving people fully in the community, ensuring they were free from discrimination and abuse and their confidentiality was respected. This meant people received holistic and consistent support from all their care providers.

The provider responded swiftly to feedback given during the inspection. They acted to protect the human and legal rights of people who lived at the home by referring them for assessment under the Deprivation of Liberty Safeguards (DoLS) and taking steps to ensure a best interest process was followed in relation to particular decisions under the Mental Capacity Act 2005

The provider was aware of their legal responsibility to notify the Care Quality Commission of all significant events which had occurred, although this had not been necessary since the last inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Where a person lacked mental capacity to consent to care and treatment, the service did not always follow a best interests process in accordance with the Mental Capacity Act 2005.(13)(4)(d) The service was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority. 13(5)