

Sevacare (UK) Limited

# Triscott 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 ●

# Summary of findings

## Overall summary

The inspection took place on 12 April 2016 and was unannounced. The service had recently been registered with the Care Quality Commission (CQC) and had not been inspected before.

Triscott House is an extra care housing service that provides personal care for up to 33 older people. There were 29 people living at the service at the time of our inspection. Each person had their own tenancy with a housing association which also owned the building.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. They had recently been promoted to area manager, and another manager working at the service had made an application to become the new registered manager.

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 received their medicines as prescribed and in a safe way and there were records to show these had been administered. However, medicines records did not include information about how many medicines were received from the pharmacy and there were no recorded audits or tablet counts. Therefore there was a risk that the staff would not identify if there was an error with medicine administration, when stock was running low or another type of medicine error. There was no evidence of impact of these issues and the provider put them right as soon as we raised them.

Staff had received training in safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedure in place. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

Staff had undertaken basic awareness training in the Mental Capacity Act (MCA) 2005 and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). We were told and saw that people were given choices and the opportunities to make decisions, and records showed that consent was obtained.

People told us they felt safe and we saw that there were systems and processes in place to protect people from the risk of harm whilst giving them the chance to take positive risks. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence to ensure people's safety.

People's nutritional needs were being met. Staff supported people to shop for their food and cook meals in their own flats where they were able to, and supported those who chose to come downstairs to use the

restaurant.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and kept themselves informed of important developments within the social care sector in order to cascade information to staff, thus ensuring that the staff team was well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights. Care plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs.

A range of activities were provided in house and people were given the opportunity to take part in projects such as gardening club and running a shop. The provider had taken steps to develop the environment to meet the needs of people living with dementia and those with sensory impairments.

People, relatives, staff and stakeholders told us the registered manager, management team and staff were supportive and professional. The management team told us they encouraged an open and transparent culture within the service. The service supported people to raise concerns and used feedback to make improvements where needed.

The provider had effective systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

## 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.

People received their medicines as prescribed and in a safe way. However, medicines records did not include information about how many medicines were received from the pharmacy and there were no recorded audits or tablet counts. We did not see any evidence of a negative impact of this issue on people who used the service.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in the safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedure in place. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

Sufficient staff were available to provide timely support and meet people's needs. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support and this was evident in their care records. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were protected from the risks of inadequate nutrition and dehydration. People were supported and encouraged to shop for their food and cook their meals if they wished to.

Staff supported people to access healthcare services and liaised closely with healthcare professionals so people's needs were

met.

### Is the service caring?

Good ●

The service was caring.

Feedback from people and relatives was positive about both staff and the management team. Staff were seen to interact with people in a caring and respectful way and told us they felt cared for by all staff. Healthcare and social care professionals confirmed that people using the service were being well cared for.

Care and support plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were identified and met when their care and support was being assessed, planned and delivered.

People and relatives said they were involved in planning and reviewing their care.

A variety of activities were arranged that met people's individual interests. The registered manager organised in house activities and people had the opportunity to get involved in projects.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

At the time of our inspection, the provider employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

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# Triscott 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 12 April 2016 and was unannounced.

The 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. The expert for this inspection had experience of caring for elderly people living with dementia and people with a learning or physical disability.

Before the inspection, the provider completed a 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. We reviewed the information we held about the service, including notifications we had received from the provider.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including three people's care plans, four staff records and records relating to the management of the service. We spoke with 10 people who used the service, a visiting art instructor, eight staff including a team leader, a housing duty manager, the registered manager and the area manager.

Following our visit, we spoke with one social care professional and two healthcare professionals who were regularly involved in the care of people using the service, and two relatives to obtain their views about the service.

# Is the service safe?

## Our findings

People received their medicines as prescribed and in a safe way and there were records to show these had been administered. However, medicines records did not include information about how many medicines were received from the pharmacy and there were no recorded audits or tablet counts. Therefore there was a risk that the staff would not identify if there was an error with medicine administration, when stock was running low or another type of medicine error. Medicines were appropriately labelled with the exception of two medicated creams, which had not been labelled with the person's name or prescription details. Therefore there was a risk of these being administered incorrectly. We spoke with the manager about record keeping and the unlabelled creams and signposted them to guidance in the safe management of medicines. They took immediate steps to rectify this by speaking with their service manager and the pharmacist to put in place a more robust system. We did not see any negative impact of these issues for people using the service at the time of our inspection. Medicines were stored safely. Staff were trained in the administration of medicines and received a yearly update. Medicines policies and procedures were in place and staff demonstrated an understanding of the procedures they followed when they supported people with their medicines.

People we spoke with indicated they felt safe living at the service. One person said, "They keep me safe even when I go out" and another said, "I feel safe. The staff look after me well." One relative told us that the service was "brilliant", and felt that their family member was safe and happy living at the service. A healthcare professional confirmed this and said, "I have no concerns at all. I visit often and I know people are safe and happy."

People confirmed they would know who to contact if they had any concerns, and added they did not have any concerns about the service. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and records we viewed, confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Records were updated according to the outcome of each review. This included detailed guidance for staff to follow for a person at risk of falls due to a chronic condition.



Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. One staff member told us, "The team leader and management team are great. If we need them, they are there, straight away."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. This included an action plan to reduce the risk of re-occurrence and a referral to relevant healthcare and social care professionals.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service carried out regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. On the day of our inspection, a fire alarm test was carried out. We saw that where issues were identified during a fire test, an action plan was put in place. This included the need for some staff to undertake refresher training in fire safety. We saw that staff received regular training in this subject.

People's records contained detailed individual fire risk assessments and personal emergency evacuation plans (PEEPS). They included a summary of people's impairments and abilities, and appropriate action to be taken in the event of fire.

People and relatives told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. The service employed regular staff who were on site 24 hours a day.

People living at the service had their care needs assessed before they started living at the service, so that they received individual packages of care funded by the local authority. Some people required minimal support and others required visits up to four times a day to support them with their personal care needs. People and their relatives told us they were happy with the amount of support received. Everyone living at the service were issued with a call pendant, so that they could call for assistance wherever they were in the building. They told us staff responded to calls promptly.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

# Is the service effective?

## Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that people living at the service were fairly independent and had the capacity to make decisions about their care and support. However, they said that if they had concerns about a person's ability to make decisions, they would contact the local authority to request a review of their care. We saw evidence that this had happened recently, and that following a best interest meeting, it had been agreed for a person to move to a more suitable placement. We saw in people's care records that consent was obtained and people were involved in decisions about their care and support. This indicated that care and support was being delivered according to the principles of the MCA.

Staff told us they encouraged people to remain as independent as they could be. People said staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with were subject to an induction process that included a "care worker's assessment" where the staff member's competencies were assessed. This included manual handling, dignity and respect, personal care, medication support, safety and communication. Upon completion of the assessment, the named assessor provided feedback, and decided if the staff member was ready to work alone or if further training and support was required. One staff member told us, "I had never worked in care before, but the induction and training I received made me confident I could do this job well, and I have been here years now." In addition, staff received training the provider had identified as mandatory. This included, health and safety, first aid, moving and handling, infection control and food hygiene. They also undertook training specific to the needs of the people who used the service which included person-centred care, equality and inclusion, dementia care and dealing with emergencies. We saw that two training sessions had been organised with the Community Mental Health Team (CMHT) regarding a person's mental health condition to help staff support them. Staff had also obtained a nationally recognised qualification in care. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line

manager. One staff member told us this was "helpful" and provided an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. People and their families were involved in the menu planning, and told us they thought the food on offer was very good. People were supported to shop for their food and cook in their flats if they wanted to. One person told us, "I cook cabbage, chops and potatoes some nights with my care worker's help" and another said, "I can cook by myself, but if I think it is too dangerous, I wait for my carer to come." People had access to a restaurant at the service which provided a range of meals and drinks throughout the day at a low cost. The cook was provided with details of people's individual dietary needs and was aware of people's nutritional needs. We saw people enjoying lunch in the restaurant. One person told us, "This is lovely. I like eating here and meeting people."

People told us the service was responsive to their health needs. One person said, "I see the doctor and the nurse anytime I need them." Relatives confirmed that staff supported people with their health needs and kept them informed of outcomes of appointments. One relative said, "They keep me informed of my [relative]'s health appointment. I can trust them." One healthcare professional who visited the service daily said, "I meet regularly with the manager. They bring up concerns to us and we come over. They meet people's needs, I have no concerns." The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

The environment was clean and airy and provided suitable adaptation to meet the needs of people with physical and sensory impairment. This included each floor being painted a different colour, to facilitate orientation, and the use of braille and voice activation in the lifts. In addition, there was a hydro-pool and a gymnasium in the building, although people did not have free access to the gymnasium as it required a physiotherapist to be on site and the local authority did not provide funding for this.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received. One person told us, "The staff are very kind, they talk to me and I talk to them." Another person said that the staff and management were all "lovely and approachable." One relative was very happy with the service their family member received at the service and said, "I think it is brilliant! The carers are very good and caring, all of them. The standards of care are very high." One healthcare professional told us that the carers were all "very pleasant and helpful" and another said, "People are happy there, you can feel the vibes. If I had to use a service, I would go there." One member of staff told us they loved their job because they loved caring. They added, "We work as a team to give good care to people. That's why we are here. I love my job."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's unique needs.

Staff were expected to follow the policy and procedures regarding respect and confidentiality at all times and were aware of these. We saw a memo issued to staff following a breach of confidentiality reinforcing for all staff to behave in a professional manner, and reminding them of their duty to respect people's privacy and dignity.

Staff told us care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service.

People were well dressed and groomed and told us that staff assisted them with their care. Staff said they tried to promote people's independence by encouraging people to choose their own clothing and do as much for themselves as they could. Care plans were written in a respectful way. We saw a comment in someone's care plan which said, "Assist [person] with personal care whilst encouraging [person] to do what she is able to do" and "ensure [person] is comfortable and has a drink to hand."

People were given a service user guide which included contact details of local advocacy services, however this information was not displayed in the building which meant that the information was not easily accessible to people. We raised this with the registered manager who assured us that they would address this.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us that they were consulted before they moved in and they had felt listened to. A relative told us they had been involved in the initial assessment. The registered manager informed us that people were referred from the local authority and they had obtained relevant information from them. This included background information which helped understand each person and their individual needs. Two healthcare professionals said that the staff team provided a service which met people's individual needs.

The care plans were comprehensive and contained detailed information of the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. People we spoke with told us they were involved in making decisions and in the care planning process. One relative said they were involved in the care planning with their family member when they started using the service. We saw that records were signed by people, which meant that they had understood and agreed what had been recorded.

Staff encouraged and supported people to undertake activities of interest to them. There were a range of activities on offer which included bingo, singing, a gardening club, a visiting library and art. On the day of our inspection, we saw an external art instructor delivering a workshop to people using the service. They told us they encouraged people to develop their creativity through art and showed us some example of their work which had been framed and displayed around the building. Some people belonged to the gardening club and were involved in developing the garden to improve the environment. We were introduced to the opening of the "Hole in the wall", which was a shop run by two of the people living at the service. This provided a place for people to buy small items such as toiletries and small items of clothing. People were supported and encouraged to undertake outside activities, and some went out with family members. One person who used the service told us they went to work and enjoyed it. One healthcare professional said that there was always something going on, and added, "They always celebrate events, it's a happy place."

The service had a complaints procedure in place and this was available to staff and people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included when a person complained about a member of staff being abusive to them. We saw that the registered manager had taken appropriate action by following the disciplinary procedure. People told us they were confident that if they had a concern, the staff and management would address it. One person said they never had to complain about anything, but would tell their main carer if they had a concern. Relatives we spoke with told us they never had to complain about the service, but felt they would be listened to should they have a concern. Staff we spoke with confirmed they were aware of the complaints procedure and would be confident to make a complaint if they had to. One staff member said, "I don't really complain, but when I have raised an issue, I have been listened to immediately, and it is dealt with. I feel listened to and supported."

## Is the service well-led?

### Our findings

The registered manager had been in post for three years. They were supported by an established senior team in running the service and told us they believed in providing good quality care and support to people.

People and their relatives were complimentary about the registered manager and the senior team and told us they were all approachable. One person said, "I have meetings with the manager and tell them what I need. They listen to me." Staff we spoke with thought the service was well-led. They told us the managers were hands on, supportive, open and transparent in their approach. One staff said, "They listen. They have an open door policy, and very helpful" and another commented, "We all work as a team with the management. They bond with us and make us feel valued. When we suggest something, we get an instant response." One relative confirmed this and said, "They are so good. They always reply to me regarding anything I ask. Straight away!" One healthcare professional told us the registered manager was experienced and professional and led an efficient service. A social care professional said, "I have never had any concerns about this service. It is good."

Staff informed us they had regular meetings and records confirmed this. The items discussed included feedback from meetings for people using the service, health and safety, safeguarding, policies and procedures and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, a reviewing of their needs and any changes to be made to their care plans. The management team organised monthly meetings for people who used the service. Issues discussed included activities, care and any suggestions and information about the service. We saw the minutes of a meeting which showed that people were fully involved in planning and their suggestions taken seriously. This included the gardening club being involved in developing the water fountain.

Staff were informed of important issues and guidance was circulated, such as what to look out for when caring for people during a heatwave, and specific safety instructions for a person who smoked. We saw a memo issued to staff highlighting areas for improvement following an inspection by the local authority. This included respect and professionalism, communication and dignity and ID badges. The company issued newsletters to staff which included company updates, training and areas of interest. The senior staff carried out regular spot checks to ensure staff were meeting people's needs. These included punctuality, dress-code, if the staff had followed the care plan and had stayed for the length of time required.

The registered manager told us they received a good level of support from the company and took part in monthly managers meetings. Discussions included health and safety, staffing and any relevant issues arising within the company.

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included audits of the MAR charts, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, action plans were put in place to make

improvements in the service. This included a supervision session to address a concern with a member of staff who had failed to record important information. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular. The provider had contingency plans in place in the event of fire or utility failure, adverse weather or a major pandemic.

People were consulted about the care they received through quality assurance questionnaires. We viewed all the questionnaires received in February 2016 which indicated that people were happy with the service overall. Some of the comments we saw included, "Very happy with the service provided", "They are very respectful and trustworthy." We saw that where there were concerns raised, the provider had taken these seriously and addressed them.