

# Abele Care Limited

# Trevella House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 21 June 2018. We last inspected this service on 28 and 29 September 2016 where it was rated as Requires Improvement overall. At this inspection we identified several issues and found further improvement was required.

Trevella 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.

Trevella House is registered to provide accommodation and support for a maximum of six people with mental health support needs. At the time of our inspection there were five people using the service. The provider is also the registered manager who was present during our inspection visit. 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 monitoring and recording of people's medicines required further improvement. The shortfalls identified at this inspection had not been found by the provider's audits. This meant the provider had not met all the legal requirements regarding their governance systems because their audits had not improved sufficiently in this area from the last inspection. Our regulatory response to this will be issued in a supplementary report once our decision is made.

People told us they felt safe and able to raise concerns with the provider. Staff members were aware of their responsibilities to protect people from the potential risk of harm and knew the processes they needed to follow to report any suspicions of abuse. Risks to people had been assessed and people felt involved in decisions about their support. There were some concerns raised about the numbers of staff on duty and their deployment to ensure people and staff members were fully supported and kept safe from any risk of potential harm. The provider's recruitment processes had improved; employment checks had been undertaken on staff to ensure they were suitable for their roles. Staff members received supervision but there were mixed responses about the support they received from the management team to carry out their roles.

People told us they received adequate support with their medicines and did not raise any concerns, although the management and auditing of medicines required further improvement. There were processes in place to ensure the premises and household equipment was checked to maintain people's safety. People were protected from the risk of infection. There were systems in place to investigate incidents and share learning when things went wrong.

People's support needs were assessed. People were supported to make informed decisions about their

support, offered choices and staff sought people's consent. People received support from staff that had received training. People told us they were happy with the support they received to maintain their nutritional health and wellbeing. We saw evidence that people were being supported to access healthcare professionals when required.

People told us that the staff members were kind, respectful and caring. We saw positive interactions between people and staff members. People were supported by staff that respected their privacy and dignity and promoted their independence. Staff members were aware of the provider's policies to prevent discrimination and promote equality and diversity at the service.

People told us they felt involved in their support, although there were mixed responses about receiving encouragement to follow interests and hobbies. People were confident any concerns or complaints would be appropriately responded to.

## 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 told us there was sufficient numbers of staff to support them.

People were safeguarded from the risk of abuse because there were appropriate processes in place and staff members were aware of their responsibilities to keep people safe. Risks to people were monitored and reviewed and they received support with their medication.

People were protected from the risk of infection and cross contamination.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received training.

People needs and choices were assessed to ensure staff were provided with the information required to support people effectively. People received support with their nutritional needs and had access to a range of healthcare professionals to maintain their health and wellbeing.

Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and these were being consistently followed.

### Is the service caring?

Good ●

The service was caring

People told us staff members were caring.

People were supported to maintain their independence and had access to advocacy when required.

People's privacy and dignity was respected by staff.

### Is the service responsive?

Good 

The service was responsive.

People were supported with interests and hobbies.

People's support plans were reflective of their current needs.

People were aware of the complaints policy and how to raise any concerns they had.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led

The provider had audits in place to monitor the quality of the service being delivered to people. However the monitoring and recording of people's medicines required further improvement. The shortfalls identified at this inspection had not been found by the provider's audits.

There were mixed responses about the effectiveness of the management team.

Statutory notifications about notifiable incidents had been submitted.

# Trevella 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 the 21 June 2018. The team consisted of one inspector and one assistant inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also received information from the Clinical Commissioning Group they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with two people, four staff members and the provider. We sampled records of two people including their support plan, risk assessments, nutritional information and medication records to see how their support, treatment and medicine was planned and managed. Other records looked at included one recruitment file to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

# Is the service safe?

## Our findings

At the last inspection in September 2016, we rated the provider as 'Requires Improvement' because recruitment processes were not robust. The provider's PIR stated they had learned from their previous experiences and followed safer recruitment practices to ensure they employed staff who had the skills, experience and competencies required to support people. At this inspection we found there had been an improvement. We checked one staff member's file and found pre-employment checks and a Disclosure and Barring Service check (DBS) had been completed. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. We asked the provider what measures they had in place for the suitability of agency staff. The provider explained they used the same agency that sent regular staff who knew the service and the people living there. Although the provider did use a number of agency staff, people and permanent staff we spoke with confirmed they were regular agency staff that was familiar with the service.

People and most of the staff we spoke with told us there was sufficient staff on duty to support people. Our observations on the day showed there were sufficient staff members on site to support people. However, some issues were raised about staffing levels at night. One person said, "I do like to go for walks and need someone with me but I can't always go when I want to because there's no-one around to take me because you can't leave them [staff] on their own. I wonder then if there should be two staff on at night." We noted from the provider's PIR there was reference to a 'dependency tool' that supported the provider to assess staffing ratios. The provider explained that before anyone new came to live at the home an assessment was completed to measure the level of support and the likely staffing ratio required to provide a safe environment for people to live in. The provider also told us they were currently in discussions with staff about reviewing staff numbers and how they should be deployed across the service.

People we spoke with told us they felt the home environment was safe. Two people told us, "Yes, I feel safe here, I feel comfortable with the staff," and, "It is safe living here, we have some arguments but generally everyone gets on." Staff we spoke with knew how to report any suspicions of abuse. One staff member said, "I'd report it to the manager and if I didn't get anywhere I'd contact CQC." We saw the provider had a whistleblowing policy to support staff to raise concerns. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. We saw that when necessary the provider had raised concerns about people's safety with other agencies in order to protect them from the risk of harm. We reviewed the incidents and found the provider had worked closely with partner agencies where appropriate.

All people living at the service had mental capacity to make decisions about their medicine and those we spoke with, all told us they were satisfied with the support they received from the staff. One person told us, "Always given [medication] to me on time, it's very good here." We found staff had received medication training and refresher training had been arranged for 2018. We saw that some people were supported by staff to self-medicate and arrangements were in place to ensure this was done safely. Records we looked at showed there was input from community professionals where required to review and monitor people's medication.

People spoken with told us they were satisfied with the cleanliness of their rooms and had no complaints. One person said, "It's very clean, my room is cleaned at least once a week." We found there were cleaning schedules in place and infection control auditing and monitoring tools were been used. Aprons and gloves were available for staff to use when required. There were no unpleasant odours and we found the kitchen area was clean and suitable to prepare food.



# Is the service effective?

## Our findings

At the last inspection in September 2016, we rated the provider as 'Good'. At this inspection we found the provider had remained 'Good'. People told us they had been involved in the assessment and planning of their support needs. One person explained, "We have meetings [with staff] and we talk about things." Support plans we looked at showed evidence that elements were individualised for people. Systems were in place, such as a communication book, to help staff share information with each another. Staff were aware of people's preferences that helped them monitor people to ensure they were in good health.

Staff told us they had completed their training and felt equipped with the skills they needed to support people effectively. The PIR stated the provider encouraged continuous professional development and our conversations with staff supported this statement. One staff member said, "Quality of the training is good, lots of interaction with the trainer, we're given questions at the end of the session to see what our knowledge is." People we spoke with said they were happy with the level of support they received from staff. One person said, "They [staff] are very competent". Whilst the staff had not all completed the Care Certificate, the provider had a training programme in place that was based on the same standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people. Records showed staff members had received supervision, completed their training and had their competencies reviewed.

We saw people prepared snacks, meals and drinks of their choice. People told us they were happy with the nutritional support they received. One person said, "The staff encourage me to eat healthily and I do my own shopping." Another person told us, "We are asked our opinion and complete a questionnaire about our food likes and dislikes." Staff explained they prepared one hot meal for people each day and encouraged them to make their breakfast and supper. One staff member said, "We talk [to people] about what food they would like." People's dietary needs had been recognised by the provider who helped ensure people could access foods appropriate to their religion and preferences. The provider explained how they ensured people had enough to eat and had made referrals for more support when required.

People were supported to access further support, when required, for example, the GP, dentist, the optician, community nurses and psychiatrists. One person told us, "I go to the hospital regularly for check-ups". Staff spoken with explained how they supported people with their health needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the service was working within the principles of the MCA. People were able to make their own decisions and therefore it was not necessary for applications to be made to deprive people of their liberty. People we spoke with told us

they left and returned to the home as they pleased and chose how to spend their time. Staff showed an understanding of their responsibilities in relation to the MCA and had received some training in this area. Staff gave examples of how they supported people to make their own decisions, whilst promoting their wellbeing.

## Is the service caring?

### Our findings

At the last inspection in September 2016, we rated the provider as 'Good'. At this inspection we found the provider had remained 'Good'. People told us the staff were kind to them. One person said, "I like it here, the staff are ok." Another person told us, "The staff treat us well." We saw that staff were friendly in their approach to people and observed some very positive interactions between them. One staff member told us, "They [people living at the home] are good guys, we're honest and open with them and they like that." The PIR stated the provider trained staff to ensure they had the qualities required to deliver a caring service. The conversations we had with people and our observations supported this statement.

People we spoke with told us they were involved in decisions about their support. One person said, "The staff listen to you, your opinion counts." There was a keyworker system in place to ensure there was a level of consistency for people when being supported by staff. Keyworkers were there to talk through people's wellbeing and any support they needed. We saw how a staff member had worked with one person to develop a personalised support programme around their nutritional needs. The provider explained how the service had supported another person to access advocacy services to help them move on from the service into their own accommodation. Advocacy is a way of making sure a person is heard when a decision is being made. It involves looking at choices and enabling people to know their rights.

People were supported to be independent. We saw one person was helping to maintain the garden; other people went to the local shops to buy food and then prepared their own meals. One person told us, "Staff do encourage me to be independent, they think I should do more, which I agree with, I should do more shopping myself [staff name] has helped me draw up a list of food I like." Records showed there was information for staff on how they were to support people to maintain their independence. The PIR stated the provider offered people a choice of being assisted and respecting when people said no. Staff were seen to encourage people to develop and maintain their life skills.

People told us staff respected their privacy and dignity. One person told us, "They [staff] respect me as a person." Staff addressed people by their preferred names and people told us staff would knock on their bedrooms doors and asked if they could enter. Staff members knew the people who lived in the home well. They explained how they ensured people's privacy and dignity. One staff member said, "I always knock and ask permission to go into their [peoples'] rooms." The provider ensured staff were familiar with their confidentiality policy. A staff member told us, "You don't talk to other residents about personal information." This safeguarded peoples' privacy and protected their confidentiality.

People told us they were supported to maintain contact with family and friends close to them, if they chose to. Staff knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Records contained information about people's personal histories, albeit limited information in some cases, people's preferences and interests so staff could consider people's individual needs when supporting them. Staff respected people's individuality and diversity and understood how peoples' past experiences could affect them. We found that people were given choices and were asked whether they had any special dietary

requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations. The provider told us they created an inclusive environment and whilst they were not formally aware of anyone living at the service who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) all relationships would be respected and people encouraged to be open and comfortable within a safe and supportive environment.

## Is the service responsive?

### Our findings

At the last inspection in September 2016, we rated the provider as 'Good'. At this inspection we found the provider had remained 'Good'. People we spoke with told us they were involved in developing their support needs and that they were reviewed. The support plans we looked at recorded details about people's individual support needs, their past lives, interests and dislikes. Support plans were individualised and daily notes were completed as required, although the level of detail was not always consistently reflected by staff within the daily entries. A staff member told us, "We [staff] have all been here [Trevella House] for a while now and know people well. We record daily events onto their support plans so who-ever is on duty can see what people have done." We saw all staff had access to people's support plans and when support needs changed it was discussed with the person and respective health professionals to ensure people continued to receive the correct level of support to maintain their health and wellbeing.

People were encouraged by staff to engage in some hobbies and interests. One person told us, "I like helping around the house." Another person regularly attended a centre every day. One person told us they liked to go out for walks but they could not always do this when they wanted to because there wasn't always a staff member available to support them. We discussed this with the provider. They told us if someone required support to go for a walk, they would always ask for an additional staff member to come into work so there was sufficient staff cover. This meant the person did not have the consistency of leaving the home for a walk when they wanted to and were reliant on the provider bringing in additional staff. A staff member told us, "If [person's name] wants to go out on the day, we have to see and plan it. It can take longer to arrange because [the provider's name] has to get extra staff in to cover." Another staff member said, "The service could provide more activities to get the residents more involved." We had also received feedback from healthcare professionals that the service could do more to encourage people with their interests and hobbies. We discussed with the provider what more could be done to improve activities. They told us the staff encouraged people to try and do different things but they were not always willing and would refuse and people's choices were respected by staff. One staff member told us, "[Person's name] refuses to do anything but we always try to encourage them to join in." We did see that a day trip to the coast had been arranged and one person told us, "I'm looking forward to going, I like being by the seaside."

People we spoke with told us they knew who to and how to complain if they had any concerns or issues about the service. We reviewed the complaints the provider had investigated. The analysis of the complaints was thorough and where appropriate, action had been taken and measures put in place to mitigate risk of reoccurrence. Staff we spoke with explained the provider would hold meetings with them when something had gone wrong. One staff member said, "[Provider's name] does ask for feedback and we will ask for the outcome [of a complaint] and how to solve things, even if [provider's name] didn't ask, we would tell them anyway."

Although no-one living at Trevella House was receiving end of life (EOL) care, we asked the provider how they would support people. They told us, discussions with regards to serious illness or moving to EOL would begin as part of the initial support planning process at the point of admission and would be reviewed throughout the placement. The provider continued to explain they would discuss with people (if they were

willing) who they wished to involve; where they wished to be and what they would like to happen i.e. burial or cremation. The provider explained it was a hard conversation to have with people because they tended to 'shy away' from the discussion but they were seeking ways to improve and engage the staff in EOL training and the principles applied within their EOL policy.

# Is the service well-led?

## Our findings

At the last inspection improvement was required with the provider's audits to effectively monitor the management and recording of medicines and we rated this question 'Requires Improvement.' At this inspection, we found the audits had not sufficiently improved and the rating has remained 'Requires Improvement.' For example, audits completed by the provider failed to identify there were missing signatures on medication records, stock checks contained incorrect balances of medicines and one person's prescription for a daily food supplement was not followed. Because everyone told us they had received their medicines and not raised any concerns with us, we found it was the provider's audits that required further improvement. The provider agreed the auditing processes had not identified the errors we had found. The provider told us at the September 2016 inspection it was their intention to introduce an electronic system to monitor medicines. The electronic system was also referred to in the latest PIR. The provider explained the introduction of the electronic records would be a priority. There had been insufficient improvement to the provider's audits to assess; monitor and maintain an accurate, complete and up-to-date record of administered medication and was a breach of Regulation 17 Good Governance.

The provider's office was cramped and untidy with large cardboard boxes left on the floor and on top of cabinets that posed a potential health and safety hazard. We also discussed with the provider our concerns about their capacity to manage two locations without additional management support to assist them. The provider reassured us the office would be tidied up and they were in the process of reviewing the appointment a deputy manager to help with the day to day management of the service.

The provider's checks to monitor the service had identified where improvements could be made and action plans had been developed to address issues. These were monitored to check if actions had been effective. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. Where issues had been found, the provider was receptive to feedback, had been open and transparent with their views and plans for developing and improving the service. The provider understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. Records showed the provider had notified us of incidents and events they are required to do so by law. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

People we spoke with told us the provider held 'residents meetings' and they felt involved. One person told us, "Actions are written down at the meetings, concerns don't go unnoticed." Records we looked at showed the meetings were an opportunity to discuss a range of subjects, for example, activities and menu planning. We found minutes of the meetings were displayed within the home for reference. We saw the provider also sought feedback through surveys. People we spoke with told us they were happy at the home. One person said, "The atmosphere is friendly." A visiting professional commented on the 'homely' feel to the home and how 'relaxed' everyone was. People knew the provider and said they were confident to approach them if

they had any concerns or worries. There were some mixed responses from staff about the provider but generally we were told they were approachable and if staff had concerns regarding the service they would speak with them. We did speak with the provider about issues some staff members had raised with us during the course of the inspection that related to employment matters. The provider gave us their assurances these matters were being addressed.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There had been insufficient improvement to the provider's audits to assess; monitor and maintain an accurate, complete and up-to-date record of administered medication and was a breach of Regulation 17 Good Governance</p>