

Networking Care Partnerships (South West) Limited

Trianon

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

About the service:

Trianon is a care home that provides personal care for up to six people with learning and physical disabilities. The service is provided in two semi-detached bungalows which have been adapted into one. All bedrooms are for single occupancy. At the time of the inspection, five people were living at the home.

What life is like for people using this service:

We were introduced to people throughout our visit and made to feel welcome. Although people were not fully able to tell us about their experiences, we had brief conversations and everyone looked comfortable and relaxed in the presence of staff.

People were cared for by a consistent and motivated staff team who had received sufficient training to carry out their roles. Staff demonstrated an excellent understanding of safeguarding and whistle-blowing and knew how to report concerns. Medicines were well managed and people received their medicines as prescribed. Robust checks were in place to identify and take actions when shortfalls were identified.

People were helped to exercise support and control over their lives. Staff supported and encouraged people to be as independent as they could be. The service has been developed and designed in line with 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 using the service can live as ordinary a life as any citizen.

People were supported to access health care services and regular visits were undertaken by the GP. People's dietary needs were comprehensively assessed and people received support to eat and drink.

People received care that was kind, compassionate, respectful and responsive to individual needs. Care plans were detailed and reviewed each month. People and relatives were asked for feedback and knew how to complain. No-one was receiving end of life care at the time of our inspection visit.

The registered manager had a clear vision which they expressed with great enthusiasm about the quality of care and service they aimed to provide.

The service worked in partnership with other organisations to make continuous improvements and develop best practice.

Everyone we spoke with told us how much the service had improved since the registered manager had been in post. Comments included, "She's just marvellous" and, "We started to see significant improvement in short timescales under her management."

The service met the characteristics of Good in all of the key questions we inspected. Therefore, our overall

rating for the service after this inspection was Good.

More information is in detailed findings below.

Rating at last inspection:

Requires Improvement (report published in February 2017).

Why we inspected:

Services rated "requires improvement" are re-inspected within one year of our prior inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Trianon

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. This inspection was planned 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:

The inspection team consisted of one inspector.

Service and service type:

Trianon is a care home that provides personal care to people with learning and physical disabilities. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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:

The inspection was unannounced so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we met with everyone who lived in the home, and spoke briefly to two people. We observed how people were being cared for in their bedrooms and in communal areas. We spoke with the registered manager, a deputy manager from one of the provider's other local care homes who was working in the care home on the day of our inspection, and five care staff.

We reviewed a range of records that included two care plans, daily monitoring charts and medicines

records. We checked staff supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

After the inspection we received feedback from two relatives and three health care professionals and obtained their views about the service.

Is the service safe?

Our findings

Safe-This means we looked for evidence that people were protected from abuse and avoidable harm.

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

At our last inspection in December 2017, this key question was rated Requires Improvement. This was because medicines were not always safely managed and staff were not always safely recruited. These amounted to breaches in Regulations 12 and 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also recommended that the provider reviewed staffing levels. At this inspection we found significant improvements had been made that were fully embedded within the service. Therefore, the rating for this key question has improved to Good.

Systems and processes to safeguard people from the risk of abuse.

- Relatives told us they felt their loved ones were safe with comments including, "All I can say is everything I see and hear feels right and correct. They do everything right," and "Yes, the service is brilliant now."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance, with external contact details was readily available to them.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, choking, moving and handling, mobility, malnutrition and dehydration.
- Risk management plans clearly set out in detail the actions needed to mitigate the risks identified. These included completion of monitoring charts for food and fluid intake and for change of position. The monitoring records we checked were fully and accurately completed and up to date. These also included details of equipment such as bed rails, pressure relieving equipment, hoists and specialist seating. A relative told us staff safely supported their loved one to move and transfer with a hoist, telling us, "There is never any rush. It's all done to the letter to make sure (it's safe). They talk to [name of person] and don't make it a chore."
- The premises were safely maintained and regular checks were completed that included electrical, gas, legionella control and fire safety. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. Equipment, such as hoists were regularly checked by external contractors.

Staffing and recruitment

- During our inspection, the atmosphere in the home was calm and staff were not rushed. Two people, each supported by a member of staff went out of the home for the morning.
- Staff told us staffing levels were safe and sufficient to meet people's needs. A member of staff commented, "It's so lovely to work here now. There's enough staff and [registered manager] is very hands on, there's always extra support if we need it."
- Support was provided by a consistent team of staff who were familiar with people's needs. In addition, the

provider had a 'rota' system in place across their services where deputy managers provided additional support when it was needed. On the day of our inspection, a deputy manager from another service was working at Trianon for the day. They were clearly familiar with people's needs and knew the staff team well.

- Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Sufficient storage was provided and systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided comprehensive details about each person, how they were able to take their medicines and details about the medicines prescribed. For example, one person's records stated, 'Is able to manage taking medicine in tablet form with food.' Risk assessments included identification of the risks of people not taking their medicines as prescribed. Records were fully and accurately completed.
- Where people were prescribed medicines to be taken when they were needed, for example, for pain relief, the records provided details of how the person communicated if they were in pain.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- Actions had been taken to improve the infection control measures in place in the laundry room. Additional equipment had been purchased since our last inspection to enable safe separation of 'dirty and clean' laundry.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The registered manager analysed information to identify trends and themes within the home, so that actions could be taken to prevent or reduce recurrence.

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 available evidence.

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. In addition, visits to the home were arranged, if appropriate. For one person, pre-admission visits were not appropriate so staff visited the person on a number of occasions.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattress and support to change position.
- For people with complex conditions, and conditions that required specific intervention, the records were very detailed. For example, for a person who had seizures on a regular basis, assistive technology, linked to a pager, alerted staff. The care records provided details of the specific signs and symptoms the person may display, and actions staff should take to make sure the person received the care and support they needed.
- People's needs were reviewed on a regular basis and when their condition changed. Relatives told us they were confident staff recognised when people weren't well and that appropriate actions would be taken. A relative said, "Anything that is going on they tell me about and ask my opinion." A health professional commented positively about the management of a person's health condition that had been, "Followed up promptly with a range of professionals to ensure a good outcome for the service users. There are no remaining concerns about the quality of care at Trianon."

Staff support: induction, training, skills and experience

- Relatives told us people's needs were met and said, "You can tell that they're well-trained the way they do it (provide care). They know exactly what they're doing."
- When new staff started in post they completed a thorough induction. A recently appointed member of staff told us they felt well-supported and had received an 'excellent' induction, that was detailed and comprehensive. Refresher and update training was planned and accurate records were maintained.
- Staff received regular supervision. Staff said they felt more supported since the current registered manager had started in post. They told us there had been 'huge' improvements in staff morale and they were, "Very well supported," and, "We are given the opportunity now to say what we think. It's 100 per cent better."

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy and nutritious diet. Staff told us how they supported people to express their views and decide what they wanted to eat and drink. Menus with pictures were available and shown to people to help with decision making.
- People were supported to eat and drink, with clear guidance about the specific support needed, written into people's care plans. When people lost weight, actions were promptly taken. For people who were at risk

of choking, external health professionals had been consulted and guidance provided details about how people should be supported with their seating position when they were eating and drinking. In addition, advice was provided about the provision of modified/softened foods and thickened fluids. The home had also implemented recent nationally recommended changes for the provision of softened foods.

- People chose where they wanted to eat their meals. One person preferred not to eat with other people in the dining room, and we saw them being supported with their lunch, in the kitchen. Staff told us they would, "Rather be away from the other people when having meals."

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

- The service made sure everyone living in the home had access to opticians and chiropodists, physiotherapists, community nurses, community learning disability teams, occupational therapists, social workers and mental health teams. They also received regular visits from their GP.

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

- Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected.
- External health professionals commented very positively about the service provided. Feedback included, "At the last visit [registered manager] showed excellent knowledge of the service users in her care and explained how she was managing an issue relating to one service user's health by following up promptly with a range of professionals to ensure a good outcome for the service user."
- One health professional also confirmed that additional risk assessments for malnutrition screening and tissue viability had been recently implemented. We saw these were fully completed, with management plans in place where needed.

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

- There was homely feel throughout the home. A health professional commented about the recent improvements, noting the home had become 'bright, clean and tidy'. Bedrooms were personalised and where people had chosen specific colour schemes, the actual shades of the chosen colour had also been agreed.
- At the time of our inspection, there was 'work in progress' to the sensory room that was being re-decorated.
- The communal areas were arranged to be as 'clutter free' as possible to enable safe access for people and their wheelchairs.
- There were plans to enhance the external areas of the home, that included the introduction of vegetable patches. An external 'summerhouse' style building was used for musical events and evenings.

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

- 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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. Throughout the inspection, we heard staff asking people, and checking that they understood what was being said and planned, before they provided the supported needed.
- 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). DoLS is a framework to approve the deprivation of liberty for a

person when they lack the mental capacity to consent to care and treatment.

- Where there were restrictions on people's liberty, these had been authorised or applications were being processes, by the local authority. A representative for one person with a DoLS in place told us there had been significant recent improvements and greater involvement of external health professionals that had resulted in improved health outcomes for the person.

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.

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

Ensuring people are well treated and supported: respecting equality and diversity

- People looked comfortable with the staff that supported them and staff were very attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "Whatever people want, we try and do. It is great to see people happy and enjoying their day."
- Relatives told us the staff treated people well with one relative commenting, "Just natural. It's just how they are. It's all done very naturally because they love their clients."
- Throughout the inspection, people were treated with kindness and patience. Two people who returned to the home in time for lunch, after going out for the morning, were warmly greeted on their return. Staff took a keen interest in finding out details of their morning activity. The staff who had accompanied people on their outings supported them to express their views.
- People's birthdays and other 'special events' were celebrated. For one person's birthday a relative told us, "It's just like a family home. It's her home. It's where she lives. She has all these lovely carers and they checked what she felt like doing." The relative told us the day included a birthday tea and a disco. They told us the staff had been, "Planning it for ages."

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

- Most people needed support to make decisions about their personal care, where they spent the day, preferred activities, outings and therapies. Care plans recorded how people and their relatives where appropriate, had been involved, and how they were supported to contribute to their care plans.
- Staff had got to know people really well, and told us they understood how people wanted to be care for. The care plans provided details of what was important to each person with records including, 'Keep to my set routine,' 'Staff to ask direct questions so I can reply,' and, 'I will indicate to staff when I am anxious by clenching my fist.'
- People were supported to express their views in surveys. The most recent survey showed how information had been gathered and who had been involved. For each of the questions asked, the registered manager had analysed the information and feedback and actions were planned. This included, 'Not all service users are able to communicate if they are happy with the staff who support them at Trianon. Alternative communication systems have recently been introduced such as the staff picture board and staff picture book to communicate who is on shift and when. The aim of these communication systems is to let the service know who is supporting them as well as to try to promote choice on who they would like to carry out their support.' The staff picture book also provided snippets of personal information about each staff member.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was maintained. Staff had received training in maintaining dignity and privacy and organisational policies and procedures were in place.
- Feedback from a health professional included, "The staff working within this home are clearly very caring and place the residents at the centre of their support".
- People were supported to be as independent as possible. One person's mobility had improved because of the additional physiotherapy they had received. In addition, staff supported the person and reminded them, as they walked, about how best to use their mobility aid.
- Relatives were made welcome when they visited. One relative told us, "Yes we all sign in the book. They always talk to us and are really friendly and tell us what [name of person] has been up to. We can see a difference straight away. She is happy now. She used to cry a lot, before [name of registered manager] took over."

Is the service responsive?

Our findings

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

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

At our last inspection in December 2017, this key question was rated Requires Improvement. This was because improvements were needed to make sure people had access to meaningful activities, both in and out of the home. At this inspection, significant improvements had been made and people had access to a wide range of stimulating and meaningful activities. Therefore, the rating for this key question has improved to Good.

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

- People were supported to communicate in ways that were meaningful to them. Their communication needs were identified and recorded in care plans and staff understood the Accessible Information Standard. Pictures and symbols were used in signage, and in peoples care and activity plans.
- Opportunities were taken to make sure people's views and preferences were known and understood. Care plans were personalised and provided details of how to support people to meet their individual and assessed needs. For example, to support one person with bathing, their plan included, 'I enjoy a bath every other morning. I like to have additional baths as I enjoy the sensory aspect of the products used and I like to listen to music. I will have this in the afternoon, as this relaxes me.'
- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs. This gave staff the opportunity to update and share information relevant to that day and to discuss how people's needs had been met.
- The activity and engagement programme had been significantly improved since our last inspection. The programme was flexible, individual and designed to meet each person's needs. A member of staff told us how they supported one person during the day to go to 'cookery club' at the local community centre and to 'rugby club' evenings. Feedback from relatives and external health professionals included, "Activities have increased significantly in the last six months including a holiday to an activities centre in Cornwall and very personalised activities locally. Sensory equipment and new furniture has been purchased recently to assist with making [name of person]'s room much more personalised to her needs," "The registered manager reviewed the activities for service users and we saw evidence of meaningful activities being provided... service users appeared happier, more engaged in conversation with staff and visitors and you could see positive outcome in comparison to previous visits," and, "The activities are brilliant, but it would help her a lot if they had a hydrotherapy pool. Apart from that, everything is alright and I'm really happy."
- Staff spoke proudly about the care and the activities they were now providing. A member told us, "It is so good now and we really feel our manager is helping us to do the very best we can for our service users."

Improving care quality in response to complaints or concerns

- The registered manager told us they had received two complaints in the last 12 months. These had been responded to in accordance with the provider's complaints procedure that was easily accessible and available. They told us they regularly spoke with people who used the service and their relatives and

regularly checked and actively welcomed feedback about the service provided. It was clear on the day of the inspection the registered manager was actively involved in day to day activity and had developed good relationships with people and staff.

- A relative told us they would have no hesitation about making a complaint if they needed to. They told us, "Definitely, that wouldn't be a problem at all if I have anything to say or ask."

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, staff had received training and a member of staff told us about the end of life care they had provided for one person. They told us how they had worked closely with the hospice nurses who had praised them for the quality of care they had given.

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.

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

At our last inspection in December 2017, this key question was rated Requires Improvement. This was because the provider's quality assurance systems had not always identified the areas for improvement we had found. This was a breach in Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made. The improvements were being sustained and were fully embedded within the service. Therefore, the rating for this key question has improved to Good.

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

- The registered manager and the staff team had a strong focus on making continuous improvements to the service people received.
- Relatives and visiting health professionals spoke highly of the registered manager and told us about many improvements made since they started in post. Comments included, "A great deal (of changes). She is marvellous. I feel so content and happy. There are no worries at all. She is very natural but efficient at what she is doing," and, "I would like to start by saying how much this service has improved under new management."
- Staff were motivated, spoke positively and felt well supported. It was clear they had excellent relationships with the registered manager. They told us, "Since [name of registered manager] has been here, it's been amazing. People are going out a lot more. Staff morale is good. It's lovely to work here now" and, "Hand on heart I can't find one negative with our manager. She's direct, but friendly."

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

- All staff were clear about their roles and responsibilities. Clear guidance was provided by the management team, supported by regularly updated policies and procedures.
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken that included care records, medicines management, health and safety and staff recruitment. Improvement plans were developed where areas for development or improvement were identified. The improvement plan included monitoring of changes implemented following our last inspection, to make sure the improvements were being sustained and fully embedded.

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

characteristics

- The service actively encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys were completed for people using the service. The most recent survey provided details of how responses had been gathered for people who were unable to communicate verbally. For example, one person used a nod of their head and a 'thumbs up' to confirm when they were happy. For other people, views from relatives and from staff were included and used to help develop action plans. For example, in response to questions about the environment, a person's bedroom was decorated, a 'daily walk around' sheet to check for cleanliness was implemented and communal space had been reconfigured to provide more choice and options for people.
- Staff meetings were held on a regular basis and staff felt valued and confident their views and feedback would be listened to and acted upon. Staff completed surveys and were confident their views, opinions and feedback would be listened to and acted upon. Following the most recent survey, staff had expressed concerns about the time it took to go to local shops for 'routine' food shopping and for household cleaning products. Changes had been made and purchases were completed 'online.' This resulted in staff having more time to spend with people and for making shopping trips more meaningful and personalised.

Continuous learning and improving care and working in partnership with others

- The registered manager and staff team had developed good working relationships with external health professionals. We received positive feedback that included, "The staff appear to have a very good rapport (with the person). Communication from the home manager has significantly improved in the last six months."
- The registered manager and care staff worked in partnership with others. This included proactive working with Devon County Council quality and improvement team. They also received regular monitoring visits from the providers operations director and quality assurance team and shared training sessions with the provider's other local care homes.