Trevi House Limited

Trevi House

Inspection report

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Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. At our last inspection on the 23 December 2013 we did not identify any concerns.

Trevi House (referred to as 'the home') provides residential rehabilitation from drugs and alcohol misuse to a maximum of 13 people. Their children, up to the age of seven years, are also placed with them.

The home was managed by a board of trustees. 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.

There were some concerns identified that could impact on people remaining safe. The recording of actions taken to maintain this were not robust enough. This affected the recording at initial care planning and formal risk assessments. There were also issues around the safe administration of medicines.

There was a strong emphasis on people being safe while at the home. Staff were trained in identifying and protecting people from harm. People, staff and professionals spoke highly of the home. People told us they felt safe, special and challenged to change their lives for the better. We found the home was calm and people had their own designated living areas. There was a sense of Trevi House being both people's home and a place where people were having treatment to support their detoxification and abstinence.

The home had good infection controls in place to safeguard people.

Staff were trained in their specific areas of responsibility and demonstrated a good understanding of each person and their needs. Supervision and appraisals for staff were robust. Staff also told us they felt valued and able to attend training to meet specific needs as required.

People received personalised care and support specific to their needs and preferences. People told us they felt important as individuals to the staff. Interactions between staff and people were respectful and kindly. The relationship between staff and people was based on mutual respect and were non-judgemental.

The home had systems in place to ensure they were responding to people's needs in a person centred way. People's needs were assessed and reassessed as required. Care plans were developed with the person and were reviewed together. People were informed of what they could expect while at Trevi House and what was expected of them.

Summary of findings

There was extensive evidence of health and social care professional involvement in people's care on an on going and timely basis. People told us they received medical support and attention as required and could have appointments with the dedicated GP quickly. Child care was provided for them as required so they could attend this and other appointments.

The registered manager worked proactively with other organisations to ensure they were following best practice. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment. There was strong leadership and governance evident and clear systems of communication in place. The health visitor, midwife and GP all told us that good, timely communication was a strength in how the home was run.

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?

For safe we found there were limits to this. People told us they felt safe and there were clear policies to ensure people were safe. People were less safe in relation to the administration of medicines and written risk assessments.

Staff were recruited safely, trained and in sufficient numbers to ensure they could carry out their role. Training in the safe administration of medicine was not robust enough to ensure people were safe.

Risk management formed an important part of how the service was delivered. However, risk assessments were not documented.

People were protected by clear infection control policies and practices.

The staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager had been trained in this area and had oversight to ensure that people's human rights were being respected.

Is the service effective?

For effective we found the service was well structured in how it strived to meet people's needs.

People were supported to maintain good health and received on going health care support.

There were systems in place to ensure that staff's personal and professional development was in line with need. The home ensured it could meet need before people moved into the home.

Staff were very motivated to meet the needs of the people living at the home and their children. The staff knew each individual person within days of them arriving at the service and people told us they felt welcomed and the care was effective in moving them forward in a positive way

Is the service caring?

For caring we found there were clear values in operation about how people were to be treated with compassion and kindness.

Staff demonstrated they had taken time to get to know each person as an individual. Care planning was centred on the person and creative ways found to meet people's specific needs.

Staff treated people with kindness and respect. People's dignity and independence were respected.

Is the service responsive?

For responsive we found people received personalised care that was responsive to their needs. Care was planned with their full involvement.

The staff welcomed the opportunity to always improve and do things better than they did before. We found the staff were responsive to each person and met all their needs in a holistic manner looking for creative ways to meet those needs.

People's diversity was recognised and accepted at all levels.

Summary of findings

Is the service well-led?

For well-led we found there were clear principles of leadership and governance in place. The registered manager ensured they were fulfilling their role. Where roles had been delegated they maintained clear oversight. The trustees maintained a role of being supportive and challenging ensuring that all staff reflected the expected values and practice of the home.

There was a strong emphasis on continued improvement. People and staff were involved in this process. We saw that challenge was welcomed and changes were implemented as a result.

A new system of day to day management had been brought in recently that had yet to take full shape and ensure all aspects of the home were being audited robustly.

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Detailed findings

Background to this inspection

We visited Trevi House on 10 and 11 July 2014. Our last inspection was on the 23 December 2013. There were no concerns raised about the service at that time.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a particular type of care service, in this case, alcohol and drug rehabilitation services. We also consulted with Care Quality Commission's (CQC) pharmacy support team.

We spoke with a GP, midwife and health visitor with knowledge of the service before the inspection. We received a written report from a social worker before the inspection took place and spoke to another on the day of the inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the home and notifications we had received.

There were seven people living in the home. We spoke with four people living at Trevi House and looked in detail at the care of three people. We also spoke with five staff, reviewed records and observed interactions at lunchtime. We met with the registered manager, deputy manager and two trustees during the inspection.

We reviewed three people's records that included their care plan and other records held by the home such as initial assessments, on going assessments, daily recordings, detox plan, Medicine Administration Records (MARs) and risk assessments. We also reviewed records kept by the home that facilitated its safe running such as the policies held by the home, resident meeting minutes, staff meeting minutes, staff handbook and residents handbook.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

Is the service safe?

Our findings

People told us they felt safe at Trevi House. One person stated: "I feel safe and supported here; there are always lots of staff around to help deal with any problems that should arise". Two people told us they felt safe as their care was well managed and they had never felt threatened. Another person told us they had been given space to be with their children in a different part of the home to support tensions not becoming too high. They said they felt staff had acted to protect them and their children from any risks. They also said "There is a zero tolerance on bullying and harassment from day one so we are protected. It was in the information we received and in the contract we signed on coming to live at the home."

People's needs were risk assessed and care delivered in a way that ensured they remained safe. Staff were knowledgeable of people's individual risks. Other organisations supported this process when the level of risk to the person and their child was judged to be high. For example, the probation service and the local domestic violence support service would meet with the staff to put a joint risk assessment in place. Staff had on going discussions around risks as a staff team and with the person. People were supported to address previous risk taking behaviour to understand the impact this had on them being able to make safer choices in the future. We found that written risk assessments were absent. For example, we saw one file had a risk assessment in relation to a person's reaction to stress. However, there was no risk assessment regarding the misuse of substances, domestic abuse and other aspects of their life that could impact on their likelihood of relapsing. We discussed this with the registered and deputy manager who agreed this was not recorded and had begun to address this by the second day of inspection. They told us this was part of the process of case review that took place weekly.

On the second day of the inspection we reviewed the safe administration of medicines at Trevi House as we were told they had recorded 23 errors in the past 12 months. Staff reported errors on an incident report form that was immediately forwarded to the registered and deputy managers. We reviewed four of the reported errors and saw they had been investigated and addressed in the weekly team meetings. People were receiving their medicines as prescribed however there were some issues that could impact on them being administered safely.

The service had strict policies in place about the use of medicines by people living at the home. Controlled drugs (CDs), prescribed medicines, and over the counter medicine which individuals brought into the home were all held and administered by the staff. People signed they understood they were not permitted to keep any medicine of their own either for themselves or their children. We also saw that people underwent regular, random testing to ensure they were not using illicit substances or alcohol. Searches were undertaken by staff of people's bags and rooms to ensure people were only taking prescribed medicines.

Medicines were stored in a locked safe. There was no dedicated medicines fridge. At the time of our inspection no one was currently receiving medicines that required refrigeration. We were told that, when required, they were held in a container in the kitchen fridge. However this was freely accessible to all staff but secured out of hours when the kitchen was not being used for preparing the main meals. The keys for the safe and fridge were locked within a key safe in a secure location accessed only by staff. However all staff had access to the medicines whether they were a controlled drug (CD), prescribed, or over the counter as they were all stored together. This meant that the storage of CDs was not up to standard. We were advised by both the registered manager and trustees that this matter was already being addressed. In the meantime practice remained the same. The deputy manager had been to a local NHS project and funding identified to use space in the home to store medicines safely.

People had their own medicine folder where the administration of medicines by staff was documented. However, there was no system of overview to ensure that each person in the home had received their medicines. Staff checked they had everything available to them before they started to administer medicines to ensure this was done safely. We observed that medicines were administered by two members of staff at any one time to ensure they were given to the correct person. Both staff signed the Medicine Administration Records (MARs) at the time of administration. Each person had their own labelled tray for staff to use when dispensing medicines. We found

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that stock medicines and open medicines were administered from the same trays and it was not clear which was to be used first or in use. Also, we saw that eye drops had been opened and labelled "use within 28 days". The date they had been opened had not been written on the container so it was not possible to gauge when it should be disposed of.

We found the training in respect of medicines was not thorough or robust. Staff competencies were not being measured by someone trained to do so or whose training was up to date. We discussed this with the registered manager who told us this had been recognised. We saw this was in hand as training had been set up with the local pharmacist.

People's detoxification process was overseen by a GP who told us the home's process and communication with them was very good and they had no concerns.

The service was appropriately secure to ensure that those on the premises had a right to be there. In the event of an emergency the staff knew who was in the home.

There were policies in place, and staff had received training, about how to protect adults and children. The registered manager was seeking to enhance the safeguarding training to better meet the specialist service provided. Staff received suitable training in specific subjects to carry out their role and responsibilities, such as the impact of domestic abuse and how to manage concerns and risks in this area. Staff were also trained in supporting people with a mental health diagnosis, dealing with behaviours that challenged, and supporting people seeking to detox and recover from alcohol and drug misuse.

The people who lived in the home, and the staff, told us there were enough staff to meet the needs of the people who lived there in a flexible way. For example people had regular one to one sessions with their key worker and extra sessions as required. We observed that staff were always available should anyone wish to speak with them or when people requested support with a particular activity. We found staff had been recruited safely to ensure a good skill mix was available to meet the needs of people. All staff completed a formal application process and their backgrounds were checked to ensure they were safe to work with vulnerable people. This included references from previous employers, checking for any criminal activity, and obtaining explanations for any gaps in employment history.

People were protected from the risks of infection and the home was clean. The home had an infection control policy and the hygiene practices by staff were safe. The registered manager had requested an external infection control audit to provide an independent view of their practices. Any recommendations made had been implemented by the service. For example, they had recruited domestic staff to clean all the communal areas and a cleaning schedule had been developed. We saw there was liquid hand soap available and paper towels in all shared toilets. There were laminated signs reminding everyone to wash their hands and a diagram on how to do this safely. One of the expectations of people using the service was that they kept their room and en suite clean. The health visitor told us that, at the request of staff, they were providing training to the people in the home to ensure they understood the importance of good hygiene practices to keep them and their children safe from infection. This was planned for the autumn before the onset of cold, flu and other illnesses that are more usual in the winter. Staff were updating their practices by reviewing a DVD and completing a questionnaire. The registered manager informed us they were seeking a more robust course for staff. This demonstrated that infection control was an active consideration in the home and people were protected from risk.

We found that nobody living at the home was subject to any restriction of their liberty and each person had full mental capacity to make their own choices. The registered manager advised us, when people first arrived at the service, they were subject to controls such as being under staff monitoring if they wanted to go out. We saw that people signed to say they agreed with this process.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their role and responsibilities. One person told us they felt the staff were "competent in all different areas and well trained." They added, as a result, they felt secure in the home's environment.

Staff told us they were supported to grow as individuals and as a team. Every staff member we spoke with was knowledgeable about people's needs and care.

The registered manager and trustees told us the staff at Trevi House worked with other health and social care professionals and the recruitment and training of staff was a high priority. We were told that the home continues to reflect on the staff in post to ensure they are adequately trained to carry out their role effectively. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

We found staff underwent a high level of training specific to the carrying out of their key roles. For example, staff worked closely with the psychologist to review progress and to reflect on practice. This was to ensure staff remained focused on individuals through the development of their psychological therapy skills. Another example was that staff had training in supporting people to parent their children and meet their emotional needs. This ensured people were accessing support from staff who were both competent and confident.

Staff were supervised monthly and had participated in annual appraisals of their work. Staff had both managerial and clinical supervision to ensure they were developing and meeting expectations. Staff also met with each other weekly to ensure the work being undertaken with each person and their children was current. In this way, the assessment of staff knowledge and skills was on going and under constant review.

People were given enough to eat and drink and supported to maintain a healthy diet for themselves and their children. People were enabled to get their and their children's breakfast and evening meals with staff support and supervision as required in their care plan. We saw there was a dedicated fridge and freezer for use by people in the home that was available to them at any time of the day and night. There were snacks available 24 hours a day, such as biscuits and fruit, which were restocked as required. There was a white board where people could make specific requests and these were met as long as they were within budget. We saw celebrations were made of the person and their children on birthdays and special occasions. We also saw that people's cultural needs were respected and catered for. The cook told us they had regular conversations with people and actively encouraged them to contribute to the menu planning. If people and their children were out at appointments, food was kept back for them.

Lunchtime was a meal cooked from scratch that involved fresh ingredients at each stage. There was a main course and a dessert. People could request something else if they desired. We observed the lunchtime was a relaxed event where staff and people ate together. There was plenty of appropriate humour and conversations about life events and activities. We were aware that some people were being discreetly observed to ensure this was a safe experience for them and their child. This, however, was not obvious which meant that people's needs were being monitored appropriately.

People told us the food was good, healthy and plentiful and their dietary needs were taken into account. They confirmed they were able to ask for specific foods. One person told us that they had been provided with food specific to their cultural identity. We were told the staff looked to ensure there was an opportunity to make this a group event to support learning about each other's different cultures in a positive manner.

People were supported to maintain good health, have access to health care services and receive on going health care support. The GP, midwife and health visitor were all complimentary about the way the staff interacted and communicated with them. All felt the staff were timely in their communications with them if there was a changing need in respect of a person and/or their child. People could have private consultations with other health professionals and attend other rehabilitation services as requested. Child care was provided or supported even if the appointment was out of hours. We saw that health promotions were visible around the home but were turned into canvas backed pictures to maintain a homely feel. Individual or group sessions around smoking cessation also took place as required.

One person told us they had been encouraged and supported to take responsibility for their own health and

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that of their child. They stressed that this was important to them as they had neglected both which had brought social care into their lives. Prior to this they stated they felt disempowered by the various investigations and assessments that had been undertaken in relation to this. They felt this was due to the special way in which the staff at Trevi House approached their work.

Is the service caring?

Our findings

Caring and positive relationships were developed with people using the service. People told us their care was individualised. One person told us it was "quite individual" and their differing needs taken into account. Another person told us, if there was a problem, the staff would "go above and beyond the call of duty to deal with it." Others stressed they felt they were important and listened to by the staff at the home which made them feel valued.

We were told by each person that the staff at the home had made them feel special which no other professional had for some time. For example, one person told us their lifestyle choices had meant they had been involved with social workers for a number of years. They told us the staff had empowered them to take control of their life in a way that was non-judgmental but had still challenged them as required. Another person told us they felt the staff had helped them gain confidence as a person and as a parent. This had been a key part of their care plan and what they wanted to achieve.

People told us they felt empowered while being at Trevi House. One person told us they felt accepted as a person and as a mother for the first time in many years.

One staff member told us people are "supported by a staff team that are passionate and creative about meeting their needs."

The midwife told us: "They are very friendly, providing a family atmosphere. Those I have been involved with tell me they feel comfortable living there; they provide holistic care, but are not so informal that they don't address the necessary issues." The health visitor stated: "They offer care that is gentle and caring and challenging at the same time; they are a caring, compassionate service."

Trevi House presented as a caring organisation where there was a drive to give people and their children stability. We saw many examples of the staff looking for different and creative ways to ensure people felt well cared for and well supported. There was a strong 'can do' attitude from the staff who worked in partnership with the people to find a satisfactory solution to any issues. While addressing the necessary intervention to support rehabilitation there was also a drive to support people to feel this was a home for them and their children. Staff and people were observed to greet each other warmly and in a relaxed manner. The atmosphere was calm and the interactions between staff and people were respectful and caring.

We observed situations where it would have been easy for the staff member to take over in respect of a child's care but this was managed in a way that empowered the parent while keeping the child safe. For example, a person was heard to share a health concern about their child. This was dealt with in a way that kept the person as the parent in control, with the outcome that an appointment was made to see the GP. The staff then spoke about how to support the parent attending the appointment and meet the child's needs. This was achieved in a collaborative manner by all involved and the person was supported to problem solve and therefore develop skills to meet their child's needs in the future.

Staff encouraged people to express their views and ensured they were actively involved in making decisions about their care. Prior to moving to Trevi House the person's needs were assessed with them so they could make an informed choice.

People's privacy and dignity were respected and promoted. People had their own rooms and most had en suite facilities. If they took one of the rooms that did not have an en suite bathroom they were allocated a specific bathroom for them and their child. This was then made out of bounds to staff and other people who lived in the home. People told us they were able to personalise their room. People were provided with two sets of new, matching bedding for each person and their children. People were able to lock their rooms and had access to a locker they could use if required. The registered manager told us that people generally kept their rooms unlocked through choice.

Is the service responsive?

Our findings

We saw evidence in people's files that there was a referrer's assessment and a detailed visit with the person that looked at specifics that could become part of the initial care planning process. People's care was discussed each week in the staff meeting and, when the time was suitable for the person, a full care plan was written with the person's involvement. However the detail of what was discussed in the staff meetings was not documented. This meant there was nothing recorded to enable staff who had been off work to be updated or, if staff were covering in an emergency, they did not have the information to understand the person's needs. We discussed this with the registered manager and deputy manager who stated they were already planning on how to fill this gap by the end of our inspection.

Each person was complimentary about the staff and the efforts they took to make their care plan work. They stated their care was individual to them and their differing needs were taken into account. Their needs were met quickly and their requests dealt with expertly. People wanted to stress that staff did not let incidents go by. They told us it was dealt with there and then. In this way little matters did not become bigger, which they respected. This was commented on by one person as helping them to learn how to deal with stressful situations better than they had before.

Care plans detailed people's personal history. For example how to manage their detoxification taking into account their risks. People were supported to gain skills around keeping themselves safe in the future. The registered manager told us that care plans were developed over a period of time. They added that the process was on going, in that they used information received on the person's admission and getting to know the person before a full care plan was written together.

People received personalised care that was responsive to their needs. For example, people told us they were happy with the care and felt involved in developing their care plans. They confirmed they felt their care was personalised and structured but could be flexible. One person told us they had wanted to attend a local group to support their rehabilitation longer term and as part of their move on plan. They told us the staff ensured they had the childcare available in order to attend this and the support following it so they could review this together. This was linked into their time with their keyworker and care plan to review whether this was meeting their expectations.

Staff told us they felt there was good team work and communication in the home. This supported people as they moved through the various stages of treatment until it was time to leave.

Where a person's care plan stated that staff from both the home and the on site nursery worked with the person and their children, we saw this was a coordinated and reviewed by the staff who supported both the parent and the child.

Each person had an individual key worker. We saw the person and the key worker planned the care together. There were standard items on each care plan, such as going through a process of detoxification or managing their life afterwards. However the detail in each plan was specific to that person. The plan was then signed by both parties, to indicate their involvement and agreement, and regularly reviewed. We saw there were regular sessions that managed the plan between reviews. The language used in the care plans were positive with phrases like "I will" and "I would like to" prefixing specific statements about their care. The same was written against the responsibility of the staff at Trevi House to meet that need. This meant the care plans were measureable and achievements and deficits on both sides could be measured.

There was a flexibility and ability to respond quickly to both negative and positive situations. For example, on the first day of our inspection a person was having contact with the other parent of their child for the first time since being at the home. This had been assessed as high risk. This was managed by two staff from the home and agreed with the person and funding authority. We were told this would allow for further risk assessment and reflection after the contact had been concluded. We found this was how the staff approached many issues when they arose so ensuring the planning was responsive.

There were clear lines of communication and review with people and staff involved. We saw an example where a person required therapeutic support in relation to them being a better parent. This required both their key worker and child's key worker in the nursery to work together with the person to develop their parenting skills. An external

Is the service responsive?

specialist was brought into review this which fed into both the care planning and review process. This meant the care planning was in constant review ensuring it was current and responsive to the person's needs.

People were assured they would receive consistent co-ordinated person centred care when they were ready to leave Trevi House and move on. Two people told us they were ready to move on and plans had been put in place to meet their needs after they left the home. One person was due to live locally and another was due to travel a distance away. They told us they were very happy with how this had been planned and supported by the staff. Both felt they had been kept informed with what the next step was. Both said the staff had made sure they had somewhere to go and were supporting them in the move on process. They also knew the support would be on going. Another expressed to us that the time to move on was approaching as they were now substance free but felt scared of how this was going to work out. They stressed that the staff had spent time reassuring them and supporting them to deal with their fears and challenges.

The home employed a member of staff dedicated to supporting the move on process. During the inspection they were actively involved in supporting one of the people to attend a meeting with the housing authority. The person told us they valued this and appreciated they were not having to take this step on their own. The registered manager told us that support was on going for people who have left the home. People who had lived there previously were never turned away if they felt that Trevi House could support them. They told us that, as people who had never known a period of stability and acceptance until coming to the home, they turned to the staff as if they were the family they had not had.

The service routinely listened and learnt from experiences, concerns and complaints to improve the quality of the care. The registered manager, staff and trustees were all keen to hear the feedback and were open to addressing any concerns that were raised during the inspection. Staff and trustees told us "We are always evolving, always learning; this is valuable to the growth of the service – listening and being flexible".

There were residents' meetings held once every two weeks. The minutes of the meetings we saw showed that people using the service met together and discussed any issues and these were then fed back to the registered manager. The registered manager and staff only attended when requested by those taking part in the meeting. In this way the control of the meeting remained with the people in the home and they had time to discuss issues without staff present. The requests were then fed back and discussed in the weekly staff meetings. We were shown that this had been effective in introducing 'Skype' as a means of supporting families to stay in touch with each other.

The home had a robust system for seeking feedback from people when they were due to leave the home, even if this was due to negative circumstances. We were shown that the staff had regular debrief sessions at the end of group sessions. This was to ensure that needs were being met and any issues were addressed quickly. There were regular debriefs and reviews of situations of risk and the impact on individual people and their children as required. We saw that external agencies were brought in to support the staff to review this if necessary.

The health visitor told us they had raised an issue in respect of some aspects of communication and this had been discussed. A new pro forma had been developed and approved by both parties to improve this situation. They felt the staff were very open to suggestions and would always find ways to resolve issues positively.

Is the service well-led?

Our findings

One of the ways the service was well-led was because the home demonstrated good management and leadership.

We were told that the deputy manager had been recruited as a result of an audit of the registered manager's current job description and role involving both staff and trustees. It was considered that the day to day management role should be separated from that of governance and promoting the organisation. They were also honest in stating that some functions of the registered manager had not been possible as their role had become too vast. For example, sampling and auditing of care plans. The deputy manager had been in post since 1 April 2014 and their role was starting to take shape. The deputy manager explained to us, at the start of our inspection, the areas they were looking to take on as projects. These included the safe administration of medicines and ensuring effective auditing was taking place. The registered manager and deputy manager were in constant communication with us during the inspection. The two managers had yet to decide by means of an action plan what the priorities of each was to be and how this was going to be reviewed.

We asked the registered manager what auditing of records took place. We saw there were issues in how the daily records were being completed. There were gaps and incidents logged via an incident report that were not always recorded in the daily records. Changes in one person's medicines was also not recorded. The registered manager told us they had reviewed this with the deputy manager and brought in an independent social worker to review their records and train staff to complete the paperwork. This had started to be implemented but had yet to be reviewed. On the first day we could not see evidence that care plans were being reviewed by the management to ensure standards were being kept. By the completion of the inspection we were assured this would be reviewed at the next team meeting and would be supported by the deputy manager initially with external support if this was required.

People, staff and professionals involved with the home told us they felt the home was well-led. Everyone highlighted that communication was an example of how this worked in practice ensuring everyone knew what was required of them and were supported to deliver care in a personalised way. Staff told us the registered manager had brought positive change to the home when they came into post. Staff told us the registered manager was "very strong at getting the best out of people; they're a good manager"; "they ensure competency and that I can carry out my role in supervision" and "they are keen to ensure that staff are well trained to achieve their roles".

We found there was a clear organisational structure in place that detailed who was responsible for what. The trustees were seen to have a hands-on involvement with the home and met monthly. There was also support for the registered manager available from the chair of the board. The trustees we met with reflected the same positive values of the staff and people. They told us they kept close contact with the home and were able to maintain a line of being supportive while able to challenge to ensure the mission statement and values were upheld. They also ensured the home remained financially viable by having a realistic budget that was carefully monitored. This meant there was clear governance in place.

The home promoted a positive environment that was person-centred, open, inclusive and empowering. Staff told us "I felt it was a very open culture from the start; the staff passionately believe in what they are doing." People living in the home supported this view when we spoke with them, as did professionals involved with the service.

Staff were trained in person centred care and their values were checked before they started work at the home. Staff and people living in the home were given handbooks with information about the service and supported to stay within the boundaries set within them.

We found that Trevi House was keen to ensure they continued to offer a high quality service. There was a constant programme of review and reflection. This was central to the discussions we had with the trustees, registered manager and staff. They demonstrated this by being in constant touch with people living in the home, people who had left the service, and those linked with them who had a desire to ensure the quality of the service. Professionals who had on going involvement with the service could not rate it highly enough. We had positive feedback from services as far away as Scotland and Eastern England. One social worker told us "I feel it's a great facility. The staff have a good knowledge of people even if they haven't been here long. They are person centred. The

Is the service well-led?

communication has always been really good. I never have to chase them. My local authority recommends it as our preferred choice. They are happy for me to travel hundreds of miles to carry out reviews. That tells you something."