

Royal Mencap Society

Treseder House

Inspection report

111 Moresk Road
Truro
Cornwall
TR1 1BP

Tel: 01872274172
Website: www.mencap.org.uk

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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: Treseder House is a residential care home in Truro for people with learning disabilities that provides accommodation with personal care for up to eight people. Seven people lived at the service when we visited on 29 May 2019.

People's experience of using this service: During the inspection in April 2018 we found some areas of the service were not meeting regulations. This included maintenance of the environment, lack of mental capacity assessments and lack of oversight in some areas of governance of the service. During this inspection we found the service had made improvements in all areas and met with regulations.

Risks of abuse to people were minimised because staff demonstrated a good awareness of each person's safety needs and how to minimise risks of abuse for them. The environment was safe, and regular health and safety checks were carried out.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff promoted healthy active lifestyles. They worked in partnership with a range of healthcare professionals and followed their advice.

There was always guidance for staff on how to support people. Staff were able to tell us the support people needed to keep them healthy and safe.

There were systems in place to help ensure staff were up to date with any change in people's needs and how to respond to them.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

Staff were friendly and spent time talking with people and supporting them in their chosen routines. Some people were able to go out independently and this was encouraged. Other people were more reliant on staff and they had opportunities to go on various trips and attend day services.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

Rating at last inspection: Requires Improvement (Report published 20 June 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service had made improvements and rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

Treseder House

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: This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Treseder House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Treseder House accommodates up to eight people.

The service was developed and designed before the introduction of Registering the Right Support and other best practice guidance. The principles of Registering the Right Support reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service had a manager registered with the Care Quality Commission. 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: We gave the service 24 hours' notice of the inspection visit because it is small and people using the service are often out. We needed to be sure that they and the registered manager would be in.

What we did: We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and

we took this into account when we made judgements in this report. We reviewed three people's care records, Medicine Administration Records, records of accidents, incidents and complaints and audits and quality assurance reports.

We spoke with three people using the service, five members of staff and the area manager. After the inspection we wrote to three professionals. The registered manager sent us further information about how the service was supporting people's end of life wishes. They provided service safety records for equipment and evidence of auditing systems.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. The provider had effective safeguarding systems in place which included a safeguarding policy and training.
- Staff knew about the different types of abuse and were confident any concerns reported were listened and responded to.
- A safeguarding concern was being addressed by the service in conjunction with the local safeguarding team. The registered manager worked with the local authority to ensure concerns raised were investigated and addressed.
- Staff supported people to make informed choices in their personal lives. People were encouraged to discuss how to keep themselves safe and recognise when they might be at risk.

Assessing risk, safety monitoring and management

- Personalised plans were in place to guide staff and emergency services on the support people would require to leave the premises in an emergency.
- Risk assessments provided instructions for staff members when they delivered their support. These included nutrition and hydration, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review and showed the current needs of people.
- The environment and equipment was being maintained with records being kept of servicing. This work was carried out by the landlord's contractor.
- People and staff carried out regular fire training and system checks to ensure they knew what to do in the event of a fire.
- Staff understood what support people needed to reduce the risk of avoidable harm. For example, by making a sure a person at risk of falling had a safe and clutter free environment. Staff carried out regular checks to ensure people were safe.

Staffing and recruitment

- Staffing levels were constantly kept under review. Records showed there were enough staff to support people to do things they wanted when they wanted. There had been a reliance on agency staff to cover night time support however three staff had recently been recruited for nights and it was anticipated this would reduce the reliance on agency staff.
- Recruitment processes were consistent and background checks were completed before new staff started working at the service.

Using medicines safely

- During the inspection in April 2016 we identified there were some instances where handwritten additions

to people's medicine administration records (MAR) had not been double signed. At this inspection we found this had been addressed.

- The service had reviewed how medicines were stored and provided additional locked facilities to ensure they were safe. Medicines were recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines. We did advise the area manager that the reason for 'as required' [PRN] medicines being administered, were not always being recorded on the MAR record, although it was in the daily notes. This would be good practice and meet pharmaceutical guidelines. The area manager agreed this would be implemented immediately.
- Staff were able to describe the action they would take if they identified a medicines error.
- Only staff deemed competent were responsible for medicines administration. Regular spot checks were made to check on competency.

Preventing and controlling infection

- People were protected from cross infection. Staff understood importance of hand washing and good food hygiene practices.
- The service was clean and odour free, daily cleaning was carried out.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- The provider and registered manager used significant events as an opportunity to learn and reduce the risk of recurrence. For example, a recent unwitnessed fall had generated a review to mitigate risks to the person.

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 best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection on 23 April 2018 we found the environment was not being maintained effectively. At this inspection we found improvements had been made.
- Additional ventilation had been put into an internal bathroom and damaged kitchen furniture had been repaired. One vacant room required some decoration, but the area manager told us this was on hold until the new occupier made a choice of their own in respect of colour scheme.
- Staff were reporting damage to the environment or maintenance needs. On the day of the inspection there was a new floor covering being replaced in the ground floor reception area due to an uneven floor being reported. Work to level off the floor was undertaken before the flooring was replaced.
- Maintenance repair and decoration was reported to the landlord's maintenance service. The area manager told us this could sometimes pose delays in work being carried out but was outside of their control.
- There was a large private external garden area. It included access by ramp for people who required mobility equipment. There was a decking area which staff said was used a lot in good weather.

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.

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). We checked whether the service was working within the principles of the MCA, and found they were.

- At our last inspection on 23 April 2018 we found some people who could not leave the service without supervision had not been appropriately assessed. At this inspection we found the service had taken action to ensure people who lacked capacity had 'Best Interest' assessments in place.
- Assessments reflecting the legal requirements of Deprivation of Liberty Safeguards [DoLS] had been completed and submitted to the local authority. These were regularly reviewed.
- Relatives, advocates and health and social care professionals were consulted and involved in making best interest decisions, as appropriate. For example, about health treatments. Decisions to impose restrictions had been made in people's best interests in line with the legislation.

- Staff understood what restrictions meant and how the use of DoLS protected people's human rights while keeping them safe. Comments included, "We've been on the training and it gets updated" and "I know it's to protect them [People using the service] and what we need to do is follow the plan."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their expectations could be met.
- A detailed assessment of each person's needs was undertaken and was reviewed and updated regularly as their needs changed.
- The service used evidence-based assessment tools to identify people's care and support needs. For example, in relation to skin care, nutritional needs, social and emotional needs.

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

- People had in place hospital passports. A 'hospital passport' provides key information about each person, their communication and health needs, in the event they need a stay in hospital. They reflected people's health and medicines but also the most effective way of communicating with people.
- People had their healthcare needs met, and staff worked closely with local health professionals. People visited their local surgery to see their GP and community nurse and attended other health appointments regularly.
- Where a person experienced periods of anxiety or other changes of mood, staff knew how to respond effectively. They recognised triggers, and used positive behaviour support methods, which distracted the person and minimised their distress.

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

- People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
- Where possible, people were involved in meal planning, shopping and in some food preparation. For example, making snacks and baking. On the day of inspection one person was making their own lunch independently, but with staff close by if they wanted any support.
- Photos of meals for the day were in the kitchen. However, people did have choice and were not restricted to what was on show.
- Where people were at risk of choking or had specific dietary needs, this was highlighted on the front of each care plan to remind staff.

Staff support: induction, training, skills and experience

- People received effective care from experienced and knowledgeable staff who had the relevant qualifications and skills to meet their needs.
- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. All new staff shadowed more experienced staff before starting to work unsupervised.
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.

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

- Staff told us they had a very good relationship with the local GP practice as well as other professionals from health and social care. Records confirmed this with regular reviews and visits taking place.

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's physical and social needs were individual and varied. This did not impact on the opportunities available to them. Everyone was supported to access the local community and take part in activities that interested them.
- The staff team knew and respected people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. For example, some people were supported to follow their individual religious beliefs.
- People were seen to respond positively with staff throughout the inspection. It was clear staff understood each person's individual needs. For example, one person needed support to move. Staff were regularly checking the person was comfortable and had everything they needed.
- Staff spoke about people with respect and affection. They described how they supported not just the people living at the service but also family members. For example, they spoke fondly of a relative who called their family member every day. Staff understood how valuable the communication was.

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

- Some people living at Treseder House had limited verbal communication skills, staff understood people well and were able to respond to their needs. One staff member said, "We've got to know everybody and the best way to communicate. We use a lot of pictorial prompts and make sure we speak slowly and clearly."
- People's views were regularly sought through day to day interactions, and through individual care reviews. Staff spent time sitting chatting with people and supported them to make day to day decisions. For example, lunch was a social and relaxed event. Some people needed support with their meal, but others were able to support themselves. It was an inclusive time with lots of laughing and chatting between people and staff. People were being given choice and options as to what they wanted to eat and where they wanted to eat their lunch.

Respecting and promoting people's privacy, dignity and independence

- We observed staff working closely together as a team and ensuring people were supported in a caring and respectful way. For example, one person chose to stay in bed until later in the morning. Staff were discreet when checking on the person and ensured the door was closed for their personal privacy and dignity.
- People were supported to maintain and develop relationships with those close to them and be part of their local community. One person went to church independently every Sunday. Others attended a horticultural centre for adults with learning difficulties. Another person attended a 'Creative Workshop' in a local town and a day centre. A staff member told us, "There is never a dull moment. Always something going on every day."

- Some people were planning a holiday to a place they had been before. Staff told us this was important to them and they got the support they needed from the staff team who provided guidance for them.

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.

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

- People had care plans which reflected their health and social needs. These were updated regularly.
- There was information in care plans about people's communication needs and how they could be supported to access information. Hospital passports guided other professionals around how to communicate with people.
- People's care plans were detailed about their individual needs and preferences and were reviewed and updated as their needs changed. For example, a person's care plan included ways to minimise their risk of falls.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.
- Monitoring records were used to identify when care and support could be delivered differently to better meet people's needs. For example, providing additional 1-1 support where a person's mental and physical needs had increased.
- People were supported to pursue their interests and hobbies. People were seen to be occupied doing things they enjoyed. For example, reading, doing puzzles and speaking with each other and staff. Other people were out and about. One person had a cleaning job locally and was going swimming after lunch. Another had an appointment and staff were providing transport. It was evident that this was 'their' home and they had their own routines. There were enough staff available to support people in an activity of their choice.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. The provider had a complaints policy and procedure.
- The service had easy read posters on notice boards around the service to encourage people to raise any worries or concerns.

End of life care and support

- Staff understood the importance of putting things in place to support people when they are coming to the end of their lives.
- Six people had end of life plans in place. Two were in the process of being reviewed and updated if necessary. One person was currently being reviewed by their social worker and the registered manager had included the topic to be discussed as part of the review and planning.

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.

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

- During the inspection of 23 April 2018, we found the service was not being effectively managed due to ineffective auditing of records and maintenance systems. At this inspection we found improvements had been made.
- There was improved oversight of medicines and the way maintenance issues were reported on and mental capacity assessments and reviews were in place.
- Further work was required to embed the changes made to the auditing of records and this had been recognised by the registered manager. For example, work was underway to improve the medicines audit, so it was more meaningful and included additional information to alert the registered manager to any identified issues, in order to provide more detail about what action was being taken where issues had been identified.
- There was good evidence of clear lines of responsibility and accountability in the service. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- There was a positive working relationship between managers and staff. We were told, "We [staff] have a lot of confidence in the managers" and "Treseder House is a lovely place to work, I can't imagine working anywhere else."

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

- Staff meetings were held regularly. These were an opportunity for staff to discuss working practices and any concerns. One member of staff told us; "The communication is very good here. We have lots of meetings in small groups as well as large groups."
- Meetings with people using the service were taking place on a regular basis. However, a standard format of questions were used. For example, "Would you like to do any themed nights or outings". Several suggestions had been made including, Pub, Zoo, Chinese, Mexican. There was evidence the service did have themed nights and attended local pubs, but this information was not meaningful as there was no audit trail to demonstrate this. We spoke with the area manager about this. They agreed meetings needed to be more flexible with different topics being discussed. They assured us this would be addressed with immediate effect.

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 had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- People were consulted and involved in day to day decisions about the running of the service. For example, how they would like to personalise their rooms and personal space. If they would like to be involved in domestic tasks and what they would like in the garden area.
- There were daily handover meetings, where the registered manager and staff discussed how best to support people's individual needs, reviewed any incidents, or concerns.

Working in partnership with others; Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals. For example, by identifying training needs for staff where they were supporting a person living with dementia.
- The service management and staff team were supported by Mencap policies and procedures. These supported staff in their practice.
- There was evidence the management team were proactive in responding to any areas of concern and learnt from incidents to improve how the service was operated. This meant improvements could be made to continue to evolve and provide a good service for people.