Trinity-Herts Care Homes Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 12 and 13 April 2016 and was announced. We gave the provider 48 hours' notice that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The service was registered in December 2013 and had not been previously inspected.

The service provides personal care for people living in a supported living scheme in North London. At the time of our inspection, the service was providing care and support to one person who was living at the scheme and a second person whom they supported as part of a respite programme, once a month.

There was a registered manager in post who was registered with the Care Quality Commission. 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.

The inspection took place over two days. On the first day of the inspection we visited the service's main office. On the second day of the inspection we visited the supported living scheme in which the service provides care and support. On visiting the supported living scheme we observed that it was clean. On entry we were introduced to one person living at the scheme. They were able to welcome us into the scheme and gave us permission to look around. The scheme had a relaxed and homely feel.

The registered manager and staff were aware of the basic requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate a basic understanding of mental capacity and how this may impact on people living at the service. However, staff needed to be provided with more in-depth knowledge in this area especially as the service had not completed mental capacity assessments for the people that they support, even though they identified that these people may lack capacity to make decisions in particular areas. In addition, the person living at the supported living scheme was unable to leave the home without being accompanied by a staff member and therefore may require a DoLS authorisation. This had not been addressed by the service.

People and relatives were positive about the care that they received and about the staff who supported them. Staff knew the people they supported very well and were able to tell us about their individual needs and requirements and how they supported them with these.

Positive caring relationships had been developed between people who used the service and staff. People were treated with kindness and compassion, dignity and respect. Staff provided prompt assistance to people but also encouraged and promoted people to build and retain their independent living skills.

Policies and procedures were in place to help ensure people were protected from abuse or risk of abuse. A

detailed safeguarding policy was in place which gave staff information and direction on how to recognise signs of abuse and how to report abuse to the appropriate authorities. Risk assessments were in place that considered the individual potential risk for each person using the service.

People received personalised care that was responsive to their needs. Care plans were detailed and specific to each person and their needs. Care plans included a specific document about the person's personal support and care needs which was drawn up with input and contribution from the person themselves. These documents were pictorial with a statement written by the person about how they wished to be supported. However, the service had not completed a health action plan which would provide vital information to assist other health providers to support people effectively through their journey when accessing health care services.

We saw suitable arrangements were in place in relation to the recording and administration of medicines.

The service had appropriate procedures in place to ensure safe recruitment processes were followed. Staff had the appropriate skills and knowledge to carry out their role effectively. Regular training and refresher sessions were offered to the staff team where required. All staff received regular supervision where they could discuss their work and any related issues or concerns. Supervision also addressed any training or development needs. However, the service had not carried out any annual appraisals with any of the staff members. We spoke with the registered manager about this who told us that they would ensure that all staff members received an appraisal over forthcoming weeks. Care staff we spoke with felt supported by the registered manager and were positive about their experience of working at the service.

Relatives of people using the service knew the registered manager and senior carers and felt able to raise any issues or concerns they may have had. Relatives and staff were encouraged to complete regular quality assurance feedback forms in order to learn and improve services. The provider also had systems in place to monitor and improve the quality of the service.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. The service had a robust safeguarding policy in place and staff were aware of what steps they should take to protect people.

People's personal safety and any risks associated with their care was identified and reviewed.

Safe recruitment processes were followed to ensure the safe recruitment of staff.

Is the service effective?

Requires Improvement

The service was not always effective. Although, we saw evidence that staff had received MCA training, staff that we spoke with could only demonstrate a very basic knowledge base in this area.

People were able to make their own choices and decisions where able to however, the service had not completed a mental capacity assessment in areas where the person possibly lacked capacity. A DoLS authorisation had not been requested for one person who was unable to leave the home of their without staff supporting them.

Supervisions were carried out on a regular basis and staff felt supported by the registered manager. However, the service was yet to complete appraisals for any staff members who had been in employment for more than one year.

Is the service caring?

Good

The service was caring. Relatives of people who used the service told us that the staff team were caring and considerate.

We observed people to be treated with kindness, compassion and mutual respect. Staff interaction with people was positive, encouraging and supportive. The atmosphere within the service was relaxed.

Staff demonstrated in-depth knowledge about the people they supported. This included knowing the individual's character and

personality and how they were to be supported.

Is the service responsive?

Good

The service was responsive. Care plans were person centred, detailed and specific to each person and their needs.
The provider did not complete health action plans in order to ensure that people experienced a smooth and effective service from other external health providers.

Relatives we spoke with told us that their complaints were listened to and acted upon. We also saw that regular reviews of care were taking place for the people using the service and their relative.

Is the service well-led?

Good

The service was well-led. Relatives and commissioners that we spoke with had confidence in how the service was managed and how it supported people.

The provider had a quality assurance system in place to monitor and improve the quality of the service.

Staff that they felt supported by the registered manager. Relatives and staff were also asked to complete annual questionnaires in relation to the support people received and asked for feedback on improvements that could be made.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 12 and 13 April 2016 and was announced. We gave the provider 48 hours' notice that we would be coming. We gave the provider notice of our inspection as the location provides a domiciliary care service within a supported living scheme and we needed to make sure that someone was at the office in order for us to carry out the inspection. The service was registered in December 2013 and had not been previously inspected.

The inspection team comprised of one inspector.

Before we visited the service we checked information that we held about the service and the provider. This included looking at notifications and incidents affecting the safety and wellbeing of people as well as information that the provider had sent to us as part of the Provider Information Return (PIR) process. The PIR is a form that asks the provider to give us some key information about the service, what it does well and improvements they plan to make.

As part of the information gathering process we also contact local authority commissioning teams for their views and experience of the service.

As part of the inspection process we spoke with two relatives, the registered manager, one senior carer and one carer. At the time of the inspection there was only one person who used the service who was engaged in their own activity but also had limited communication and were unable to share their views about the care and support that they received. We observe people being supported and interactions between them and

care staff. We looked at the care records of the two people who used the service as well as four staff files. Other documents we looked at relating to peoples care included risk assessments, medicine records, policies and procedures and training records.

Good

Is the service safe?

Our findings

When asked if the people using the service were safe, relatives told us, "Yes I've never had any problems" and "Yes he is safe."

The provider had a detailed safeguarding policy in place which detailed how to report abuse, what actions to take, definitions of the different types of abuse and how to identify abuse and possible abusers. It also included information on how to prevent abuse from occurring and how to report and whom to report to. This included contact details of the local authority and the Care Quality Commission (CQC). Safeguarding procedures were also displayed at the office which gave direction to staff and the management of the referral pathway that should be followed in case of an allegation of abuse.

Staff that we spoke with demonstrated a clear understanding of safeguarding and how to recognise potential signs of abuse and how to report this. One staff member told us, "I wouldn't have a problem reporting abuse." Staff training records that we looked at confirmed that staff had received safeguarding training. Staff also understood the term whistleblowing and to whom this must be reported to. Staff knew that they could report their concerns to the local authority and the CQC. One staff member told us, "It's about going up the chain of management and protecting the adult."

The provider had a medicines management policy in place to support staff and provide guidance to staff about the administration and recording of medicines. We found there to be appropriate systems in place to manage the safe administration and recording of medicines. Staff who were administering medicines had been trained to do so and staff training records that we looked at confirmed this. We looked at the Medicines Administration Record for the one person who was using the service. We saw that there were no unexplained gaps. As there was only one person using the service, staff were able to monitor and audit medicines on a daily basis and errors such as missed signatures or missed medicines would be highlighted and addressed immediately. All medicines were kept in a lockable cupboard and temperature checks for this cupboard were recorded on a daily basis. A discussion took place around the future monitoring of medicines especially if the service began to provide care to more than one person. The registered manager acknowledged that a more formal auditing system would need to be introduced to ensure that people continued to receive their medicines safely.

Risk assessments had been completed and were individualised according to peoples personal, behavioural and specific care needs. We saw risk assessments completed for areas such as abuse and harassment of others, vulnerability to suffer harm through the display of challenging behaviour, vulnerable to abuse and exploitation, general hygiene/personal care and incidents of violence and aggression. Risk assessments looked at the hazard and risk posed, any relevant history, the risk controls in place and a final risk rating. The provider had a risk calculator where the risk would be calculated by considering the likelihood of the event occurring and the probable type of injury. Both these would be graded and then the number multiplied to set the level of risk.

Staff were aware of the individual risks associated with the people that they supported and knew how to

manage these risks whilst ensuring people were free to be able to make their own choices and decision about their day to day lives. Staff knew the people they supported especially in relation to their behaviours and managing any adverse incidents that took place. Staff were able to tell us of potential triggers and described to us what they would do to support the individual and how they would diffuse the situation effectively with a positive outcome. The registered manager told us that risk assessments were reviewed every six to nine months or when required. We saw evidence of this taking place and relatives had been involved in the process and had signed the risk assessment review.

We looked at the accident and incident records that the service held. There had been no accidents or incidents over the past one year. However, the service did record any minor incidents as part of the daily and night handover report. We saw a sample of these reports and found them to be very detailed in content and noted any behavioural incidents and how they were resolved.

At the time of the inspection there was only one person using the service. This person was funded to receive one to one care. We looked at staffing rotas and found that one to one care was provided 24 hours a day which included a night sleep in carer between the house of 10pm and 7am. The provider has not needed to use any agency or bank staff and is able to manage any sickness or annual leave within the current staff team. The registered manager was also noted to provide support and formed part of the rota when required.

There were appropriate recruitment processes in place. Staff files that we looked at contained a completed application form, a completed interview record which included a written exercise and numeracy test that the staff member was required to complete. Two references had been obtained and identity verification documents had been obtained. We noted that the registered manager had obtained copies of criminal record checks for staff members from their previous employment. The registered manager would then request a criminal record check three years after the date of the one they had already obtained. We spoke to the registered manager about this and discussed possible other safeguards that they could introduce to assure themselves that the staff they employed were suitable and safe to work with vulnerable adults. The registered manager told us that they would look into this process to ensure safe recruitment of staff.

The scheme we visited was clean and well maintained. Care staff ensured the home was clean and well-presented and where appropriate people were encouraged and supported to maintain the cleanliness of their own rooms and living areas. We also looked at maintenance records and found that the service was completing two weekly fire safety checks and annual maintenance checks of fire extinguishers and fire blankets.

Requires Improvement

Is the service effective?

Our findings

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 when this is in their best interest and legally authorised under the MCA. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the MCA and DoLS and the importance of obtaining consent, but had not applied the principles to the person that they were supporting at the scheme. A mental capacity assessment had not been completed for this person even though the registered manager confirmed that the person lacked capacity in certain areas of their care. The registered manager also told us that the person they supported was unable to leave the scheme and access the community without the supervision of a care staff member. This suggested that the person may be being deprived of their liberty and could possibly be subject to a DoLS authorisation. The service had not addressed this with the local authority. When we highlighted this to the registered manager they immediately contacted the local authority who was commissioning this persons care to highlight and address this matter.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were supported with their care were unable to consent to the care and support that was provided. However, we saw evidence that relatives were involved with the care planning process, consent to care had been sought and where people themselves were unable to sign, relatives had signed the care plan on their behalf.

Staff had the knowledge and skills they needed to perform their roles effectively. One relative we spoke with told us, "Staff are definitely trained," Staff we spoke with told us, "Yes, if I ask for more training the manager would give me more training" and "I have been enrolled to complete a qualification in health and social care."

The registered manager provided us with the training matrix which had details of all the staff members, the training courses they had completed and the date they had completed them. Topics covered included autism awareness, prevention and management of violence and aggression, challenging behaviour, medication, fire training, first aid awareness, health and safety and mental capacity. We also saw staff training records including certificates confirming this. However, when we spoke with staff about the principles of the MCA and DoLS staff had to be prompted in order to explain what their understanding was of the MCA and DoLS and how these would apply to the person they supported especially in relation to DoLS.

Staff told us, "The MCA is the ability of the person to make a decision, give them support to make a decision and not to rush them" and "We do have to ask them, it's not always about prompting." Staff were unable to describe what a DoLS was and when this would apply.

We recommend that the service delivers further training for staff about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how this may apply to people they may support.

Staff that had been recruited by the service had not received an induction because before the current provider took over the same staff were employed by the previous provider at the same scheme. Although they had already received an induction with the previous provider records had not been transferred to the current provider. All staff that transferred received refresher training and the registered manager told and showed us that they had processes in place to deliver the Care Certificate to any new staff who were recruited. We also saw evidence that the provider was registered with Skills for Care. Skills for Care are the nationally recognised body for workforce development in adult social care.

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff that we spoke with told us that they received regular supervisions. One staff member told us, "We have a few, every two months." Another staff member told us, "I get plenty of support." We saw that recorded supervision notes for each staff member had been kept as part of a supervision folder. Supervision discussions covered topics such as key working, team work, service users, complaints, training and development. Appraisals were yet to be completed by the registered manager as most people had only just completed a full year or were due to complete a full year of their employment with this provider. The registered manager told us that these will be completed immediately.

People were encouraged to get involved in decisions about what they wanted to eat and drink. The one person who used the service enjoyed eating any type of meal that was presented to them and did not have any dislikes or preferences. This was clearly documented within their care plan. Staff we spoke with told us, "If the person is not happy with the choice of meal they will tell you what they want instead." Relatives, however, were able to give their opinion on what they would like the person to eat and drink. A very strong emphasis was made on healthy eating which the service accommodated effectively and if there was something on the menu that the relative was not happy with this was amended to reflect the feedback. Menus were set seasonally and were displayed in the dining area of the scheme. People were encouraged to get involved in preparing and cooking their own meal.

People were supported to maintain good health and have access to healthcare services when required. We saw records of visits that had been made to the GP, dentist and to the hospital for blood tests as part of an annual review. We also saw records that indicated that one person was due for a psychiatric review. People's weights were recorded on a monthly basis and processes were in place to refer to health care professionals if there were any significant weight loss or gain noted. However, the service had not completed a health action plan for the people they were supporting. Health action plans provide detailed information and overview about an individual and their health needs in order for them to be able to receive a co-ordinated and effective service especially if they were admitted to hospital in an emergency. The registered manager had guidance on how these should be completed and ensured us that this would be done immediately.

People's rooms within the scheme were personalised with pictures, photographs and items of interest belonging to the person. People were supported by staff members to decorate their own rooms.

Good

Is the service caring?

Our findings

We met with the person who lived at the scheme on the second day of the inspection. The person looked happy and content and wanted to make us a cup of tea as soon as we arrived, especially because they also wanted a cup of tea. We observed staff encouraging and supporting the person to access the kitchen to put the kettle on and make a cup of tea. They seemed to be very happy. Due to their limited verbal communication ability they were unable to make comment about how they felt about the care that they received.

We spoke with relatives to find out about the care that their relative received. One relative told us, "They are happy there, the staff are caring" and "I really feel that my relative feels part of the family." Another relative told us, "I am very pleased with the care, they always come back from their respite break very happy."

We observed interaction between staff and people who used the service during our visit and saw that people were relaxed with staff and confident to approach them. Staff spoke with people with respect and always gained consent whenever they needed to do something. For example, staff gained people's consent as we entered the scheme and also gained their consent so that we could look around the scheme and look at their bedroom.

People's needs in respect of their age, disability and religion were clearly understood by staff and met in a caring way. Staff that we spoke with knew about people's religious beliefs and whether they were practising or not. Staff showed us that they knew people they were supporting well and supported them in a caring, respectful and knowledgeable way. Staff also demonstrated a very detailed understanding of people's history, preferences and problems.

The registered manager told us that they also owned a property in Eastbourne where they take people they support on holiday on a regular basis. One relative told us, "I get to see lots of photos of different activities that they do and you can see from my relative's face that they are enjoying themselves."

There was a relaxed and homely atmosphere within the scheme. People had free movement around the home and could choose where to sit and spend their recreational time.

Staff had a very good awareness of people's health and mental wellbeing. They knew about people's personalities, the signs of when they were becoming distressed and how to support them when they became upset or anxious. One staff member we spoke with told us, "When a person gets distressed, we try and sit them down, talk to them, count to ten and they will calm down." Another staff member also told us, "The person we support is able to do things for themselves but if they do refuse personal care, we start talking to them and explaining to them what we are doing."

We noted within people's care plans that picture cards were used as a means of communication with the people they support. When we visited the scheme we asked to have a look at these picture cards. Staff explained that every morning, as part of the person's routine, they would sit down and through the use of

the picture cards, the person would decide what they would like to do for the day. This included a variety of activities, visiting day centres, cycling and also included a variety of daily living activities like cooking, cleaning and laundry.

Although people were involved in day to day care planning, some relatives we spoke with felt that they had not been part of some of the decisions that were made jointly by the people living at the scheme and the service. Relatives communicated to us that this was not a major concern but sometimes, would like to still feel that they still played an active part in their loved ones care and as such would like to be involved in some decisions that were made, for example when buying clothes or personal items. One relative told us, "I would like the service to ask me if there are significant things that need to be bought so that I feel that I am still the parent."

Good

Is the service responsive?

Our findings

Relatives told us that they were happy with the care that people received and felt able to approach the registered manager and staff to raise any concerns or issues they may have. One relative told us, "I speak to the manager quite regularly and I always get a good response. They are very understanding, very flexible and if you give them notice they are very accommodating." Another relative told us, "The management and staff relate to me well, however, I would like them to be a bit more pro-active in letting me know when things are a little different."

People received personalised care that was responsive to their needs. We looked at the care plans for two people, which contained detailed information about their life, emotional and mental health needs, social inclusion and their personal and care support needs. Care plans provided information on how people should be supported and alongside how to promote their independence. Each care plan was individualised and reflected people's needs, preferences, likes and dislikes. Care plans also provided information on how to support people especially when they became distressed or agitated. This included signs and triggers to look for which would highlight to the staff if someone was becoming agitated and the techniques to use to calm the person down.

On one person's care plan we noted that a section named 'My personal support/care needs' that had been put together with input from the person themselves. There was a pictorial statement that the person had written with the support of a staff member. This gave information about how the person wanted to be supported, communication preferences – verbal and non-verbal and details of their social life including likes and dislikes.

We noted that people were supported to take part in a variety of activities on a daily basis. Pictorial communication cards were used to with people on a daily basis to plan their day. Activities included attending day centres, swimming, cycling, food preparation, bowling, computers and daily living activities.

As part of the inspection we noted that only certain sections of the care plan were held at the scheme and that a full copy of the care plan was only held at the provider's main office. This meant that staff or visiting professionals did not have access to the full care plan and the information contained within it about the person and the support they required. We highlighted this to the registered manager who told us that they would make sure a copy of the full care plan was placed at the scheme.

The provider had a complaints policy and procedure in place which also included an easy read and pictorial version to enable people using the service to read and understand about how to complain. A copy of the pictorial complaints policy was seen in one person's folder at the scheme. The complaints policy detailed procedures on receiving, handling and responding to complaints as well as the contact details for external agencies including the CQC and the local ombudsman whom people could contact if they felt that their complaints had not been dealt with effectively by the provider.

We looked at the complaints records held at the scheme and noted that the service had not received any

formal written complaints. The registered manager told us that they had not received any formal written complaints but they had received minor concerns around particular areas such as food. The registered manager told us that although these issues had been resolved they had not been recorded.

Good

Is the service well-led?

Our findings

Relatives that we spoke with knew who the registered manager was and found them to be approachable and felt able to communicate with them especially when they had any concerns or issues to raise. Staff that we spoke with also felt supported by the registered manager. One staff member told us, "The manager is lovely, very supportive." Another staff member told us, "We get plenty of support."

The registered manager told us that they did not hold formal staff meetings. The registered manager explained that due to the staff team being very small they were able to speak with staff individually to communicate any information that they needed to know. A lot of the information was passed over the phone on a daily basis and the registered manager also told us that they visited the scheme at least twice a week. If there was particularly important information that needed to be communicated they would visit the scheme at each shift so as to ensure that they met with all the staff. The staff team also maintained very detailed handover records as a method of communication which staff would read each time they attended to their shift.

During the inspection we looked at a number of policies and procedures. We noted that these were current and comprehensive. People who used the service and staff members had access to information and guidance in respect of the organisation and the procedures to follow. Staff were also required to sign and date each policy they looked at to confirm that they had read and understood the content.

The provider used an external consultant to carry out quality assurance audits. These audits looked at external physical factors such as the health and safety of the supported living scheme as well as internal areas such as care plans and staffing records. As part of the audit an action plan was devised which the registered manager would work through in order to learn and make improvements. These audits were carried out on an annual basis. We also noted that the registered manager held a supervision matrix for each staff member, which highlighted when the last supervision had taken place and when the next one was due.

The service, as part of their daily handover, maintained daily checks of people's finances and completed checklists for areas such as cleaning and medicine administration to confirm that these tasks had been completed.

The service had carried out an annual satisfaction survey for relatives and staff members recently in February 2016. We noted that relatives had given positive feedback as well as had made comments for improvements. We spoke with the registered manager about how they dealt with comments and suggestions that had been made. In relation to one particular comment that had been made about communication and in particular about no-one answering the phone at the scheme, the registered manager told us that they had spoken to the relative about their concern and explained to them why it may be that no-one was answering the phone and how they planned to improve this situation to ensure it did not happen again. Staff also completed an annual questionnaire but the questionnaire asked staff about the experience of the person receiving the service as opposed to gaining feedback from staff about their experience of working for the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had not considered and applied for the relevant authorisations where a service user was possibly being deprived of their liberty for the purpose of receiving care or treatment. Regulation 13(5)