

The Cheshire Residential Homes Trust

Trepassey Residential

Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was conducted on 13 March 2017.

Trepassey Residential Home is part of a group of homes owned by Cheshire Residential Homes Trust. The home is situated in lower Heswall, Wirral and overlooks the River Dee. Accommodation is provided over three floors and there is a lift available. There are separate communal lounges and dining areas. Trepassey is registered to provide personal care to a maximum of 24 people. At the time of the inspection 11 people were using the service. This was because there was extensive building work taking place on-site and the provider had restricted admissions until the work was completed.

A registered manager was not in post. However, the acting manager had made an application to become registered. 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 2008 and associated Regulations about how the service is run.

At a previous inspection in November and December 2015 we identified breaches of regulations relating to; consent, good governance, notifications, safe care and treatment and person-centred care. We returned to Trepassey in September 2016 to ensure that the service was safe. At this comprehensive inspection we assessed the service's compliance with all regulations.

At the inspection in November and December 2015 we found that the provider was in breach of regulations relating to good governance. Specifically, the provider had not submitted notifications as required and did not have robust systems in place to monitor and manage risk at the service. We saw evidence that notifications had been submitted appropriately since the inspection in November and December 2015 and the service was no longer in breach of regulation in this regard. However, we saw continuing deficits in audit processes which placed people at unnecessary risk of harm.

We were provided with evidence that regular checks were completed on other aspects of the service with regards to people's safety. For example, electrical safety, gas safety, hoists and water temperatures. However, we saw that the temperature of the hot water accessible from one outlet in the bathroom regularly exceeded recommended, safe limits.

At the inspection in November and December 2015 we found that the service was in breach of regulation because it was not operating in accordance with the principles of the Mental Capacity Act 2005 (MCA). Improvements had been made, but the service was not following best-practice in relation to the assessment of capacity. We made a recommendation regarding this.

At the inspection in November and December 2015 we found that the service was in breach of regulation because care records did not hold sufficient, current, person-centred information to inform care practice. At

this inspection we looked at four care records in detail to see if improvements had been made and sustained. We saw evidence of sufficient improvement meaning that the service was no longer in breach of regulation. This breach had been met.

Prior to this inspection we received information of concern which alleged that staff were not completing the necessary safety checks on people throughout the night. People spoke positively about their safety and the night-time checks. The frequency of checks was recorded in people's daily notes. Records indicated that all checks had been completed as required.

Prior to the inspection we received information of concern which alleged that staff were reluctant to raise concerns and that when concerns were raised, the provider did not always respond to them appropriately. We saw that staff were vigilant in monitoring safety and acting to protect people from harm. The staff that we spoke with had completed training in adult safeguarding and knew what action to take if they suspected that a person was being abused or neglected.

Medicines were stored and administered safely. However, we saw that one medicines' refrigerator was not operating within the recommended temperature range. This had not been identified by internal audits. At the time of this inspection Trepassey was undergoing a substantial re-development. A large part of the location was inaccessible due to building work. We looked to see if this presented any additional risk to people living at the service. We saw that the building work was effectively separated from the rest of the service and did not present any additional risk to people's safety.

Individual risk was appropriately assessed and recorded in care files. We saw examples of risk being regularly reviewed in conjunction with care plans and with the involvement of people, relatives and care staff.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. The service used a dependency tool to establish staffing levels. People told us that the current staffing levels were sufficient to meet their needs and we saw that staff were available throughout the inspection and able to respond to people's needs in a timely manner.

Records indicated that the majority of staff training had been completed as required by the provider. Staff had access to formal supervision every six months and informal supervision as required.

People told us that they enjoyed the food at Trepassey. The majority of the people that we spoke with were very positive about the provision of food and drinks. We ate and observed lunch in the dining room. There was a choice of main meal and dessert.

Trepassey was not specifically adapted to meet the needs of people living with dementia although plans were in place to improve the environment.

People spoke positively about the staff and their approach to the provision of care. Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests.

Prior to the inspection we had received information of concern that people's needs in relation to personal care were not attended to in a manner which promoted their dignity and demonstrated respect. We spoke with the acting manager about the specific allegation. We were told that the allegation appeared to refer to

a short-term practice which was adopted because continence supplies had not been provided for someone as they moved to Trepassey.

We spoke with visitors and relatives at various points throughout the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. People's rooms were filled with personal items and family photographs. We saw from care records that some people's personal histories and preferences were recorded.

The service did not have an activities coordinator in place and people reported that this had a negative impact on people living at the home. There was limited detail throughout the care records in relation to individual activities, but staff did inform us that there was a range of different activities taking place throughout the week which some of the people living at the home enjoyed.

The service distributed questionnaires to people living at the Trepassey and their relatives. The most recent questionnaire generated primarily positive comments with the exception of those relating to activities. The service also held 'resident and relative meetings'.

The home had an extensive set of policies and procedures which had been recently reviewed. Policies included; adult safeguarding, MCA and whistleblowing. Policies were detailed and offered staff guidance regarding expectations, standards and important information.

Staff understood what was expected of them. They told us that they enjoyed their jobs and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

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?

Requires Improvement ●

The service was not always safe.

Water at excessive temperatures was accessible to vulnerable people.

The service could not be certain that medicines requiring refrigeration had been stored at the correct temperature.

Improvements had been made to individual risk assessment processes.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Capacity assessments were generic and did not comply with best-practice guidance.

Staff were trained in relevant subjects and had access to regular support and supervision.

People spoke positively about the provision of food and drink.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the attitude and approach of staff.

People were encouraged to maintain their independence in practical ways by staff who knew them well.

Staff were aware of the need to promote respect and dignity in the provision of care.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to contribute to the planning and review of their care.

The nature and range of activities had recently improved.
However, individualised activities required further development.

There was evidence that concerns and informal complaints had been used to improve the service.

Is the service well-led?

The service was not always well-led.

Quality and safety audits had failed to identify two significant areas of risk within the service.

People spoke very positively about the influence of the acting manager.

The service was developing a clear set of visions and values in accordance with the development of the building.

Requires Improvement ●

Trepassey Residential 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 13 March 2017 and was unannounced.

The inspection was conducted by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At a previous inspection in November and December 2015 we identified breaches of regulations relating to; consent, good governance, notifications, safe care and treatment and person-centred care. We returned to Trepassey in September 2016 and conducted a focussed inspection to ensure that the service was safe. At this comprehensive inspection we assessed the service's compliance with all regulations.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with seven people living at the home and five relatives. We also spoke with the acting manager, a senior carer, the chef and a care worker.

Is the service safe?

Our findings

At the inspection in November and December 2015 we identified concerns relating to the administration of medicines and the assessment of risk. We returned to the service in September 2016 and found that the necessary improvements had been made to improve safety and the service was no longer in breach of regulation in this regard. The rating for 'Safe' was not changed because the service was unable to demonstrate that the improvements were sustainable.

We were provided with evidence that regular checks were completed on other aspects of the service with regards to their safety. For example, electrical condition, gas safety, hoists and water temperatures. However, we saw that the temperature of the hot water accessible from one outlet in the bathroom regularly exceeded recommended, safe limits. People living with dementia and other health conditions can be at heightened risk of scalds from hot water. The provider's own records indicated that the temperature regularly exceeded 60°C. The recommended safe limit for hot water supplies accessible to vulnerable people is 42°C. We identified the location of the outlet and completed a basic test and found the temperature to be excessive. We spoke with the registered manager and a senior carer about the issue and action was taken to alert staff and reduce the risk pending the installation of a suitable thermostatic regulator. We were subsequently informed that a regulator had been installed within 72 hours.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received information of concern which alleged that staff were not completing the necessary checks on people throughout the night. We asked people if they felt safe living at Trepassey and about the frequency of night checks. One person told us, "I've been here for three weeks and feel completely safe." Other people said that they felt safe because staff were available through the call-bell system and monitored them throughout the night. Comments included; "I have a call bell, but I don't need staff at night" and "I know staff check on me at night because they open the door and have a look in." A relative told us that the staff were vigilant in monitoring their family member's safety. They said, "Yes, they watch out for [family member]." The acting manager told us that the frequency of checks at night had been reduced by a previous manager and remained sufficient. The frequency of checks was recorded in people's daily notes. Records indicated that all checks had been completed as required. None of the people that we spoke with or their relatives expressed any concerns regarding the frequency of night checks.

Prior to the inspection we received information of concern alleging that a member of staff had removed a call-bell cord in a person's room and that the person had subsequently been unable to summon help when they fell. We asked the acting manager about this allegation and they acknowledged that an incident had occurred where a call-bell was found not to be operating correctly following a person's fall. They assured us that there was no evidence that the call-bell had been deliberately disabled and that the necessary repair had been completed within 24 hours. Each of the rooms that we saw had a functioning call-bell system and none of the people that we spoke with reported any concerns in this regard.

Prior to the inspection we received information of concern which alleged that staff were reluctant to raise concerns and that when concerns were raised, the provider did not always respond to them appropriately. We saw that staff were vigilant in monitoring safety and acting to protect people from harm. The staff that we spoke with had completed training in adult safeguarding and knew what action to take if they suspected that a person was being abused or neglected. Each staff member told us that they would not hesitate to raise a concern and was able to explain how they could report outside of the service if necessary. There was a safeguarding audit tool in place to monitor any concerns and any actions which needed to be followed. There was evidence of a recent safeguarding referral which had been submitted to Wirral safeguarding adult's board.

At the time of this inspection Trepassey was undergoing a substantial re-development. A large part of the location was inaccessible due to building work. We looked to see if this presented any additional risk to people living at the service. We saw that the building work was effectively separated from the rest of the service and did not present any additional risk.

Individual risk was appropriately assessed and recorded in care files. We saw examples of risk being regularly reviewed in conjunction with care plans and with the involvement of people, relatives and care staff. In one example, risk in relation to infection had been reviewed and a requirement introduced for staff and visitors to wear personal protective equipment (PPE). We saw evidence that risk assessments were also undertaken and reviewed in relation to; moving and handling, nutrition, falls and skin integrity. Each of the risk assessments that we saw was sufficiently detailed to inform safe practice and was accompanied by records and charts as appropriate.

People were protected from the risks associated with the outbreak of fire because the service operated and maintained a range of safety equipment including; fire alarms, smoke alarms, extinguishers and specialist equipment to move people in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) in their care record and details of their needs in the event of a fire were summarised for use in an emergency. Detailed plans of the building were prominently displayed in the reception area.

Accidents and incidents were recorded in a sufficient detail and subject to analysis to establish if any trends were present. The analysis was aided by the production of spreadsheets and graphs. There were no obvious peaks or trends identified in the information that we saw during the inspection and so no changes in practice or the environment had been required.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. Each of the four staff records that we saw contained an application form, two references and a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS). A CRB or DBS check is used to help establish if a person is suited to working with vulnerable adults.

The service used a dependency tool to establish staffing levels. People told us that the current staffing levels were sufficient to meet their needs and we saw that staff were available throughout the inspection and able to respond to people's needs in a timely manner.

Prior to the inspection we received information of concern alleging that medication errors were being made on a regular basis. We spoke with the acting manager and a senior carer about this and looked at recent records. The acting manager was open and honest about previous medicines' errors and described what action had been taken to monitor performance and improve practice. This included regular competency assessments and retraining of staff following a change of pharmacy.

We checked to see if the improvements made at the last inspection regarding the administration of medicines had been maintained. We did this by observing the administration of medicines, checking storage arrangements, checking Medicine Administration Record (MAR) sheets, checking other records relating to the storage and auditing of medicines and speaking with a senior carer responsible for administration.

We saw that medicines were stored in a dedicated locked trolley which was kept in a locked treatment room. Facilities were in place for the storage and administration of controlled drugs. These are drugs with additional controls in place because of their potential for misuse. None of the people currently living at Trepassey were prescribed controlled drugs, but records indicated that they had been stored, administered and recorded correctly when they had been in use. The service had PRN (as required) protocols in place for pain relief and constipation. No covert medicines were being administered at the time of the inspection. Covert medicines are medicines disguised in food or drink and administered in a person's best-interests.

The MAR sheets that we saw had been completed fully and correctly. The stock levels of the medicines that we checked were accurate. However, we were told that one person had run-out of an indigestion medicine the night before the inspection. We saw that the same medicine was available as a homely remedy and that the medicine had been re-ordered.

The service monitored the temperature of the treatment room and the refrigerators used to store some medicines. However, it was clear from the records that one of the refrigerators or the thermometer used to record temperatures was not operating correctly. Records showed significant variation in temperatures since 20 February 2017. Some medicines may become ineffective if not stored at the correct temperature. We discussed this with the acting manager and a new refrigerator was ordered before the inspection was completed.

Is the service effective?

Our findings

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).

At the inspection in November and December 2015 we found that the service was not operating in accordance with the MCA. This was because people's capacity was not adequately assessed and this may have led to unlawfully depriving people of their liberty. During this inspection we checked to see what improvements had been made to the assessment of capacity, securing consent and records.

Staff were able to explain their understanding of the MCA and DoLS. Staff were also able to provide us with an example of a DoLS application which had been approved for someone living at the service. A mental capacity assessment had been completed and it was considered that the person was lacking the capacity to understand the risks associated with leaving Trepassey unsupervised. A DoLS authorisation request had been submitted to the local authority to restrict the person from leaving the service unsupervised as it was recognised that this would be in their best interest. However, there were no other 'decision-specific' capacity assessments in place for any other areas of the person's care and treatment. This was found to be the case in each of the care records that we saw. We spoke with the acting manager about this and explained that an assessment of capacity would be required in relation to a range of decisions for some people living at Trepassey to fully comply with the MCA.

We recommend the service reviews its assessment processes to ensure that they are compliant with best-practice guidance and the MCA.

People told us that they felt the staff were competent to deliver their care. Relatives commented, "I know staff do ongoing training and they seem very able" and "I think they have had training after a bad report. The care is now really good." We saw from records that staff had access to training in a range of subjects including; fire safety, first aid, moving and handling, mental capacity and working with vulnerable adults. Records indicated that the majority of training had been completed as required by the provider. Staff had access to formal supervision every six months and informal supervision as required. One member of staff commented, "We get enough supervision. It's every six months, but you can speak to the manager in between for support."

People also told us that they enjoyed the food at Trepassey. The majority of the people that we spoke with were very positive about the provision of food and drinks. We ate and observed lunch in the dining room.

The tables were well-laid with cutlery, place mats and linen napkins. The meal of home-made steak pie and fresh vegetables was flavoursome and nutritious. There was a choice of main meal and dessert. There was a very pleasant and unhurried atmosphere with people chatting to each other throughout the lunch. Staff were helpful and attentive to people's needs and water and hot drinks were readily available. We spoke to the chef who confirmed that the service operated a four week rolling menu and offered additional choices as required. We saw that people's personal preferences for food were displayed in the kitchen.

The people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. Some people had identified a named relative to communicate with. We asked people if they could see healthcare professionals when necessary. Each person said that they could access healthcare professionals when they needed and attended appointments with the support of relatives and staff. We saw evidence that people had engaged with healthcare services on a regular basis in care records.

Trepassey was not specifically adapted to meet the needs of people living with dementia although a number of people living there had the condition. We did see that the home was decorated with pictures of old film stars. These could be used to stimulate conversation or remind people of positive experiences, but we did not see them used in this manner during the inspection. We spoke with the acting manager about this and were assured that specialist advice would be sought as the building work progressed. We were told that the intention was to complete the extension with the needs of people living with dementia in mind, transfer people over to the new part of the building, then refurbish the older part and make improvements as necessary. This would include improvements in signage and equipment as required. The acting manager said, "The plan is to deliver a dementia-friendly environment."

Is the service caring?

Our findings

People spoke positively about the staff and their approach to the provision of care. One person living at the home said, "Staff listen to me. They are very kind and patient." While another person told us, "I hope everyone who comes here is as happy as me." A relative said, "It's difficult with all the building work, but we put up with it because the staff are so great." Another relative commented, "The place is brilliant. The staff can't do enough."

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. Staff demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would be most comfortable and why.

People living at the home that we spoke with said that they were encouraged and supported to be as independent as possible. Throughout the inspection we saw people using the facilities within the service independently. We also heard staff providing encouragement and guidance to people rather than completing tasks for them. For example, at lunchtime staff were available, but observed people and only offered assistance when required. People were given time to finish their meals at their own pace and eat independently. One member of staff told us, "I think it's good for people to do things for themselves."

The staff had a relaxed approach to the provision of care and support throughout the inspection. They told us that they had sufficient time to deliver the care that people needed and could sit and talk with people in between tasks. People had a choice and the option to refuse care if they wanted. One person said, "I decide what to wear each day." While another commented, "I feel I'm my own master."

Prior to the inspection we had received information of concern that people's needs in relation to personal care were not attended to in a manner which promoted their dignity and demonstrated respect. We spoke with the acting manager about the specific allegation. We were told that the allegation appeared to refer to a short-term practice which was adopted because continence supplies had not been provided for someone as they moved to Trepassey. We were assured that the practice was the most appropriate option under the circumstances and was stopped as soon the correct supplies became available.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing as required. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visitors and relatives at various points throughout the inspection. They told us that they were

free to visit at any time. People living at the home confirmed that this was the case.

We were told that none of the people currently living at the home were making use of the services of an independent advocate, but they had in the past. We saw from care records that people were able to advocate for themselves or had nominated a family member to act on their behalf.

Is the service responsive?

Our findings

At the inspection in November and December 2015 we found that the service was in breach of regulation because care records did not hold sufficient, current, person-centred information to inform care practice. At this inspection we looked at four care records in detail to see if improvements had been made and sustained.

We asked people and their relatives if they had been involved in their care planning and reviewing care needs. Some people explained how they had been involved and what changes had been made as a result. It was clear from the level of detail in the records that people had been involved. For example, one care record contained extensive details of personal preferences including; preferred night-time drink, preferred choice of biscuit and sleeping routine. We saw other care plans in relation to; showering, medicines, communication, mobility and eating and drinking. Care plans contained 'goals and outcomes', 'interactions and support required' as well as care plan evaluations. We saw that care had been reviewed regularly. However, it was not always clear from care records who had been present when care needs had been reviewed. We spoke with the acting manager about this who said that they would encourage staff to record who was present at review meetings in the future.

All of the people living at the home that we spoke with told us they received care that was personalised to their needs. People's rooms were filled with personal items and family photographs. We saw from care records that some people's personal histories and preferences were recorded. We saw that staff used personal knowledge in conversations with people. For example, one member of staff talked about a person's previous job and their hobbies and preferences. We saw that improvements had been made and sustained since the inspection in November and December 2015 and the service was no longer in breach of regulation in this regard.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

The service did not have an activities coordinator in place and people reported that this had a negative impact of people living at the home. There was limited detail throughout the care records in relation to individual activities, but staff did inform us that there was a range of different activities taking place throughout the week which some of the residents enjoyed. Activities had been reviewed following concerns being raised at a recent meeting. Activities included; bingo, quizzes, chair exercises, crosswords and puzzles as well as supporting people with going to the local shops and out for lunch. People also had access to television and radio if they preferred. The acting manager told us that, "Some people had become quite withdrawn, but we've introduced new activities to motivate people." People living at Trepassey and their relatives expressed concern that the ongoing building work would restrict their ability to access the garden in the summer. The acting manager told us that this was the case, but confirmed that discussions were taking place to offer alternative activities off-site until the work was completed.

The service distributed questionnaires to people living at the Trepassey and their relatives. The most recent questionnaire generated primarily positive comments with the exception of those relating to activities. The service also held 'resident and relative meetings'. We saw evidence that the proposed building work had been discussed as well as the dining experience and activities. In one example we were told that staff had been instructed to sit in the dining room with people even though they didn't need direct support to eat. This was because the room was quiet and lacking in stimulation. The acting manager said, "There's a lot more chat in there now."

A copy of the complaints procedure was displayed in the entrance hall and people told us that they knew who to complain to if they had any issues. However, records indicated that the service had not received any formal complaints recently. The acting manager suggested that some complainants may have gone directly to the management committee because of a lack of trust in the operation of the procedure under previous management. Each of the people that we spoke with and their relatives said that they could approach the acting manager with any concerns and had not felt the need to lodge any formal complaints.

Is the service well-led?

Our findings

A registered manager was not in post. However, an acting manager was in place and was applying to become registered with the Commission. We spoke extensively with the acting manager throughout the inspection. The rating from the previous inspection was clearly displayed near the entrance to the building. At the inspection in November and December 2015 we found that the provider was in breach of regulations relating to good governance. Specifically, the provider had not submitted notifications as required and did not have robust systems in place to monitor and manage risk at the service.

We saw evidence that notifications had been submitted appropriately since the inspection in November and December 2015 and the service was no longer in breach of regulation in this regard. However, we saw continuing deficits in audit processes which placed people at unnecessary risk of harm. Between the acting manager and the committee the service completed a wide range of safety and quality audits. None of the audit processes had identified the issues picked-up during this inspection. For example, the continued excessive water temperature at one outlet or the concerns with the temperature of the medicines' refrigerator. This demonstrated that the current arrangements for auditing safety and quality were not robust and had not improved sufficiently to protect people using the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that people living at Trepassey, their relatives and staff had not originally been kept informed about the plans to extend the building. Following a change in manager, one of the people living at the service was invited to act as the liaison with the builders and the committee. They were provided with information about the proposals and the potential impact of the work in both face to face meetings and through access to the plans. This information was then shared with other people using the service and their families at meetings. There was also a monthly newsletter which was circulated and visible around the service. This provided information about what stage the building project was at, what building work had already been completed, what was next to commence, timescales, site manager and contact details. Newsletter number five was on display in the lounge and entrance hall at the time of the inspection.

The acting manager dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide information and evidence on request and provided good leadership to staff. People living at Trepassey, their relatives and staff spoke positively about the acting manager and the impact that they had. However, more than one person commented that the trustees could do more to support staff. Comments included; "[Acting manager] has held it all together", "There is lack of evidence of support for staff during this difficult time [from the trustees]", "I would like to see staff have more support from the trustees" and "I think [acting manager] deserves a pat on the back."

The service was in the process of developing its vision and values to reflect the new building and the service that it would be able to offer. It was clear that staff understood that the service was evolving to meet the needs of people with more complex needs in the future, but it was equally clear that there was a

commitment to retain the homely atmosphere that they were proud of.

During this inspection we looked at records of provider visits and saw that they had been completed regularly. Recent unannounced visits by members of the committee explored the attitude and approach of staff, the atmosphere within the home, tour of the building and how it was maintained, review of food and drinks, activities and residents' views. We asked the acting manager if they felt that the committee provided the level of support and guidance required. They told us that they had a meeting every month and shared their own audits with the committee. They told us that they also had access to support from two other managers in the area and could email committee members if required.

The home had an extensive set of policies and procedures which had been recently reviewed. Policies included; adult safeguarding, MCA and whistleblowing. Policies were detailed and offered staff guidance regarding expectations, standards and important information.

Staff understood what was expected of them. They told us that they enjoyed their jobs and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. The acting manager told us that they had made a request for staff to visit the extension to Trepassey before the work was completed. This was to re-assure them and involve them in the planning process for the final fit and finish.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of scalding because hot water was accessible at excessive temperatures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected from risk because audit processes were not robust. Recent audits had failed to identify concerns with hot water temperatures and the operating temperature of a medicines' refrigerator.