Care Quality Commission

Acorn Villages Limited

Trinity House

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

Overall summary

Trinity House provides accommodation and personal care for up to six people with learning disabilities.

There were five people living in the service when we inspected on 30 October 2015. This was an announced inspection, we telephoned the service prior to arriving to check that there was someone home.

There were two registered managers in post. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

There were enough staff to meet people's needs. Staff were trained and supported to meet the needs of the people who used the service. Staff were available when

Summary of findings

people needed assistance. Checks were made on staff before they started to work in the service to ensure that they were suitable to support the people using the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

There were procedures in place which guided staff in safeguarding the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were being assessed and met.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service's quality assurance system identified shortfalls and these were addressed. As a result the quality of the service continued to improve.

Summary of findings

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.

Systems were in place to keep people safe. There were enough staff to meet people's needs. Recruitment systems were robust.

Staff knew how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good

Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Trinity House

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 30 October 2015, was announced and was undertaken by one inspector. We telephoned the service prior to arriving to check that there was someone home.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people who used the service and one person's relative. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager and three members of care staff. We visited the service's head office on 3 September 2015 and looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person's relative said, "I don't have to worry about [person], my mind is totally at rest."

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. There had been no safeguarding referrals made about the service provided in the last 12 months.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, such as with their medicines, were minimised. People's risk assessments were reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also reviewed. This showed that the risks in people's lives were assessed and plans were in place to reduce them. When the risk assessments had been reviewed people were asked for their views and these were documented.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been checked so they were fit for purpose and safe to use. We looked at a person's electrical equipment in their bedroom which had a sticker to show that it had been tested and safe to use. We told them what we were doing and they said, "I know, it works." Fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in place for staff to follow if the service needed to be evacuated and the support each person required.

People told us that there were enough staff available to meet their needs. Staff were attentive to people's needs and provided requests for assistance in a timely manner.

A staff member told us about the staffing arrangements in the service which was confirmed in records and our observations. We found that the staffing levels were sufficient to meet people's needs safely. Staff were available when people needed assistance. Staff told us that they felt that there were enough staff to ensure people's needs were met and that they could participate in activities that interested them. The staffing levels were assessed and increased if people's needs changed, for example if they were ill and required further support.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person told us about the medicines that they took and what they took them for. They said, "They [staff] get it all ready," and that they were happy with the arrangements in place. We saw a staff member support a person with pain relief medicine this was done safely and in a reassuring manner.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. A staff member told us about the systems in place to check that medicines had been administered when prescribed and that records were appropriately completed. People's medicines were kept safely in their bedrooms and were available when they were needed.

Good

Is the service effective?

Our findings

During our inspection we saw that the staff had the skills to meet the needs of the people who used the service. This included communicating effectively with people.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records showed that as well as core training, including moving and handling, lone working and safeguarding, training was provided in people's specific conditions. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Staff were knowledgeable about their work role, people's individual needs, and how they were met.

Staff told us that they felt supported in their role and had supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as administering medicines.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). They told us about the DoLS referrals which had been made to the local authority as required to ensure that any restrictions on people were lawful.

Care records identified people's capacity to make decisions. Where people may require assistance to make specific decisions there was guidance of how this was to be provided. Such as how to explain options to people in a way that they understood and the arrangements for decisions being made in their best interests if they were unable or reluctant to make decisions.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said that they assisted with the cooking of meals, "I do the stirring." We saw a staff member encouraging another person to assist in the preparation for lunch.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were assessed. Where issues had been identified guidance and support had been sought from health professionals. This showed that the service had taken action to ensure people's dietary needs were met.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that they had a sore foot, their records showed that the staff had assisted them in attending an appointment with their doctor. One person's relative told us about how staff had noted a person's health condition promptly, "It was dealt with straight away, they were on the case." This included contacting health professionals.

Records showed that a system was in place to record issues and concerns of people's wellbeing. This meant that issues were identified and support was sought for people where needed. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “All staff are nice.” Another person said that their key worker was, “The best in the world.”

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful way. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including laughing and chatting to them. People were clearly comfortable with the staff. There was lots of fun interaction between the staff and people. We saw a staff member talking with a person about recent changes to their needs and how they had managed it well. They told the person, “I am so proud of you,” which made the person smile. One person’s relative told us about how the person was supported and cared for, “This is as close to home as possible.”

People told us that they felt the staff listened to what they said and that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw a notice advertising a self-advocacy group which people could attend if they chose to. One person was preparing for their care review on the afternoon of our visit. They and their relatives were attending their review. The person knew who was due to come to their review. They told us that they had chosen their décor and furniture in their bedroom and they were particularly happy with their, “Big bed.”

We saw that staff respected people’s privacy and dignity. For example when staff spoke with people about their needs, including supporting them to access their finances to go out into the community, this was done in a discreet way. People were asked for their permission for us to visit their bedrooms. One person had a notice on their bedroom door which stated that it was private. People’s records identified the areas of their care that people could attend to independently and how this should be respected.

Good

Is the service responsive?

Our findings

People told us that they received the care and support that they wanted. One person commented, "I am happy." One person's relative said, "[Person] is very well looked after, [person] is healthy and very happy here."

Records showed that people received personalised care which was responsive to their needs and that their views were listened to and acted on. The records provided the staff with the guidance that they needed to support people to meet their needs and preferences. The records detailed people's diverse needs and how these were met. People's specific needs relating to their conditions identified how the conditions affected their daily lives, warning signs for staff to be aware of and actions that staff should take to minimise risks. Where people had particular behaviours that may challenge others, there was clear guidance in place for staff how to safeguard people, support them in a caring way and identify and minimise the risks of triggers to these behaviours. Staff told us that they had training to support people with their behaviours and that they never used restraint, but instead diversion and speaking with people calmly.

Care plans were routinely updated when changes had occurred and people's preferences had changed. The records showed that people's care was assessed and planned for and that the service responded promptly to any changes in people's wellbeing, such as deterioration in their physical health. One person's relative told us that they were kept updated with any changes regarding the person.

Regular care reviews which were attended by people and their relatives showed that people were consulted about the care they were provided with and they commented if they were happy with the service provided.

Staff knew about people and their individual needs, likes and dislikes, and how their requirements and preferences were met. Daily records identified how people's needs had been met and their wellbeing and provided staff with information about each person on a daily basis.

People said that they were supported to participate in activities and events which interested them. They told us about the Halloween disco they were attending that evening. One person had a sheet which they were going to make into a ghost costume. They showed us their art and told us that they were saving their wages to go to watch a formula one grand prix. Another person showed us photographs of when they had performed at a talent show.

We saw people participating in a range of activities throughout the day of our visit. This included going out to the local shops, going out for lunch, assisting staff to prepare their meal and watching television. There were several items that people had made in the service including masks, hats and paintings. Records showed that people did activities which they liked and chose, including music weekends away, fishing, swimming, horse riding, textiles and sports events. A list in the office had what people had chosen for their Christmas meal out, as staff member told us that staff and people shared their Christmas party and they did this each year. They showed us a photograph of the outing from the previous year.

People participated in the daily chores in the service which showed that their independence was promoted and respected. They had life skills time where they did their own laundry, tidied their bedrooms and shopping in the community.

People told us that they could have visitors when they wanted them, which reduced the risks of them becoming isolated or lonely.

There was a complaints procedure in the service which was in text and picture format which could be understood by people. There had been no complaints made in the last twelve months. People could speak with staff whenever they wanted to and a staff member told us because the service was small any concerns were addressed immediately to prevent them escalating.

Good

Is the service well-led?

Our findings

There was an open and empowering culture in the service. People gave positive comments about the management and leadership of the service. A person told us that they could speak with the manager and staff whenever they wanted to. They said that the house manager was, "Lovely."

People were involved in developing the service and were provided with the opportunity to share their views. People completed satisfaction questionnaires which were analysed in the service's head office. If improvements were required action plans would be completed to address these. This was done on a day to day and on an individual basis. For example, daily discussions between staff and people about their choices were recorded and acted on. People planned the menu together and the chores that they wanted to do in their home. People were kept updated with any changes in the service, this included in a newsletter.

People also attended their regular care reviews and they commented on the service they were provided with. When risk assessments were reviewed people were asked for their views of them and if they were satisfied with the support they were provided with. This showed that people's views were valued.

Staff told us that the management were approachable, supportive and listened to what they said. They told us that they felt supported and if any issues arose they were dealt with promptly. One staff member said, "This is the best company I have worked for." Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff understood the whistleblowing procedure, one said, "They [service] are huge on whistleblowing, all of us would report if we saw something we were not happy about." Staff attended team meetings where they were updated with any changes in the service and where they could discuss ideas for improvement. Staff said that they felt that they were listened to and their ideas and comments contributed to the running of the service.

When we visited the service's head office on 3 September 2015, we spoke with the registered manager about their role. They told us that they felt supported in their role and that they had regular support from the provider. They understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. The registered managers were proactive in finding out about changes, such as the introduction of the care certificate, and took action to implement these in the care provided to the people using the service. This meant that the service continued to improve and develop.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Checks and audits were made in areas such as medicines, records and the environment. Where shortfalls were identified actions were taken to address them, for example we saw records which identified that a person's care record was out of date and a note had been added when this had been updated. This showed that actions were taken in a timely manner to improve the service provided. Records showed that incidents were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring.