Trident Reach The People Charity

Trescott Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 3 November 2016 and was unannounced. We last inspected this service in March 2016 where we identified a breach of regulation because the manager working at the service was not registered. The registered provider was no longer in breach of this regulation as the registered manager had completed their registration in July 2016.

Trescott Road is a care home without nursing for up to seven people who live with learning disabilities and autism. At the time of our visit there were six people living at the home. The property is a purpose built home with accommodation on two floors and a stair lift to facilitate access.

There was a registered manager in place who was present throughout our inspection. 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 and their relatives told us that they felt safe living at the home. Staff we spoke with were aware of the types of abuse people were at risk of and how to report allegations or suspicions of abuse.

People's risks were managed safely with the support of staff who had a good understanding of people's support needs. Fire safety procedures had been discussed and practiced with people using the service.

Although action was taken to prevent the reoccurrence of accidents and to monitor risks to people using the service, records did not always reflect this practice. People could not be confident that they would always receive their medicines and prescribed creams safely.

People were supported by sufficient numbers of staff who had been suitably recruited, to meet people's needs and participate in activities with them.

People were supported by staff who felt supported in their roles and demonstrated a good understanding of people's needs and preferences, although not all staff had received required training for their roles. Staff meetings and handovers provided staff with the opportunity to receive and share updates about people's needs.

People were supported in line with the principles of the Mental Capacity Act (2005). People were encouraged to make their own choices and decisions.

People were supported to eat and drink in line with their needs and preferences. Staff helped people to access healthcare support as and when required.

People were treated with dignity and respect and empowered by staff to express their views. People and staff enjoyed positive relationships and good interactions with one another. People were involved in their care planning and decisions about the home.

People were supported to participate in a range of activities in the home and community of interest to them and to promote their wellbeing. People were supported to have their needs met and additional guidance was sought from relevant healthcare professionals as required.

The registered manager was aware of areas of development at the home and was addressing these, including for example medicines audits and record keeping. Staff felt supported in their roles and able to share their concerns with the registered manager. The registered manager had taken care to create a home environment that was comfortable and person-centred for people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People could not be confident that they would always receive their medicines safely.

Records did not reflect that people's risks were always managed safely and that incidents at the home were learned from and prevented in future.

Staff demonstrated that they knew how to keep people safe.

People living at the home felt safe. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received care from staff who understood their needs and preferences.

People were supported to have their nutritional and hydration needs met in line with their needs and preferences.

People were involved in making decisions about their care. People were asked about their preferences and choices and consented to their care.

Is the service caring?

Good

The service was caring.

People and staff had developed positive relationships and we saw that people were treated with kindness and respect.

People were supported to express their wishes and encouraged to retain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue their interests in the home and community.

People were involved in planning their care and were supported to express their views about their care.

People and relatives felt able to complain about the service if they needed to.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about the registered manager.

People received person-centred care by staff who received appropriate supported in their roles.

The registered manager monitored the quality of the service and continued to address areas of development at the home.

Trescott Road

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.

The inspection took place on 3 November 2016 and was unannounced. This inspection was conducted by one inspector.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our inspection, we spoke with two people who used the service, three relatives, a visitor who supported people through massage therapy and four healthcare professionals. We spoke with three members of staff and the registered manager. 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. We also sampled three people's care records, two staff files and records maintained by the service about risk management, care planning, staffing and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People living at the home told us they felt safe and we saw that people were at ease and relaxed in the home. One person told us that they were happy and that there were, "Nice people" at the home. Relatives we spoke with told us they felt that their relatives were safe and when asked about the safety of the service, one relative commented, "We've always had quite a lot of confidence in staff and certainly the current management." Staff we spoke with told us about different types of abuse that people were at risk of and were able to tell us how they would report concerns. A staff member told us, "I know [the registered manager] would support us to raise concerns." Safeguarding guidance was available at the home and had been discussed with people living at the home. Most staff had received up-to-date safeguarding training and some staff were due to attend refresher safeguarding training to ensure that staff were aware of safeguarding procedures for helping to keep people safe.

People's risks were managed with the support of staff whilst ensuring that people remained independent and involved in activities of interest to them. Staff demonstrated a good understanding of people's needs and risks associated with their healthcare conditions. We observed that staff monitored one person who was living with a specific health condition and monitored their symptoms and needs over time to keep them safe. The registered manager had identified a risk to another person living at the home and was supporting this person to attain a bed that was more suitable for their needs to help minimise this risk. Staff had been made aware of additional support to provide to this person to help keep them safe.
Fire safety procedures were discussed during residents' meetings and people had been supported to participate in practice fire drills at the home so that they were familiar with the process to follow in the event of a fire.

Staff we spoke with told us about the care they provided to help people manage their risks and we saw examples of this in practice. Some records however did not reflect the support that was provided to people. For example, staff told us how they helped to minimise people's risk of developing sore skin and a healthcare professional we spoke with during our inspection confirmed that staff supported people appropriately. However, there was no system in place for staff to document that people had received this support consistently as required. The registered manager told us that they would address this by introducing a system to reflect that people received this support.

We observed that action was taken to keep people safe and learning outcomes developed to prevent accidents from reoccurring. For example, an accident had recently occurred at the home involving two people and we observed that staff carefully monitored this ongoing risk to people in practice. We found however that the registered manager had not consistently updated incident records to reflect that such action was taken to monitor concerns and learn from incidents. Two people's care records we sampled showed that these people had developed scratches and marks on their skin over a period of time and records showed that staff had only clearly accounted for the cause of some of these. Although the registered manager told us that they had reviewed these records and had established a plausible cause of these scratches and marks, the registered manager had not recorded this finding or shared this information with staff.

People could not always be confident that all staff remained aware of updates about their health needs and care. For example, some staff members failed to follow the methods of communication in place at the home to learn about people's changing needs. For example, a recent note in the daily communication book stated that one person living at the home had been supported to receive a vaccine to help them to stay well over the winter. Other staff members who had not read this information as required had subsequently supported this person to receive a second shot of this same vaccine, which put this person at risk of harm. The registered manager informed us that they had reminded staff of the importance of reading the communication book to remain informed of people's needs, however this was not always done.

One person we spoke with told us that there were enough staff available to support them and staff confirmed that they were satisfied with staffing levels at the home. One staff member told us, "We are not short staffed." We observed that there were enough staff to meet people's needs and take part in activities or outings with them. A healthcare professional told us, "People are well supported and it is well staffed to be able to carry out activities." People were protected by safe recruitment practices. The registered provider conducted recruitment checks to ensure that people were supported by suitable staff.

People were supported to take their medicines with respect and dignity. Staff assured one person who had asked when they were next due to take their medicines during the day and we saw that this person received their medicines on time. We observed that staff told people what medicines they were being supported to take and ensured that people took these safely. A relative told us, "They're always pretty precise with their medicines, they always seem well organised." A healthcare professional told us, "They double check the medicines that people are prescribed, if there are any changes they contact us." We found that people had the correct amounts of medicines available in storage through random checks that we conducted, which showed that people had received these medicines as prescribed.

We found however that medicines records were not always maintained to reflect that people had taken their medicines safely and as prescribed. Some recent records showed that people had not been supported to apply their prescribed creams as required. There were a number of recent records which also showed that staff had not been witnessed when supporting people to take their medicines as required by the registered provider, to ensure that this was always done safely and minimise the risk of error. These issues had not been identified through medicines audits we sampled, which had incorrectly identified that all medicines records had been signed.
Some medicines errors, such as gaps in people's medicines records, which had been identified through audits were highlighted to staff through the communication book. However, due to concerns that some staff did not always read updates in the communication book as required by the registered manager, we could not be confident that staff were always given the opportunity to address or learn from medicines errors.

Guidance about people's medicines was not always clear and available to staff. Records of the medicines that people required were not available in their care plans and one person's medicines records omitted details about a cream that had been prescribed by the doctor. One staff member we spoke with was aware of the cream that the person used, however we could not be confident that staff shared this knowledge as this information was not available in the person's records.
We raised our concerns with the registered manager who told us that these issues would be addressed.

Good

Is the service effective?

Our findings

Staff demonstrated a good understanding of people's needs and told us they felt supported in their roles. One staff member told us, "I feel equipped to do the role and I would ask for help from staff or the manager if I needed it." Staff were able to provide us with clear details of people's support needs and preferences. We saw that staff demonstrated this knowledge in practice.
For example, one person had specific healthcare needs where staff supported the person to manage their nutritional needs. The registered manager had sourced training from a healthcare professional to equip staff with the skills to support this person safely. Staff we spoke with told us they felt confident to provide the person with this support and one staff member described the specific instructions they followed, which were reflected in the person's care plan. The healthcare professional who helped to train staff in this area told us that they had no concerns about staff practice and confirmed that staff received refresher training as required.

Staff told us that they received regular supervision and training. A staff member told us, "We receive supervision every three months. That is often enough for us." Another staff member told us, "Supervision can be helpful for identifying areas of improvement and discussing any concerns about [people living at the home]." Whilst it was positive that staff told us they felt confident and supported in their roles, some staff had not received all training they required relating to people's needs and training that was considered mandatory by the registered provider, for example, training in infection prevention and control, and safe moving and handling. Some staff had not received refresher training to ensure that they were aware of current best practice. The registered manager told us that this was being addressed.
We observed a staff handover where updates were shared with staff, for example, about people's health needs, how people were feeling and planned activities at the home. Staff meetings were held where further information was shared and discussed with staff about their roles and responsibilities in relation to the care provided to people at the home.

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 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 and hospitals 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. People were supported to make their own choices and decisions at the home throughout the day, for example, when choosing their meals and activities to do at the home. We observed that people were asked for their consent and given reassurance by staff before they were provided with support.

Staff we spoke with demonstrated a good understanding of the principles of MCA. Some people had been assessed as lacking capacity to make specific decisions. Best interests meetings were routinely held to support these people with decisions making and staff we spoke with were familiar with this practice. Where restrictions had been put into place to help keep people safe, DoLS applications had been made and the registered manager had implemented methods of supporting people in the least restrictive ways possible whilst keeping them safe.

People were supported to eat foods that suited their needs and preferences, by staff who were aware of the dietary requirements of people living at the home. One person was offered a meal option from a staff member who had commented to the person that they might have enjoyed this meal and the person agreed. This person spent time waiting with staff during their meal preparation. Another person told us that they liked the food at the home and described some of the meal options available to them. This person had been encouraged to eat healthy foods and had received a certificate from the registered provider for attending a healthy eating class. Records we sampled showed that staff monitored some people's food and drink intake where required, to ensure that people were sufficiently hydrated and maintained a healthy, balanced diet to stay well.

People were not always given the opportunity to eat with one another together at the table during mealtimes. A staff member told us that this was because staff needed to take time to carefully support each person to eat meals due to their needs. We observed that staff used the dining table to eat their meals and speak with one another. Staff involved some people living at the home in conversations whilst they did so. A relative told us about this staff practice and told us they preferred to see staff spend more time with people during these occasions.

People were supported to access healthcare support as necessary. One person told us, "Staff help me to see the doctor if I'm poorly." One healthcare professional we spoke with told us that a specific healthcare need of one of the people living at the home was managed well and that staff contacted them promptly if they had any concerns about people's health. Another healthcare professional told us, "People are looked after and supported during appointments," and commented that people were helped by staff where necessary to explain their healthcare needs.

Good

Is the service caring?

Our findings

One person told us that they were happy living at the home and added, "Everyone is nice here." People and staff had developed good relationships and we observed several positive interactions between them during our visit. People were supported by staff that they were familiar with and some people had been living at the home for a long period of time. One staff member told us, "[Person's name] likes banter, a laugh and a joke… they like to know what's going on." We saw that this description captured how staff interacted with this person at the home and that the person enjoyed this.

The registered manager praised the positive relationships that staff had developed with people and told us, "It's the first home I've managed where [people living at the home] really enjoy our company and interaction." We saw that when one staff member arrived on duty at the home, they took time to greet each person with care and affection. Staff spoke with affection about people living at the home and we saw that staff were caring and engaged in their roles. A relative told us, "It's always homely, all residents are included in whatever goes on," and we saw this in practice. The registered manager told us that relatives had been invited to events held at the home to create an opportunity for families to get together and talk about the service and any concerns they may have.

Some people had chosen to participate in activities that had been arranged at the home to promote their wellbeing, such as massage sessions and exercise classes. We saw that people were relaxed and at ease in the home, staff were attentive and regularly checked that they were comfortable. Care had been taken to ensure that people resided in a comfortable home environment and people had been involved in decisions about how their bedroom and communal areas of the home were decorated. One person told us that they had helped to choose some of the pictures that were on display in the lounge area and that they had decided how their bedroom was decorated. A staff member described to us how people's bedrooms were decorated to reflect people's identities and interests.

People living at the home were empowered to express their views by staff who had a good understanding of their communication needs. We observed many occasions where staff demonstrated an understanding of how people made their support needs and wishes known, staff promptly took action to meet people's requests and needs. People were involved in discussions about developments and activities at the home during regular residents' meetings, and each person living at the home was encouraged to share views about their care during monthly meetings with a designated keyworker. A healthcare professional told us about the progress they had observed in respect of one person's independence and communication, during the time that the person had lived at the home. The healthcare professional commented, "They have come on leaps and bounds," and told us that they had found that staff always ensured that the views of people living at the home were listened to.

People living at the home were encouraged to retain their independence. One person gestured to a staff member that they wanted to go to the sensory room at the home. The staff member told the person, "Go on then, it's your [sensory room]!" The staff member kindly encouraged this person to move independently to the sensory room whilst monitoring the person to ensure they remained safe whilst doing so. The person

enjoyed this interaction. A healthcare professional told us, "[Staff] are very good and promote as much independence as possible."

People were treated with respect and dignity. We observed that staff ensured that people had the privacy they needed when receiving personal care. One staff member told us how they maintained people's dignity during personal care and commented, "We don't discuss [people's] personal issues in front of others." One person told us that they were able to go to their bedroom for some space and privacy when they chose to. A staff member told us, "We will monitor and check that [the person] is okay if they choose to stay in bed for the day." Staff described how they recognised when people wanted to stay in their rooms and we saw that they gave people the privacy they wanted.

Good

Is the service responsive?

Our findings

People received care that enabled them to maintain a good quality of life. One staff member told us, "Everything we do affects the [people living at the home], we want to make the environment good for them." People who lived at the home were involved in their care planning and met with their keyworker on a monthly basis to talk about their care and any changes to their health and support needs. One person told us, "I have a meeting," and added that they could talk to staff about their interests and wishes during their care reviews. A relative we spoke with confirmed that they participated in annual reviews of their relative's care plan.

People living at the home were supported by staff who were familiar with their care needs and preferences. A staff member we spoke with told us, "Staff know people [and their preferences] well." Our discussions with staff confirmed this and we found that staff demonstrated a clear understanding of people's needs which reflected the information available in people's care plans. Most people's care plans provided up-to-date and person-centred guidance for staff about how to meet people's needs, however not all staff had signed people's care records as required by the registered manager, to reflect that they shared a consistent understanding of people's care needs and preferences. The registered manager was aware that some people's care records had not been signed by staff as required and told us that this would be addressed.

People were encouraged to participate in activities of interest to them at the home and in the community. One person was supported by staff to access sensory objects which we saw that they enjoyed interacting with. Most people who lived at the home spent time in the sensory room as they wished, where we observed that people were relaxed and content. People were supported to maintain their religious practices in line with their wishes, and staff told us that two people attended religious services in the community with a relative or friend.

People were involved in events held at the home, for example, film nights, fundraising events and parties with people who lived at another care home who they knew well. People had been supported to go on day trips and events of interest to them in the community, including trips to the theatre, the pub and football matches. One person had a list of activities on display in their bedroom that they had wanted to complete over the year and staff told us that the majority of these had been done. Another person living at the home had been supported to join a social club where they could meet up with people on a weekly basis. This had resulted in the person making new friends and when we spoke to the person about this, they told us they enjoyed attending this social club. A healthcare professional told us, "[Staff] are very good at taking people out and doing outings, they also follow through on our recommendations," to help meet people's needs and preferences.

Staff told us they felt confident that they could identify if people had concerns or were unhappy about their care. Records from residents' meetings showed that details about how to complain had been shared with people living at the home and we saw that there were complaint forms available to people in an accessible format. The service had not received any complaints since our last inspection. Relatives we spoke with told us that they would feel comfortable raising concerns and confident that these would be addressed. One

relative told us, "I would feel comfortable raising concerns but we've had no problems."

Good

Is the service well-led?

Our findings

During our last inspection in March 2016, we identified a breach of regulation because the manager working at the service was not registered. Following the inspection, the manager completed their application to register and has managed the home under this registration since July 2016.

People resided in a comfortable environment where they were respected and cared for. A visitor told us, "I think [staff] are lovely… I just think it's a very happy place." One staff member told us, "[People living at the home] are really looked after," and added that they would feel comfortable recommending the service to others. Another staff member we spoke with told us that the home had become more person-centred and staff proudly described and showed us the sensory room and people's bedrooms which had been decorated to reflect people's identities and interests. The registered manager had supported these improvements that had been made to the home.

We observed that people received safe care and support that was responsive to their needs and we found that staff understood people's needs well. Staff told us they felt supported in their roles and that they found the registered manager approachable. One staff member told us, "We have seen progress at the service [since the arrival of the new manager]." Another staff member told us that they had shared concerns with the registered manager as they felt comfortable doing so. The staff member confirmed that the registered manager had taken some action to address their concerns.

Whilst we observed that staff were aware of how to manage people's risks and demonstrated a clear understanding of people's needs, record keeping at the home did not always support this practice and the care that people received. Systems for sharing information, such as people's records and the daily communication book, were not always effective. There had been a recent incident where staff had not read details relating to one person's healthcare appointments. The registered manager took appropriate action and had sought healthcare advice as necessary. The registered manager provided examples of how they were working with staff to address areas of poor record keeping. We found examples of continued poor record keeping during our inspection. Audits had failed to identify that records and systems were not robust in relation to safe medicine management at the home, reporting incidents that had occurred at the home and ensuring that staff always accessed consistent, up-to-date information about people's care needs. The registered manager welcomed this feedback and demonstrated how they would address these concerns.

The registered manager demonstrated awareness of their requirements in meeting the regulations. The registered manager told us how they had reflected their responsibilities under the duty of candour by informing relatives of an incident that had occurred at the home, offering them an explanation and apology. The registered manager had ensured that people and relatives had access to information they needed to share concerns and that people were involved in their care planning and events at the home. During one residents' meeting, people living at the home had been shown leaflets from the Care Quality Commission which described what they should expect from good care.

People and relatives spoke positively to us about the home and the support they received. The registered

manager was aware that it had not been possible for most people living at the home to complete the registered provider's customer surveys because the surveys were not tailored to people's their communication needs. The registered manager told us that some feedback they had received from some people living at the home had been positive. A relative told us, "We are occasionally asked for feedback through surveys and informally," however another relative told us that they had not been asked for feedback. In addition to audits conducted by the registered provider, the registered manager had begun to complete a quarterly self-audit process, through which they had identified that record keeping at the home was an ongoing area of development for some staff and that some staff training updates were required.