

Mrs Maria Evans

# Trewan House

## Inspection report

335,Ditchfield Road,  
Widnes,  
Cheshire  
WA8 8XR  
Tel: 0151 423 6795  
Website:

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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

The inspection of Trewan House took place on 16 and 18 June 2015 and was unannounced.

Trewan House is a two/three-storey family owned care home for older people. Access between floors is via a passenger lift or a staircase. The premises stands in its own grounds and is located in the Hough Green area of Widnes.

There were 39 people using the service at the time of our inspection.

The service has two registered managers. Whilst they both hold responsibility for the overall management of the home they have a system in which one person manages the care component and the other person takes responsibility for the other management aspects of the home. 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.

# Summary of findings

We found that care was provided in an environment which was as homely as possible. Staff went to considerable lengths to make sure that people who lived there were safe, comfortable and content.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. They were well-trained. There were sufficient staff to meet the needs of the people who lived in the home

The home was well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

People living in the home and their relatives said staff were attentive and caring. They said that if they had any concerns they were addressed promptly. People told us that they felt safe, the food was good and the management of the home was second to none.

Appropriate risk assessments were completed and action taken to minimise avoidable harm. This included people's individual health and wellbeing as well as the management of the home and premises.

# 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.

Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported and investigated.

There were sufficient staff with the right skills and experience to care for people.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff training and supervision was in place and staff received specialist training to meet the changing needs of the people who lived in Trewan House.

People were helped to maintain their health and wellbeing and they saw doctors and other health professionals when necessary.

People were supported to have enough to eat and drink.

Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

Staff related well with people and were kind, friendly and supportive.

Relatives said staff were caring and respectful. Care was delivered mindful of peoples' privacy and dignity.

People were involved in making decisions about their care and staff helped to promote their independence.

Good



### Is the service responsive?

The service was responsive.

People's individual needs and preferences were assessed and care was provided in line with their specific care plans.

Staff understood people's preferences and needs, particularly in relation to their health. Activities were arranged to reflect people's interests.

Concerns, complaints and queries were taken seriously and any issues addressed.

Good



### Is the service well-led?

The service was well led.

Staff valued the leadership within the home, and welcomed the changes introduced by the manager.

Good



# Summary of findings

Areas for improvement had been prioritised and had been addressed.

The manager understood what was required to develop the home.

Morale was good among the staff. Staff said they felt supported, listened to and encouraged to gain additional skills.

Systems were in place to monitor the quality of the service and implement improvements.

# Trewan 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 checked 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.

We carried out an unannounced inspection on the 16 and 18 June 2015. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Trewan House. We used this information to help to plan our inspection.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with fifteen people living there, fourteen family members, three visiting friends and ten staff members including the registered managers. Most of the people living in the home and their family members were able to tell us what they thought about the home and the staff members working there. We also spoke with two health and social care professionals who visited the home regularly.

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 to us.

We looked around the home as well as checking records. We reviewed the records of eight people using the service. This included checking their care plans, medicines administration records and any other documents relating to their care. We looked at other documents including policies and procedures and audit materials.

# Is the service safe?

## Our findings

People told us they felt safe and secure within the home. One visitor told us that they had no concerns whatsoever about the safety of the home. They said that they were aware that risks to people's health and wellbeing were monitored and managed. They told us that because of this they themselves were able to relax and not worry because they knew their family member was happy and safe. Other comments included "Staff understand all the people who live here and know how to maintain their safety" and "The home is always spotless without any nasty smells". One person commented that they always received their medication at the right time, even though they were quite complicated. People told us that staff were always available and they did not have to wait long when they called for assistance. One person said "Staff are very prompt when responding to my call".

Our observations of care showed that staff anticipated what events could cause people anxiety or upset and took steps to remove any triggers.

The staff took action to minimise the risks of avoidable harm. Staff understood the importance of keeping people safe, including from abuse and harassment. They could describe what was meant by abuse and what they would do if they needed to report it. There were posters on display to remind staff or visitors how to report suspicions of abuse and staff told us they would be prepared to raise concerns if they had any. Staff had received induction training in recognising and reporting abuse and records showed that this was updated annually. There were local policies and protocols on reporting abuse based on the local authority's procedures. Health and social care professionals spoken with confirmed that any suspicions or allegations of abuse were handled professionally, to ensure people's safety.

Risk management procedures were in place to minimise people experiencing harm. Risks were considered effectively to balance people's freedom so they were cared for with the minimum of restrictions. Risk assessments were in place for people using the service and its facilities. Hazards associated with the premises or environment were safely assessed and managed.

The provider had taken steps to prepare for emergencies, both those associated with the running of the home and

those relating to the health and wellbeing of people. There was an emergency plan covering evacuation procedures and staff were trained in fire safety. The fire risk assessment was up to date, fire alarms were tested each week and fire drills were in place. There was signage to show fire exits. Utilities such as water, gas and electricity were monitored and maintained under contract and water temperatures were monitored to ensure water was stored and circulated at safe temperature levels. Equipment such as lifts and hoists were also maintained appropriately.

There were safe staffing levels. Staffing levels had been arranged according to an ongoing analysis of the care needs of the people living in the home. Staff told us that there were enough staff on duty to meet the current needs of the people living in the home. They told us that arrangements were in place to ensure staffing levels were maintained for each shift. Staff said they were encouraged to work flexibly to ensure appropriate staffing levels were always maintained. Staff rotas viewed identified that one senior and five care staff were on duty between 7.30am and 2.30pm, one senior and four care staff between 2.00pm and 9.15pm and three night care staff between 9.00pm and 7.30am. In addition there were two registered managers, two activity co-ordinators, two domestics, two kitchen staff and a laundry assistant on duty at various times of the day.

Health and social care professionals spoken with said that people were supported by skilled professional staff who gave a high standard of care.

Robust recruitment procedures meant that applicants for employment at Trewan House were checked for their suitability, skills and experience. We looked at staff files and saw that they included application forms from which the provider could check an applicant's employment history, references which had been checked with the person who supplied it, and records of interview. The provider obtained its own checks from the Disclosure and Barring Service (DBS). These checks help an employer to verify any criminal record and to take this into account when considering employment.

We looked at the arrangements that were in place to make sure that medicines were managed safely. We saw that there was a system for making sure that required medicines were ordered from the local pharmacy in good time so that supplies would not run out. Staff showed us how medicines were checked on delivery by two members of staff. A medicines administration record (MAR) was then

## Is the service safe?

completed by staff who both signed to certify that this had been done accurately. We saw that all medicines were stored in a secure room and that the key to this room was kept on the person of a senior member of staff at all times. Within this room each person's medicines were stored separately with a photograph so as to assist with clear identification. We saw that the MAR charts were correctly completed and were up to date. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates were checked to ensure they were in date. Appropriate information was available to support the administration of medicines including allergy status," if required" and "variable dose" protocols. Care plans showed where to apply each cream and how frequently the cream should be used. Records identified that staff recorded each application on file.

People were protected from the risk of infections by effective prevention and control measures. There had been no infectious outbreaks since the previous inspection and arrangements were in place to minimise the spread of infections. People had their own rooms and en suite facilities and systems were in place for managing cleaning materials and laundry to minimise the risk of cross infections. The home was visually clean and free from any unpleasant smell. Staff wore gloves and aprons when necessary and these were colour coded for different purposes. There were adequate supplies available so that gloves and aprons could be used and disposed of between specific tasks.

Guidance was on display for staff visitors and people using the service to follow in relation to hand hygiene and infection prevention. Alcohol gel was provided at the entrance to the premises and at other places around the home.

# Is the service effective?

## Our findings

People living in the home and their relatives were complimentary about the staff and services provided to include the good quality of the food. People told us that staff were excellent and “knew what they were doing”. One person told us “My relative was admitted to Trewan House in March of 2014 - it was a very heavy heart that this was decided because of her immobility. We need never have worried, from the outset the care and stimulation she received has been second to none. Staff have provided effective interventions to enable her to have a good life”. Another person said that they were eternally grateful to the staff of Trewan House for being effective in managing their relative’s difficult behaviour and enabling them to be more settled.

Visiting health professionals said they had good links with the service and were always called when necessary. They said they valued the professional approach for ensuring their routine visits were organised and effective. Care plans held details of all health care professionals visits to include district nurses, doctors, dentists and opticians.

The management team had a clear staff training programme in place to ensure that all staff training and development focused on their individual needs. This included medication management, dementia care, pressure area care and safeguarding. They recognised that staff training was important and had arranged a yearly planner to ensure that all staff were up to date with essential training. We looked at the staff training records which showed that all staff training was up to date.

Staff told us that they could access support and guidance from colleagues and managers at any time. They told us that they had regular supervision and appraisal meetings which they said were useful and enabled them to discuss ‘anything that was on their mind’. They said that supervisions and appraisals helped to ensure they received the guidance required to develop their skills and knowledge. Formal supervision is a meeting that takes place in private with the person’s immediate manager to discuss their training needs and any issues of concern. We were told that this takes place at a minimum frequency of four times a year and we saw that records of these were kept in the home in a locked filing cabinet.

Induction training was provided for new staff to help them to understand their role and responsibilities. This consisted of one week of training and shadowing experienced staff. Induction training and ‘mandatory’ (essential) training reflected the industry standard training for care staff, known as the Common Induction Standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken

We saw that people were asked consent for their care. Records showed that if people refused care this was noted in their records so that staff could monitor if people were at risk from continued refusal. If there was any doubt about people’s ability to make decisions about their life at Trewan House, their mental capacity was assessed in line with the principles of the Mental Capacity Act 2005 (MCA). Procedures were in place to complete mental capacity assessments involving family members, health or social care professionals and advocates as appropriate. Staff spoke with understood that people had the right to make unwise decisions, for example about their choice of clothing.

The registered manager had completed Deprivation of Liberty Safeguards (DoLS) applications for a number of people who lived in Trewan House. We saw that thirteen of these had been authorised by the local authority. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority to protect the person from harm. We received information from an anonymous source prior to our inspection in relation to allegations that a person was being deprived of their liberty within the home. We were able to review this allegation and identify that a Mental Capacity Assessment had been completed and Deprivation of Liberty application had been submitted by the home to ensure that the person was protected from harm.



## Is the service effective?

Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a menu of their choice. For example people's likes and dislikes were requested in admission as well as any allergies or special dietary needs. This information was held on the care file and also in the kitchen and the staff were able to explain how they accommodated people's specific requests or requirements. We saw that some people had been assessed as requiring food of a particular consistency because they were at risk of choking and others chose soft food as it was their preference. The speech and language therapist had been involved in reviewing some people's swallowing actions, and where necessary, people received thickened liquids to reduce the risk of choking. When people were assessed as at risk of malnutrition, a particular note was made of their dietary intake and their food was supplemented with cream to increase its calorific content. Clear records were kept of how much people ate or drank. Some people required food supplements on prescription or delivered directly to their stomach via a tube. When this was the case instructions were in place within people's care plans and records showed these instructions were followed.

We spoke with care staff and observed them providing discrete assistance to people living in the home during a lunch time meal. Staff demonstrated full understanding of the dietary needs and capacity of the people living in the home. For example they told us that some people ate better if they were given small plates with little food on them. They said that these plates could be refilled as many times as the person requested but if all the food had been

provided at the same time it would not have been eaten. Observations of staff assisting people with their meals showed deep understanding and a sensitivity to ensure that people's dignity and self-respect remained intact.

We saw that menus were varied and people were offered snacks mid-morning and in the afternoon. Drinks were freely available throughout the day. People told us that they were asked for their meal preferences at breakfast, lunch and evening meal. They told us that they were always offered choices of menu with various alternatives. This meant that people were offered choices and encouraged to eat what they liked and maintain a balanced diet.

People's care plans included risk assessment and guidance to support their health. Background information summarised people's medical history and any allergies to medication. Details of people's particular medical conditions such as epilepsy or diabetes's were on file and information of how these conditions impacted upon people's health and well-being. Information was also provided on what staff needed to do to support people to include any equipment needed.

The registered manager had set up robust systems specifically to protect people from pressure ulcers. Staff followed clear guidance when monitoring people's skin and if people's skin deteriorated procedures were in place to photograph and treat the area. Staff told us that people were encouraged and supported to change their position regularly, to promote healing and were provided where necessary with special cushions and mattresses.

# Is the service caring?

## Our findings

People told us that they were happy and well cared for at Trewan House. Comments included “I am well cared for by very nice people”, “I love being here I call them all my family” and “Staff are very good, they know just what I like”.

People’s relatives were high in their praise of the caring attitude of the staff. Comments included “As I walk through the home daily I observe the staff talking, singing and even dancing with the patients with dementia and the key word used in this home is Dignity. I am now experiencing the end of life care that this wonderful place offers as my beloved relative is coming to the end of her life. All I can say is I just don’t know how I would cope without these angels, because that is what they are. I could go on and on about the qualities of the staff and would make no apologies for doing so - it’s been a privilege for my family and I to have dealings with the staff and will truly miss them - they have now become firm friends and I hope in the future that I may be able to help them in some voluntary way. Long live Trewan House and all who work there - love them all”, “In hospital she was a little old lady but here she is a person who is loved and respected”, “The staff try hard to ensure that people are allowed to be themselves and not medically controlled”, “Staff have compassion and a down to earth approach. Their compassion and kindness shines through”, “It was her birthday in March and they went above and beyond what they needed to do to celebrate her birthday, Christmas also is amazing” and “My relative is a very private person and staff respect that and ensure they give her the right amount of support to enable her to have as much privacy as possible”.

All the visitors we spoke with told us that they were encouraged to visit, treated as a part of a family and made to feel most welcome.

We observed that staff talked in a friendly and relaxed way with people and there was a happy and calm environment. People enjoyed jokes and pleasant banter with staff and we saw a good rapport existed between all the staff. Staff demonstrated a good understanding of people’s interests, preferences and daily routines and told us how they supported people to maintain their independence. We saw that staff listened to people and gave practical support in a

kind and sensitive way. This was especially observed when people requested assistance with their personal care. When people requested assistance with their meals, staff sat next to them and provided support in a respectful way.

Discussions with staff identified that they understood people’s care preferences and treated them with respect. Staff explained how they respected people’s choices, for example how they spent their time, what name they wished to be called, where they wanted to sit.

Where appropriate care records included records of discussions with family members and health and social care professionals, showing their involvement in people’s care and wellbeing. Relatives told us that they were advised if staff were concerned about people’s health which they said ‘showed that they cared’.

We observed that staff showed respect for people by knocking on their doors before entering and ensuring the doors were closed when people were receiving personal care.

People’s birthdays were celebrated and care plans showed that people and their relatives were invited to participate in reviews of their care. There were notice boards for people using the service and their visitors, providing information about the home and what was going on each day.

Visiting health professionals said they found the home “cheerful” and “staff very friendly”. They said staff knew and understood the needs of each person who lived in the home and had developed good relationships with them.

Care plans held details of end of life care wishes and we noted that this process was in place for two people who lived in the home at the time of our visit. We spoke with care staff who identified clear understanding of the end of life care for each of these people. Relatives of the people told us that they had been involved with the end of life plan and could not ask for better care provision and support for both themselves and their loved ones at this emotional time. The provider had made arrangements to implement a recognised care pathway for people who were nearing the end of their life. The aim of this pathway was to ensure all people received high quality end of life care that encompassed the philosophy of palliative care. We saw that training in this pathway was included in the provider’s training plan.

# Is the service responsive?

## Our findings

People using the service and their relatives said that people's care plans were up to date and reflected their needs. They told us that people were encouraged to personalise their rooms with their own furniture, pictures and ornaments. Comments included "I have experienced all aspects of the care service since she has been in here from the encouragement the staff gave her to participate in the life of the home, encouraging her to take part in activities and even to take up knitting again which she did in the form of 'beanie' hats for the premature babies at Whiston Hospital", "You could not find a better place than this. It is so good; staff treat me well and look after my every need. God bless them all" and "The staff here have empowered my relative to regain her interest and self-respect. They have arranged specific activities to bring her out as a person".

We saw records to show that people received personalised care. Care plans reflected people's specific needs, interests and views and included details of people's life history and medication history. Staff told us that the information about people's life history assisted them to enjoy effective communication with people about their past hobbies, interests and family life. For example staff told us that they were able to speak with a person who had recently moved into the home about their family and background which had helped the person to feel at home and settled.

Care records were up to date and were revised following any changes in people's health, medication or wellbeing. They included records of discussions with family members and health and social care professionals. Care records showed that action was taken in a timely way if people required medical intervention or if their care needs changed.

We saw that risk assessments and care plans were personalised and included how people communicated if they were in pain and any specific support they required. For example details of end of life care. Where people had any specific medical conditions plans were in place that explained how best to provide support including how to identify if their condition deteriorated and what action to take if this happened. Staff were responsive to changes in people's needs and we saw training records which identified they had been trained to be responsive to any

changes in people's needs and to escalate their concerns to a senior person. We saw that systems were in place to document concerns using the daily diary and the handover meeting between staff shifts.

A range of activities were offered which were designed to respond to people's varying interests. These included quizzes, crafts, keep fit, music, film shows, poetry reading and trips to local places of interest. The home employs two activities coordinators who work each weekday to arrange activities of people's choice. They told us that if people could not or would not access group activities they would provide one to one activities with them in their room or in a quiet corner of the lounge, chatting reading or providing a pampering session. There was a programme of visiting entertainers and people were asked to feedback on these acts to ensure they were provided with the kind of entertainment they liked.

People told us that they were aware of the complaints procedure but said that they had not needed to make any official complaints. They said that they were always being asked if everything was alright and if they needed anything else so were able to make any changes as and when they arose. The complaints procedure was summarised in people's welcome pack and displayed on the notice board for residents and relatives and any other visitor to the home. People told us that they would be confident to use the complaints process if necessary but would raise any issues in other ways such as directly with staff or at meetings. The complaints log showed that individual complaints were investigated, monitored and responded to as per the homes policy and procedures.

We saw that the registered managers had arranged residents and relatives meetings to gain feedback and suggestions for improvement. Feedback had resulted in improvements being made such as a new boiler being fitted to improve the heating system and a loud doorbell being fitted to ensure that staff heard it and could quickly respond to any visitors to the home.

Relatives commented that the management team was most receptive to ideas and suggestions and they worked tirelessly to continue to improve the service. This view was supported by visiting health and social care professionals who said communication was excellent as were the systems for monitoring people's health and wellbeing.

# Is the service well-led?

## Our findings

Relatives and visitors to the home agreed that the service was well led. Comments included “This home is well managed by people who do really care about the people who live here and their families. They are not money making they just want to provide good quality care” and “The managers and staff are superb. They always let us know what is going on and encourage us to attend meetings and social events. I feel as if I am part of the decision making process in the home and that makes me feel good”. People living in the home said they were happy with the way it was run. Comments included “The staff are wonderful and the managers are too. They treat us well and look after us” and “We know what goes on here and like it”.

Trewan House has two registered managers. Whilst they both hold responsibility for the overall management of the home they have organised a system in which one manages the care component with the other managing the financial and maintenance component. This system appears to work well and staff told us that they can approach either registered manager who “always is available for advice”.

Staff told us and we saw that care plans had been reviewed and updated since the previous inspection and provided clear person centred guidance for staff. Staff told us that whilst they needed more time to update the care plans they had been provided with more paid time to undertake this task. Staff said that morale was good as they were provided with guidance and leadership and were always able to “have their say”. Staff told us that the managers had an open door policy and were very visible around the home.

Records showed that staff were encouraged to extend their knowledge and skills to support people with different conditions or specialist needs such as challenging behaviour or how to use specialist equipment.

The provider had established governance systems for monitoring the quality of the home and promoting good outcomes for people. Incidents such as falls and risk assessments for pressure areas were monitored and changes made to people’s care where appropriate. Specialised equipment such as profile beds, sensor mats, mattresses and cushions were all available to support people if required. Records showed that as a result of this monitoring system the falls had reduced.

The registered managers summarised events at the home including incidents, new admissions, unplanned hospital admissions, weight loss, death’s and staffing issues on a monthly management report. They told us that any trends or anomalies were discussed and dealt with. The quality report also showed that care plans, medication and infection control were audited monthly.

Records show that an audit had been undertaken by health and social care professionals in respect of end of life care.

Staff told us that the home sent questionnaires to people who lived in Trewan House, their relatives and any other professionals who may be involved with their care to gain their perception of the staff and services provided. We looked at eight of those which had been completed and returned. They all held positive remarks about the home and the way that it was managed.