

# Hightown Housing Association Limited

## 4 Trinity Court

### Inspection report

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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

This unannounced inspection took place on the 7 and 8 August 2018. 4 Trinity Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 4 Trinity Court accommodates up to six people with learning disabilities, older people or those living with dementia in one building. There were six people living there at the time of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

People's safety had been considered by the service, risk assessments both for care and the environment had been completed. These minimised the risk of harm to people. Staff had received training in how to protect people from abuse and guidance for reporting concerns was available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where required appropriate Deprivation of Liberty Safeguards (DoLS) had been submitted for authorisation. This protected people's human rights.

Support was offered to staff through training, supervision, appraisals and daily or monthly meetings. Staff told us they felt supported and appeared to be happy with their work. We found the provider needed to increase the availability of training so staff could complete this in a timely way. We have made a recommendation about this in the report.

Trained staff administered medicines. We observed there were sufficient numbers of trained and experienced staff to enable people to receive care when they needed it.

People told us the staff were caring, we observed positive and meaningful interactions between staff and people in the home. Systems were in place to ensure the risk of employing unsuitable staff was minimised.

People's healthcare needs were supported by the staff. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.

Care plans documented people's preferred method of communication. People had access to the information they needed in a way they could understand it. People's relatives were encouraged, where appropriate, to be involved in the planning and monitoring of the care provided.

Activities were provided for people to participate in. Families and friends were encouraged and supported to maintain contact with people. This protected people from the risk of social isolation.

People were treated equally, regardless of their disability, gender, sexuality, religion, race or age in line with the requirements of the Equality Act 2010. People's chosen lifestyles were respected and where staff could offer support to people they did.

People's nutritional needs were reflected in care plans and we observed staff supporting people to ensure their health and wellbeing was maintained.

Care was provided to people in a way that protected their privacy and dignity. They were respected by staff and treated in a dignified manner. Staff were described as caring by people's relatives, the registered manager and staff were held in high regard and we received positive comments about the service they provided.

Steps had been taken by the registered manager to review the service, through discussions with staff and people's relatives, questionnaires and audits. Where appropriate, improvements had been made. This enabled the registered manager to keep an overview of the service and to drive forward improvements when needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Care plans were detailed and risks associated with the provision of care and the environment had been assessed. This reduced the risk of people receiving inappropriate and unsafe care.

Information and training in the administration of medicines was available for staff, this meant the registered manager could be assured people were receiving their medicines safely.

### Is the service effective?

Good ●

Staff were supported to provide effective care to people through induction, training, supervision and appraisal. However, the arrangements for staff training could be improved upon.

The service was working within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This protected people's human rights.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

Staff knew how to protect people's dignity and privacy and demonstrated this throughout our visit.

### Is the service responsive?

Good ●

The service was responsive.

People participated in activities both in the home and in the wider community. This encouraged inclusion and protected people from social isolation.

Systems were in place for the registered manager to obtain feedback on the quality of the service. This helped drive forward

improvements.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager encouraged an honest and open approach. Their determination and management style benefitted those people living and working in the home.

The registered manager provided effective leadership and management. This was valued by the staff and people using the service. There was a shared philosophy of person-centred care, which enhanced the service to people.

# 4 Trinity Court

## **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 7 and 8 August 2018 and was unannounced. One inspector carried out the inspection.

Prior to the inspection, we reviewed the information we held about the service, this included notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We reviewed the information sent to us in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We covered these areas during our inspection.

During the inspection, we viewed the service and observed how care was provided to people. We spoke with four staff members including the registered manager, two care assistants and a support worker. We also spoke with a visiting advocate. During our visit we were not able to speak with all the people who were present in the service due to communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection, we spoke with two relatives of people living in the service and one local authority professional.

We reviewed various records of care including three people's care plans. We also examined medicines documents namely medication administration records (MAR). We read documents including audits and records related to the employment of two staff and the operation of the service.

# Is the service safe?

## Our findings

One person's relative commented on the safety of the service; they stated "I do believe she is safe living there. They [staff] are very quick to act on anything that crops up and put it right. ... They all live on the ground floor so that is safe and whenever [named person] goes out she has two staff to support her."

People's safety and well-being had been considered by the service and steps had been taken to minimise the risk of harm. People had risk assessments in place for areas such as falls, moving and handling and medicines, amongst others. One person had a health condition; there was no risk assessment or care plan in place to support the person with this specific health need. Without clear risk assessments people were in danger of receiving inappropriate or unsafe care.

We spoke with the registered manager who understood our concern. By the second day of the inspection, training had been arranged for staff and the local Clinical Commissioning Groups' Practice Guidelines for people who were living with this condition had been sourced. The information contained in the guidelines would enable the staff to complete a care plan and risk assessment relevant to the needs of the person. We were assured this would happen as soon as possible.

Staff had received training in how to protect people from abuse. They were clear about how to identify indicators of abuse, and what action they would take if they had concerns. The process for reporting concerns to the local authority was clearly visible on the wall in the office. Where safeguarding concerns had been raised these were reported to the local authority and to CQC.

Trained staff supported people with medicines. Medicines were stored securely in locked cabinets. Records of the medicines administered were up to date and accurate. Protocols were in place for as required medicines, for example pain relief. Photographic identification was available for all people receiving medicines and allergies were recorded. Documentation for creams or lotions was available and we saw that administration records were up to date. The opening date of creams was recorded to assist staff to recognise when the shelf life of the cream or lotion would end and it would need replacing.

The gas and electricity supplies and equipment used in the service had been regularly serviced and maintained. This protected people from the risk of harm from unsafe utilities and equipment.

The provider had employed the services of an independent consultant to complete a fire risk assessment. We reviewed the fire procedures and the documentation related to fire evacuation. Records showed fire evacuation drills had been carried out during the day. However, there had been no fire drills carried out at night although staff had talked through the actions they would take. Without involving the people living in the service, staff would not be aware of any unforeseen problems.

The previous policy of people being left in their bedrooms and awaiting the arrival of the fire service to intervene was changed in 2017. We were not confident based on what we read and what the registered manager told us the premises could be evacuated safely at night in the required two and half minutes.

Following the inspection, we contacted the fire and rescue service. They told us they would visit the service and review the content of the fire evacuation procedure with the staff. They had contacted the provider to ensure, whatever measures were adopted, people would remain safe within the service.

Records related to the running of the service and personal information about people were stored in locked cupboards. Staff were receiving training on The General Data Protection Regulation (GDPR). This became law in May 2018. The regulation is a new way of governing the privacy and security of personal data laid down by the European Commission. This requires information related to individuals to be stored securely, individuals can ask for information held about them to be deleted. The registered manager had considered how information was stored and who had access to it. This protected people's right to privacy.

Staffing levels were sufficient to meet people's needs. There were vacancies within the staff team. These were covered by bank staff. A deputy manager was due to start work in the service soon. People's relatives told us the service would be improved if more staff were employed. This would enable people to have more individual time with staff. However, they did feel people's individual needs were being met by the staff in the service.

When bank staff were employed by the provider the human resources (HR) department were responsible for carrying out the recruitment process. When bank staff applied for permanent positions they completed an application and were interviewed by the registered manager. If successful, their employment records were transferred across from HR to the registered manager of the service.

We found records were not always consistent with safe employment processes in these instances. For example, one staff member had gaps in their employment history which had not been explored, another did not have any professional references only personal references. This meant the provider could not be confident of the reasons for staff leaving their previous posts or how the time between employment had been spent. We discussed this with the registered manager. They contacted the HR department with a view to obtaining the missing information. The registered manager assured us in the future they would be checking HR's recruitment practices were meeting the required standards.

Where staff had been recruited by the registered manager, we found the checks were appropriately carried out. Investigations included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. This process reduced the risk of unsuitable staff being employed by the service.

Where accidents or incidents occurred, these were recorded by staff and reviewed by the registered manager. Where required, action had been taken to prevent a reoccurrence.

We saw personal protective equipment (PPE) was available for staff. They told us they used aprons and gloves when assisting with personal care. This protected people and staff from the risk of infection.

Systems were in place to prevent the spread of infection. For example, cleaning items such as cloths, buckets and mop heads were colour coded. Staff received training in infection control and were knowledgeable about how to prevent the spread of infection.



# Is the service effective?

## Our findings

Prior to moving into the service, each person had their needs assessed. This was to ensure the service was equipped to meet their individual needs. We discussed with the registered manager how they ensured there was no discrimination, in relation to protected characteristics under the Equality Act, when making care and support decisions for people. They told us this involved understanding the needs of different cultures, religions and chosen lifestyles. Only one person living in the service could express their preference in relation to their chosen religion. Staff supported the person to attend services and to pray. They were actively involved in their church.

Staff received training on equality and diversity. This enabled them to understand and respect people's preferences and needs and their protected and other characteristics under the Equality Act. For example, age; disability; gender reassignment; marriage and civil partnership; race; religion or belief; sex and sexual orientation. Where people required private time alone, this was respected by staff and facilitated. One staff member told us "We treat everyone equally as individuals." The registered manager told us "We build support around the person depending on their needs." This ensured people were treated fairly and their chosen lifestyles were respected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. During the inspection one person's advocate visited the service to speak with them and to check whether the conditions of the DoLS was being met by the service. They told us the conditions were being met.

People's mental capacity had been assessed in some areas of their lives. Where appropriate best interest decisions had been made through communication with other relevant parties. Where a deprivation of a person's liberty was deemed necessary to keep them safe, these had been applied for. Some had been approved whilst others awaited approval.

Staff told us and records confirmed they had received training on MCA and DoLS. Staff we spoke with were knowledgeable about this area of legislation.

Records were up to date and accurately reflected the care being provided. Care plans were reviewed regularly. Relatives confirmed they were invited to discuss the care plan and the provision of care once a

year. One relative told us "They have reviews every year. We go and they go through the care plan and make sure everything is correct."

Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required additional equipment or resources to enable them to eat and drink this was provided. People who experienced unwanted weight loss were provided with fortified foods. Staff were aware of how to fortify food and how this benefitted people. Where people's weight which was monitored regularly caused concern, staff referred people to the GP for expert advice from suitable health care professionals such as dietitians.

We observed how care was provided during a meal time. We saw people were well supported to eat and drink safely. Staff had considered people's positioning, and they were supplied with food and drink in a way that suited their needs and at a pace that was appropriate to them. People's food and drink preferences were documented and staff were aware of what foods people enjoyed. Where people required food to be pureed or drinks to be thickened, this was carried out by staff to ensure as far as possible the risk of choking was minimised.

The provider supported staff with training in the areas they deemed as mandatory learning, for example, moving and handling, safeguarding, fire safety and infection control. We found out of 12 staff none were completely up to date with training in all areas. However, staff were knowledgeable about the expectations of their role. One problem we established was although staff had attempted to apply for specific training sessions, these were oversubscribed. The provider was not delivering sufficient numbers of training sessions to facilitate learning for staff in a timely way. When attendee lists were full, staff were added to waiting lists. This meant it was difficult for staff complete all the mandatory training in the required time frame.

We recommend the provider reviews the supply and demand for staff training to ensure there are sufficient numbers of suitably trained staff.

Staff also received support through supervision. The supervision matrix evidenced staff had received supervision every two months. Staff confirmed they felt supported by the registered manager; they told us the registered manager was accessible for advice and guidance.

People's healthcare needs were supported by the staff. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. For example, people with epilepsy were supported by a specialist epilepsy resource. Guidance given to staff by external professionals was documented and implemented in the care provided. For example, the Speech and Language Therapist (SALT) had assessed swallowing difficulties and made recommendations such as the consistency of food and the use of thickener in fluids. One relative told us how they and their family member were supported by staff to attend appointments. Records had been maintained of the person's health and this was shared with the health professional. Best interest decisions were made about what course of action or treatment should be followed to improve or maintain the person's health.

The registered manager told us how whilst completing their Level 5 Apprenticeship in Health and Social Care, they had researched sensory rooms and their benefit for people with sensory disabilities. As a result, they had improved the equipment and the resources available to people within the service by improving the sensory room. People could benefit from sound, light and different tactile equipment whilst enjoying relaxation or entertainment. The use of this equipment enhanced the delivery of care to people.

## Is the service caring?

### Our findings

The registered manager and staff were described as "very good", "Brilliant...very caring" and "Wonderful" by people's relatives and advocate. We observed staff interacting in a kind and meaningful way with people. One person's advocate told us during their visits to the service they had witnessed "Very nice individual relationships develop between clients and staff...The staff are very caring, they know individual people well and tailor things accordingly."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was working towards being compliant with the standard. People had access to the information they needed in a way they could understand it. For example, one person had a picture board, this was used by staff to help the person anticipate what activity was going to happen next. For example, dressing, meal or outing. Most people could not understand the written word, however staff used verbal communication throughout our visit with people. People responded well to staff interaction. In the Provider Information Return (PIR) the registered manager had documented their intended "Implementation of communication cards to ensure that all people that use the service are given preferences and choices in picture format to aid communication and choice." Whilst some people would be able to interpret the pictures, not all had this ability.

Care plans documented people's preferred method of communication, for example for one person it described how the person communicated using hand gestures. When the person was given verbal information, staff were to check they understood what information was being shared with them. In this way the person could make themselves understood and could understand the information being communicated with them.

We observed how staff preserved people's privacy and dignity. They spoke to people by matching their eye level. Conversations were discreet and when people needed support there was no fuss made. Staff told us they protected people's privacy and dignity by ensuring people were protected from outside observers when carrying out personal care. They treated people with respect by being friendly and understanding. One staff member told us they did this by "giving them options and taking my time, people don't want to be rushed."

People were encouraged to be as independent as possible. One staff member told us when they were supporting a person to dress they would touch the person's hand to indicate they needed to put their arm in the shirt sleeve. The PIR refers to people's independence as "Their [people living in the service] contribution is valued no matter how small, this may mean just holding their clean laundry on their lap whilst staff support them to their bedrooms to help put it away." By each person being encouraged in this way, the service had developed a person-centred approach, focussing on people's abilities and participation.

People's relatives were encouraged, where appropriate, to be involved in the planning and monitoring of the care provided. One relative told us "All the staff are trained to know what to do when any of the residents have a seizure. When I go over [visit the service] if I have any queries they are listened to and they do their

best to answer them." The relatives told us they felt their opinions were listened to and taken seriously. One relative said "I can look at the care plan any time I like. I can visit any time I like. The staff are very friendly, they give good explanations whenever I ask a question."

People's relatives told us of instances when staff had gone over and above their expectations. One relative told us their family member was admitted to hospital, the staff at the hospital did not know how to support the person. The relative was extremely concerned and spoke with the registered manager of 4 Trinity Court. A member of staff was sent to support the person in hospital. In this way both the person's physical and emotional needs were met.

A relative told us "The staff are wonderful, they are special people. The kindness they show not just to the residents but to me too. Last Sunday I was 90 years old. I was very surprised as they held a little party for me." It was clear speaking with the person they were overwhelmed by the kindness of the staff. When we spoke with the registered manager they told us this was something they wanted to do for the relative because it was a special occasion. This demonstrated the attitude that people in the service and their families mattered.

## Is the service responsive?

### Our findings

People's relatives told us there were sufficient activities for people to enjoy both within and outside of the service. The PIR stated "All clients have their own lifestyle plan which is individual to them. Due to the age and health needs of the clients it is important that not all activities are focused outside the home." Activities such as baking and sensory story sessions were offered in the service. Other activities included swimming for one person, for another attending arts and crafts sessions. One person's advocate told us "[named person] has a full schedule. He has been very vocal about what he likes and those he doesn't. He is very much looking forward to going to an air show next month." Other activities included shopping, visiting the pub and meeting up with friends. Family members were made to feel welcome and could visit at any time. This was important to protect people from boredom and social isolation.

Due to the size of the service and the regular contact with most relatives, feedback was gained frequently through discussions. As relatives were present in the service it meant they could judge the care being delivered and assess whether it was in the person's best interest or make suggestions of how things could be improved. One relative spoke about the skills staff had in anticipating a deterioration in the person's health condition. They told us how staff acted quickly to seek medical help when necessary. They were aware of the work individual staff were carrying out to improve the care to their family member. They told us they were included in decision making about the care. This was echoed by another person's relative. One person's advocate told us if they ever had cause to telephone the service and the registered manager was not available, they always followed up by returning the call. They were described as very responsive in this regard.

People's relatives told us they knew how to complain but had not had to do so. They felt because of the accessibility of the registered manager they could discuss any concerns or issues and these were dealt with quickly. The provider's PIR stated "The Complaints policy is also an example of written guidelines that inform staff how to manage a complaint. It is accessible to all. Copies of the Complaints Procedure is located in the client's folders, at the front door for visitors, in the policy folder and on the intranet for staff." There had been no complaints at the time of our inspection, but staff told us they knew how to manage a complaint if one was to be made.

People's relatives and staff told us there was an open and honest culture within the service. One relative said "[Registered manager] says if she has slipped up." Staff told us the culture was "Very open", "Lively" and "Positive." The registered manager was accessible and approachable and this assisted with the sharing of information and a strong team ethos.

We noted in the care plans there was a lack of information for people regarding end of life care. We discussed this with the registered manager. They told us this was a complicated and delicate area of care. Because the people in the service were unable to express how and where they wished to be cared for at the end of their lives, any input regarding end of life wishes were from family members. The provider had put together a steering group of managers to look at the most appropriate and effective way of designing end of life care plans for people. This was work in progress at the time of our inspection.

## Is the service well-led?

### Our findings

The building provided accommodation on the ground floor. It was well maintained with gardens to one side and parking for visitors. The environment was clean and comfortable. It had a relaxed feel which was friendly and responsive. People's own bedrooms which had been personalised to reflect their choices and lifestyles.

We received positive comments from staff and relatives in relation to the way the service was managed. These included "The manager is down to earth, it is great having a manager who connects with staff and service users and who you can talk to", "The home is better managed now than it ever has been", "If you have niggly things to get off your chest she [Registered manager] is a really good listener. You can raise concerns about clients, you can raise anything you want to try or ideas you've got. She is very supportive, she is amazing really."

The registered manager was keen to encourage staff to understand how the Health and Social Care Act applied to the service being provided to people. In pairs, the staff were asked to produce a power point presentation using evidence from the service and relating this to the Key Lines of Enquiries (KLOES). The KLOES are used by inspectors to answer the five key questions: is the service safe, effective, caring, responsive and well-led? We could see from the results a lot of effort had gone into the presentations which were professionally portrayed. This also supported staff to understand the inspection process.

Staff morale was positive. From our observations although staff were very busy they appeared well organised and enjoyed their work. They told us "We work well as a team. Never at any time if you feel you are struggling are you on your own. Someone will lend a hand" and "We have a good strong team, they are brilliant I can't fault them. Any issues we all pull together."

We explored with staff what the vision of the service was; they told us "The aim is to make sure clients get the best care possible and live the best life." Staff felt they were achieving this. One staff member told us "The staff here are committed to getting the best results for the clients."

Providers are required to comply with the Duty of Candour Regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

The registered manager was familiar with the requirements of the Duty of Candour. One incident had required duty of candour to be implemented, records showed this had been completed in line with the Regulation. We discussed with the registered manager how training for staff would benefit the service. Duty of Candour is a shared responsibility for staff at all levels. They agreed to discuss this with the provider.

Audits were carried out to ensure the quality of the service met with expectations and were safe. These included audits of medicines, health and safety, infection control; accidents and incidents, amongst others. This enabled the registered manager to assess the quality of the service and act when necessary. The Care and Supported Housing (Contracts) Manager completed two further audits a year to ensure compliance with expected standards. Further monitoring took place by the local authority contract monitoring visit. The most recent was completed in June 2018, where the service was found to meet the required standard.

The service obtained feedback from people's relatives about the way the service operated. This was done through conversations and the completion of questionnaires. Staff could feedback daily and were offered the opportunity to complete questionnaires from the provider. This enabled the provider to drive forward improvements to the service where this was possible and appropriate.

The service worked in partnership with other organisations to enable the care provided to be relevant to the people living in the home. For example, mental health services, speech and language, GP services and the local authority. This cooperation ensured people's health and social needs were met in a timely way.