

# Trinity-Herts Care Homes Limited

## Head Office

### Inspection report

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Hatfield  
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25 February 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Head office provides personal care for people living in a supported living scheme in North London. At the time of our inspection, the service was providing care and support to one person who was living at the scheme.

### People's experience of using this service

Relatives told us people were very happy living at the scheme because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the service.

Relatives praised the registered manager and agreed that they were approachable, knowledgeable, fair and did their job well. A staff team who worked well together supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. They followed the guidelines in each person's care plan so that they delivered care and support in the way each person wanted. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The registered manager actively sought the views of people and their relatives about the running of the home and they dealt promptly with any concerns that people raised.

The provider had an informal system in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. However the service had not completed mental capacity assessments for the people that they support and we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had been taken at this inspection to address this breach. The report was published on 25 May 2016.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor this service.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Head Office

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Head Office is registered to provide domiciliary care and a supported living service. Head office. Services provide supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We carried out the inspection visit on 25 February 2019. It was announced . We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about.

During our inspection we observed how the staff interacted with the person who lived at the service. We spoke with one relative as the person using the service was unable to speak to us. We spoke with the registered manager and one support worker.

We looked at one person's care records as well as other records relating to the management of the home.

We contacted the local authority contract monitoring team who commission a service from this home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People and their relatives felt people were safe at the service. A relative told us, "Yes he is safe and I trust the staff"
- A member of staff told us "The safety of the resident and keeping them happy and safe is my main priority. It's all about protecting the service user and making sure he is not put in harm's way."
- ☐ The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- ☐ The registered manager assessed all potential risks to people and put guidance in place so that the risks were minimised.
- ☐ Staff could tell us of potential triggers and described to us what they would do to support the individual and how they would diffuse the situation effectively with a positive outcome.
- ☐ There were regular checks done in gas and fire safety and the registered manager had a good relationship with the landlord and told us that maintenance issues were dealt with in a timely way.

Staffing and recruitment

- ☐ The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as a Disclosure and Barring Service criminal check and references.
- ☐ There were enough staff to meet people's needs and keep people safe.

Using medicines safely

- ☐ People were happy with the way staff gave them their medicines.
- ☐ Staff had undertaken training so that they could give people their medicines safely and as they had been prescribed.
- ☐ Staff managed medicines well. The provider had supplied appropriately secure storage, at the correct temperature, for medicines.
  - We checked a random sample Medicine Administration Records (MARs) and found no gaps which meant medicines had been administered as prescribed
  - A member of staff told us "medication is locked away safely and we regularly check storage temperatures".

Preventing and controlling infection

- ☐ The provider had systems in place to make sure that infection was controlled and prevented as far as possible.

- ☐ Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

#### Learning lessons when things go wrong

- ☐ The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- ☐ The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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

Good: 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

- ☐ Relatives confirmed that the registered manager had assessed their needs before they offered them a place at the home.
- ☐ The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- ☐ The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- ☐ Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care. ☐
- ☐ Staff felt very well supported. They had supervisions and appraisals and told us "[registered manager's] door is always open."
- Staff received regular supervision. We saw a plan was in place to ensure supervision was provided on a regular basis.

Supporting people to eat and drink enough with choice of a balanced diet

- ☐ People were encouraged to get involved in decisions about what they wanted to eat and drink. The one person who used the service enjoyed eating any type of meal that was presented to them and did not have any apparent dislikes or preferences. Staff told us "We make sure he eats healthily, but he does like his take away meal."
- People's weight was monitored on a regular basis

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff worked closely with other agencies such as psychiatrists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- ☐ Staff contacted optician, dentist or chiropodist to support people to maintain their health. All these were documented in the care plan.
- ☐ A relative told us "they look after his health needs well"

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

- The registered manager worked hard to make sure that they decorated and furnished the scheme to meet people's needs. They involved people living at the home in decisions about changes to the environment.

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

- At our last inspection the service had not completed mental capacity assessments for the people that they support and we found a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had been taken at this inspection to address this breach.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that that a DOLS application had been made for the person using the service, they had not yet received authorisation from the Local Authority. Staff asked people for their consent before they provided any personal care and they offered people choices in all aspects of their lives. One member of staff said, "You give people choices, and explain what you are doing, if people are non-verbal, we use pictures to show them."

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed kind compassionate and attentive care throughout our inspection.
- ☐ The team of staff were kind, caring and compassionate. A relative told us "they are kind and have a good relationship with my son."
- ☐ Staff used aids, such as photographs of meals, to make sure they communicated with people who found it difficult to express themselves. There were detailed communication plans in place

Supporting people to express their views and be involved in making decisions about their care

- ☐ The registered manager told us that the person who lived at the scheme had families who could help them, if they needed help, with decisions about their care.
- ☐ Staff told us that they had time to sit and chat with people to make sure that each person had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- ☐ People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and covering people during personal care. Staff offered personal care to people very discreetly.
- ☐ Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.

## Is the service responsive?

### Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ A care plan, which was personalised to make sure it met their individual needs was in place relatives were involved in planning their care and reviewing the plan regularly to make sure it still met their needs.
- ☐ Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- There was a full individual activity timetable available. This included going to a day centre and activities such as bowling, basketball, swimming and bike riding.
- The service also arranged for a person to have regular accompanied visits to visit their mother.

Improving care quality in response to complaints or concerns

- ☐ We looked at the complaints records held at the scheme and noted that the service had not received any complaints .
- ☐ Relatives told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly."

End of life care and support

- ☐ There was currently no end of life plans in place. The registered manager told us she would discuss this with the person's relatives and ensure their wishes would be documented within the care plan.

# 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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Relatives and staff all made very positive comments about the service and all said they would happily recommend the service.
- ☐ Staff were fully aware of their responsibility to provide a high-quality, person-centred service
- ☐ Staff worked as a team and supported each other well. member of staff said, "It's a small service like a family we work well as a team."
- ☐ The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- ☐ The registered manager provided very strong leadership and everyone we spoke with said "they liked and respected her."
- ☐ Staff were happy, and proud to be working at Head office. One member of staff told us, "I enjoy my job, it can be mentally challenging but it's rewarding work."
- ☐ The registered manager understood their legal duties and submitted notifications to CQC as required.
- ☐ Although having an informal process to monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified
- The registered manager made regular visits to the scheme to check that the service was providing high quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. A member of staff said, "We can always voice our opinions; I feel listened to."
- ☐ The provider sent surveys to people, relatives and staff each year. A recent relatives' survey showed that relatives were very satisfied with all aspects of the service that staff were providing to their family member.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.

#### Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority learning disability team to ensure that people received joined-up care.