

Karlyon Care Ltd

# Trenant House Care Home

## 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 at Trenant Care Home ("Trenant") took place on the 11 and 12 December 2018 and was unannounced. When we last inspected in October 2017 we judged the service to be requires improvement as there were concerns in relation to the environment, staffing, care planning and the quality monitoring of the service. At the inspection in October 2017 we found breaches of regulations in relation to the environment and quality monitoring. We also highlighted where improvements needed to be made.

At this inspection we looked at whether the breaches of regulations had been addressed and if improvements highlighted had been actioned. We found improvements had been made in relation to the environment, staffing levels, activities and quality auditing. Improvements had been made in the planning of people's care and these improvements were on-going. The provider was introducing an electronic recording system, which they felt would further improve the documentation and delivery of people's support arrangements. We have made a recommendation in relation to personalised care planning for the provider to consider as part of this process.

Trenant is registered with us to provide accommodation and care for up to 24 people. People have a mental health diagnosis or history of such diagnosis. People may also be living with other needs associated with their mental health as well as other conditions such as a learning disability.

Trenant 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.

Trenant is an older Victorian style property with accommodation over two floors. People had access to communal areas, as well as their own bedrooms with communal bathrooms and some en-suite facilities. The home had a large accessible garden area, which people said they enjoyed using during the summer months.

A registered manager was employed to manage the service. 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 living at Trenant had a range of complex needs associated with their mental health. Some people had found themselves in a crisis situation before moving to Trenant and had either required admission to hospital or intervention and support at home. Professionals from the local mental health services said they had been impressed with how responsive the registered manager had been supporting people in crisis situations. A healthcare professional said although people they had supported had had numerous breakdowns of previous placements, all had said they were happy to stay living at Trenant.

The environment was well maintained and improvements had been made since the last inspection in October 2017. A large conservatory had been added to the front of the property, which was a large, bright communal space for people to enjoy. A ground floor bathroom had also been renovated and included a new electronic bath for people who chose not to use a hoist but were unable to stand in a bath. This meant more people had access to enjoy a bath as part of their personal care routine.

People were safe, because staff assessed risks associated with people's needs and understood what to do to minimise them. Staff were well trained and employed in sufficient numbers to keep people safe and meet their needs. Staff said they had time to spend time with people and this was considered an important part of their role. The recruitment of staff was robust and helped ensure all staff were fit and appropriate to work with vulnerable adults.

People's medicines were managed safely. People's health was monitored and they had access to a range of health services when required. People's specific dietary requirements were understood, and people had access to a healthy and balanced diet.

The registered manager and staff knew people well and were familiar with people's daily routines. People were supported by staff who cared about them and promoted their rights, privacy and dignity.

People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People had access to independent advocacy services to help them make decisions about their care and lifestyle.

People were able to occupy their time with meaningful activities. Staff spent time with people, sitting and chatting and people went out and about in the community on their own or supported by staff.

People said they knew how to make a complaint and raise concerns. They said they felt confident their views would be listened to and addressed. The provider and registered manager used complaints and other incidents as an opportunity to learn and improve.

The registered manager and provider worked regularly in the home. People, staff and other agencies said the registered manager and provider was supportive and visible in the service. Staff said they felt valued and well supported by their colleagues and management.

## 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 has improved to Good.

People lived in an environment that was well maintained and safe. Staff followed safe infection control practices.

People had a range of risk assessments to keep them safe.

People were protected by staff able to identify where people were at risk of abuse.

People were supported by the right numbers of staff to keep them safe.

People's medicines were managed safely.

Lessons were learnt from events to continually improve the service.

### Is the service effective?

Good ●

The service has improved to Good.

The environment has been addressed and provided people with a safe and comfortable place to live.

People were supported by staff who were trained and supported to fulfil their role and meet people's needs effectively.

People were supported to eat and drink well and to be healthy.

People were supported to take control and make decisions about their lifestyle. People who lacked capacity had decisions made in their best interest and in line with legislation and guidance.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service has improved to Good.

People had opportunities to occupy their time and activities were varied.

People's needs were understood by staff. People's support plans were being reviewed and improvements made to help ensure the planning of care remained personalised and responsive to people's current and changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People understood how to raise concerns and their concerns and complaints were listened to and addressed.

People's end of life wishes were considered and staff undertook training to help ensure people would receive appropriate and comfortable end of life care.

### **Is the service well-led?**

The service has improved to Good.

Systems to assess and monitor the quality of the service had been improved. Concerns found at the last inspection had been addressed.

There were clear lines of accountability within the management team in relation to monitoring performance and quality.

People, staff and relatives were involved in issues about the running of the service and their care arrangements.

People, staff and other agencies told us the registered manager and provider were accessible and responsive.

The service worked closely with other agencies and the community locally.

**Good** ●

# Trenant House Care Home

## 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 the 11 and 12 December 2018 and was unannounced. The inspection was a comprehensive inspection completed in line with our methodology.

The inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service.

Prior to the inspection we reviewed the information available. This included the Provider Information Return (PIR) and notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. A notification is information about important events, such as incidents, which the provider is required by law to send us.

During the inspection we spoke with 16 people who lived at the service. We spoke to some people on their own as well as sitting and chatting with people in groups and as they went about their daily routines. We spoke with ten members of the staff team, which included care staff, kitchen staff, cleaning staff and the homes regular hairdresser. We also met with the registered manager and one of the registered providers who were present throughout the inspection.

We reviewed the care files of eight people in detail. This included reviewing people's care plans, risk assessments, and daily monitoring forms. We looked in detail how medicines were managed in the service and looked at people's medicines records. We looked at a range of other records relating to people's care and the running of the service. This included accident and incident reports, staff personal files and recruitment records, training plans and a range of quality audits.

# Is the service safe?

## Our findings

When we inspected this service in October 2017, we rated this domain as requires improvement. This was due to concerns about the safety and hygiene of the premises. We found the service was in breach of the regulations because people were not always protected against risks associated with the maintenance and hygiene of the environment. We also found improvements were needed in the organisation of staff to help ensure people's needs continued to be met appropriately and safely. The provider wrote to us and told us how they would address these concerns and by when. At this inspection we found improvements had been made. People were now living in an environment that was clean and safe. Improvements had also been made to the numbers and organisation of staff.

People had risks associated with their care assessed, monitored and managed by staff to ensure their safety. For example, risk assessments were in place in relation to people falling, and changes had been made to the environment and people's support arrangements to help prevent falls occurring. One person had been moved to a downstairs room, and their risk assessment advised staff to ensure their environment was uncluttered and trip free. We saw staff were aware of these guidelines. Information about anti-psychotic medicines were also listed alongside people's falls assessment, which helped alert staff to any falls, which might be increased by people's medicines, and if a referral to the GP was needed. It was noted that some people's risk assessments included historical information, which could be confusing for staff providing care. This was discussed with the registered manager and the provider at the time of the inspection who assured us the information would be reviewed to ensure it was up to date and accurate.

We saw that individual risk assessments were in place in relation to people smoking. The registered manager informed us that these had been implemented following the recommendation raised during an inspection at one of the providers other homes. These assessments would help ensure people were kept safe, whilst also allowing them their right to smoke if they chose to do so.

Staff were able to tell us about people's behaviours and how they supported people to prevent behaviours from escalating. For example, staff told us about one person who due to their mental health could become agitated and at times refuse support and care. They said this meant the person was at risk of self-neglect. Staff told us how they supported the person to remain calm, by talking to them about important things such as their family. Staff knew the person well and were familiar with the triggers and signs of when behaviour could be escalating and unsafe. It was noted that some of this information was not written as part of the person's risk assessment and support plan. The absence of this documentation could mean that staff who were unfamiliar with the person may not have the information they needed to provide care consistently and safely. This was discussed with the registered manager and provider at the time of the inspection who advised that this documentation would be put in place.

Accidents and incidents were reported and the registered manager and provider undertook a regular analysis of these events to identify any themes and trends. We saw examples of changes made to people's support arrangements and staff practices as the result of some incidents that had occurred. For example, it had been identified that incidents had occurred when two people spent time together in a particular part of

the home. Staff had been advised to be more aware of these people's whereabouts and to increase their observations when they were in the communal parts of the home together. Another person was at risk of exacerbating an old injury due to the way they mobilised in and out of a seat. A repositioning and falls assessment had been completed and staff had been advised to be more aware when the person was mobilising independently around the home.

It was noted that some incident reports had not been signed off by the manager as required and it was therefore not in all cases possible to see if the action taken by staff had been approved by the registered manager as appropriate. This had not been picked up by the registered provider as part of their quality auditing process. This was discussed with the registered manager and provider at the time of the inspection who advised us that they would address these gaps as a matter of priority.

We found on this inspection that improvements had been made to the general upkeep and cleanliness of the environment. People lived in an environment, which the provider had assessed to ensure it was safe. A fire risk assessment was in place and regular checks were completed of the fire safety system and equipment. People had personal evacuation plans in place (PEEPS) to ensure emergency services understood how people needed to be evacuated in the event of a fire. A business continuity plan was in place to help ensure people continued to be safe and supported in the event of an emergency or other untoward incident such as severe weather conditions or loss of power.

People were protected from the spread of infections. Infection control policies and procedures were in place and staff undertook training in this subject. Gloves, aprons and hand washing facilities were available around the home for staff to prevent the risk of cross infection when they supported people with medicines and personal care. Regular spot checks and audits were carried out of the environment. We found the home to be clean and hygienic throughout. People were positive about the cleanliness of the home. Comments included, "It's nice and clean here" and "It lifts my spirits going into a clean bedroom and having a nice bed, the cleaners always on the case".

We saw people were comfortable and relaxed with staff supporting them. Staff knew people well and were able to recognise and respond when people showed signs of distress, anxiety or confusion. People's laughter, body language and interactions also told us they felt safe and comfortable with the staff supporting them.

People told us they felt safe. Comments included, "I'm safe here, my call bell is answered quickly" and "I feel safe here as there are lots of staff around and I can speak to any of them if I need to".

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising concerns immediately with the registered manager, provider or external agencies, such as the local authority safeguarding team or police. Staff said they were confident the registered manager and provider would take prompt action to safeguard people who used the service.

The provider and manager helped ensure people did not face discrimination or harassment. People's individual equality and diversity was respected because staff undertook training and got to know the people they supported.

Staffing levels were planned and organised in a way that met people's needs and kept them safe. Staff said they felt people were safe and there was always enough staff on duty. The registered manager and provider regularly reviewed staffing levels, and ensured there was flexibility to meet people's specific requests and



any sudden changes in need.

A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work in the service. New staff confirmed a range of checks including references and Disclosure and Barring checks (DBS) had been requested and obtained prior to them commencing employment. The registered manager supported student and apprentices to undertake work experience in the service. The registered manager worked closely with the college supervisor to provide students with support and guidance throughout their placement.

People continued to receive their medicines safely. Staff undertook training and completed regular competency checks to help ensure they continued to have the skills and knowledge required to manage medicines safely. We saw designated staff were responsible for administering medicines during each shift and wore a red tabard to tell people they should not be disturbed or distracted. Systems were in place to audit medicines practices and clear records were kept to show when medicines arrived in the home, when they had been administered or returned. People who had prescribed medicines to be taken 'when required' (PRN) such as paracetamol or medicines to reduce anxiety, had records in place to provide information to guide staff about why, how and when these medicines should be administered. People who had prescribed topical creams and lotions had a body map in place so staff were clear about where the cream needed to be administered.

There were suitable arrangements for the storage and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure medicines would be safe and effective. There was a reporting system so that any errors or incidents could be followed up and action taken to prevent them happening again. We saw the registered manager and provider had undertaken an investigation following a recent medicines incident and had considered any lessons learned as an outcome of this incident occurring. There were policies and procedures to guide staff on managing medicines and information about people's specific medicines and choices were available.

The registered manager and provider learnt from mistakes and made changes when necessary to improve the service people received.

## Is the service effective?

### Our findings

At the last inspection in 2017 we rated this domain as Requires Improvement as parts of the environment were poorly maintained. We found the home needed some attention and refurbishment. On this inspection we found the provider had addressed these concerns. We found the environment was well-maintained throughout, and plans were in place for on-going improvement.

We found improvements had been made to the environment since the last inspection. People and other agencies commented that the environment was "Much improved". A large conservatory had been added to the front of the property with a range of seating and tables for people to use. The conservatory was not fully complete at the time of the inspection and still had heating and some further furnishings to be added. The registered manager said it would be a nice additional space for people to use and would be particularly bright and pleasant during the summer months. One of the ground floor bathrooms had been renovated and included a new medi-bath for people to use who did not like to use a hoist and were unable to stand in the bath. The PIR stated that plans had been considered for the future which would help ensure the environment continued to meet people's needs, "The home has plans to build a new unit, which will then 'house' the current residents whilst a complete makeover of the existing building takes place. This will make the property more 'user friendly' and provide full en-suite facilities". We found people had access to a well-maintained environment, which provided them with sufficient communal and private space.

Staff were trained to meet people's specific needs. All new staff undertook a thorough induction before they started working in the service. Comments included, "My induction consisted of three or four days in the sister home, questions and answers and DVDs. It really helped me and then I had an orientation and shadow shifts", and "My induction is good and I have done the Care certificate". The Care Certificate is a nationally recognised qualification for care workers new to the industry.

Following induction all staff undertook regular training, some of these were deemed mandatory by the provider, such as fire safety, food hygiene and safeguarding. Mandatory training was then updated on a regular basis to help ensure staff skills and competencies remained up to date and in line with best practice. Staff also undertook training specific to the needs of people they supported, including, diabetes awareness, pressure ulcer prevention, dementia care and MAPA training (management of actual or potential aggression). Staff told us they were confident they had the right training to give them the skills to do their job fully. Comments included, "I can ask the manager for training, I have had Mental Capacity Act training, manual handling and safeguarding" and "They keep on top of the training here, it's endless".

Staff said they felt well supported through regular supervision, team meetings and training. They said there was sufficient time and opportunities to discuss and reflect on their practice. Comments included, "I have monthly supervision with the manager, and can ask for more training. We talk about how the job is going and we have an annual appraisal. The manager is supportive and approachable".

People were supported to eat well and drink often to remain hydrated. Throughout the inspection people were offered regular drinks and snacks. People were mainly positive about the food provided. Comments

included, "The chef here is good, and we get plenty to eat", "The food is alright, we get three meals a day and plenty of hot and cold drinks" and "The meals are very nice and there is always a choice, today's chicken casserole was lovely".

Staff and the chef were very aware of people's dietary requirements and any allergies. The chef said they catered for a person who chose to be vegetarian and would also cater for any other specific dietary requests as they arose. Staff worked closely with dieticians and speech and language assessors. Any specific guidelines in relation to risk such as choking were understood and followed by staff. People had nutritional risk assessments and weight was monitored when a risk had been identified.

People were supported to enjoy their meal comfortably. We saw staff providing people with aprons and specialist plates and cutlery. Staff helped people reposition if they felt they were sat uncomfortably. The atmosphere during the lunchtime meal was calm and relaxing. Some people chose to sit on their own, whilst others joined staff in the main dining room. The staff chatted and engaged with people throughout the lunch and we heard plenty of friendly conversation and laughter.

People were supported to maintain good health and when required had access to a range of healthcare services. Healthcare professionals were positive about the service. A chiropodist who visited the home regularly said staff had good knowledge about foot care and made appropriate referrals. People had a dental health treatment plan and information was available for staff about oral health. It was noted that when people had specific health conditions such as diabetes, plans were not in all cases in place detailing how the person needed and preferred to be supported in relation to this area of care. Staff were familiar with people's needs, and information could be found in different parts of people's care files. However, these specific plans of care would further ensure care was provided consistently. This was discussed with the registered manager and provider at the time of the inspection who assured us these healthcare plans would be put in place.

Staff were familiar with people's particular mental health conditions and how they needed to be supported. For example, staff understood how people's mental health and cognition had been affected by long term alcohol use. Information was available to staff, and staff were able to tell us how people needed to be supported to maintain their health and well-being.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People at Trenant were respected as having the right to consent to their care and treatment and were supported to make informed decisions. We saw people were supported to make choices and day to day decisions about their care and lifestyle. Staff understood people's rights and checked people were happy before care and support was provided. For example, we saw staff asking people first before administering medicines and trying again later if people refused or seemed confused. Where people had needed to make larger decisions, this was discussed with the person, documented as part of a plan and included other important contacts such as advocates, relatives and healthcare professionals. For example, one person due to their mental health had been neglecting their personal care needs and had also placed themselves in potentially unsafe situations in the home. Meetings had been held to discuss this person's care and to help ensure any decisions were made in the person's best interest.

When possible, people had the freedom to come and go from the service. We saw some people being supported and others leaving the service independently throughout the inspection. People had access to

advocacy services to support them in respect of their ability to consent. One person who had recently moved into the home said they had an appointment with an Independent Mental Capacity Advocate (IMCA), to help them discuss their current situation and longer- term plans. IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions about where they live and about treatment options.

The registered manager and staff recognised the importance of treating people as individuals. Staff had undertaken equality and diversity training and were familiar with the protected characteristics. Staff said they believed the service welcomed and supported people regardless of their differences and diversity.

## Is the service caring?

### Our findings

At the last inspection in 2017 we rated this domain as Good. At this inspection we found people continued to be supported by kind and caring staff.

Everyone said the staff were kind, caring and treated them with respect. Comments included, "The staff are really good, they pick up on how I am feeling" and "The staff are kind here, we are well looked after".

Other agencies were positive about the care provided to people. An independent advocate said they had been impressed how staff had explained to the person who the advocate was before allowing them into the person's bedroom, "They were really good at involving the person in all discussions and ensuring their privacy and dignity was maintained". Another advocate said they were impressed how the staff promoted independence. They said the person being supported would allow everything to be done for them but staff had encouraged and supported them to do tasks for themselves.

Throughout the inspection we noted a calm and homely atmosphere. Although staff were busy supporting people and going about their tasks, they were calm and always stopped to chat with people, saying "Hello" and "How are you today?" as they passed by. People living at Trenant had a range of different and in some cases complex care needs. We saw some people sought interaction, reassurance and information from staff regularly throughout the day. Some people's behaviours and requests were repetitive and did not always take into account other people or events that were going on in the home at the time. We saw how all the staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile. Staff knew people well and were able to adjust their responses to meet people's individual needs and personality. For example, one person asked numerous times throughout the day for a hot cup of tea. We saw the staff responded every time with kind and cheerful words. We saw even when the person had only just been given a hot drink a staff member knelt down next to them, asked if they were ok, and if they would like another hot cup of tea. This clearly pleased and relaxed the person, as they said, "Yes please, that would be lovely".

Staff said they had time to spend with people and the provider considered this as important as other tasks. We saw staff sitting with one person painting their nails and another sat having a chat about a person's plans for the day and Christmas. Some people were having their haircut and as they left the hairdressing room staff told people how lovely they looked. We saw one person had returned to the home after a period away. A staff member saw the person and told them how "lovely" it was to have them back.

People's privacy and dignity was respected and promoted. People said, "I am always treated with respect and dignity" and "The staff know my likes and dislikes, I am seen as a person not just a statistic". Everyone said staff knocked on their doors before entering and asked permission before helping them with anything. Staff asked people's permission before they showed us their bedrooms and we observed one staff member knock on a person's door and ask if it was ok for them to change their bedding. Staff were respectful and discreet when supporting people with personal care tasks. We saw two staff supporting a person to transfer from an armchair to a wheelchair. They spoke to the person and reassured them throughout the whole

process. As they were leaving the room they discreetly told us they would be taking the person to the toilet.

People were supported to be as independent as possible. We saw staff allowing people time to do things for themselves rather than doing for them. For example, one person was using a frame to mobilise independently through the house. A staff member walked slowly behind them saying there was no need to rush and offering them kind words of praise and reassurance. Another gentleman chose to stay in their dressing gown and relax in the lounge area. The person clearly felt comfortable and relaxed. Staff knew the person's routines and allowed them to make choices about how they spent their time.

Although we did not meet any relatives during the inspection everyone said their friends and family were welcomed at any time. One person said their daughter would be visiting the following day and another person said their sister was helping them settle in. One person was happy to show us their bedroom and a collection of family photographs. Staff were aware of the importance of these contacts and said they would spend time with the person looking at them if they became anxious or distressed. The registered manager told us how they were supporting one person to visit their family at Christmas and although they had been unwell, they would be doing what was necessary to help ensure this visit took place.

Staff had a good understanding about equality and human rights. Staff were able to talk about people's differences in respect of their sexuality, religion, culture and disability and gave examples of how these diverse needs had been supported. For example, one person had been supported to develop and maintain an important relationship and another person was supported to explore different religions, by attending their chosen house of worship.

## Is the service responsive?

### Our findings

At the last inspection in 2017 we found some improvements were needed in care planning. We found care plans did not always contain sufficient information about people's needs. People also told us opportunities for activities needed improvement. At this inspection we found some improvements had been made in the quality of people's care plans, and improvements were on-going. The registered manager was reviewing people's care plans and the local authority was involved in this process. The registered manager said the service was also moving from paper care plans to a computerised system and they anticipated this would also improve the quality of people's care plan information.

We found improvements had been made in relation to people's social opportunities and activities. People said, "We play cards, go out to the garden centre and the pub", and, "During the world cup we sat and watched the game and had popcorn, which was great" and "I enjoyed going out to the theatre", "A singer comes in and there is also a guitarist as well". People also told us about a recent visit by a local school choir, which they said they enjoyed.

Staff said they had time to sit and do activities with people. They said this was considered an important part of their job. A staff member said, "We don't have an activities coordinator anymore, but in some way, I think that is good as we all take responsibility for doing things with people and making sure people are occupied. The PIR stated, "Our plan over the coming year is to expand on this and provide our residents with more individualised activities and one to one time with their key-workers to build closer and more informed relationships".

We saw people were able to keep themselves occupied during the day. Some people went out into the community and others stayed in the home either relaxing or doing activities such as reading and watching television. One person was sat reading a daily newsletter, which the registered manager said the provider had purchased for people. The newsletter included information about the local community, historical facts and some fun activities, such as a quiz. The home had the use of a vehicle two days each week, which was shared between the providers other two homes. People said they were looking forward to a trip to the garden centre and two residents had enjoyed a trip to Butlins.

We saw people had a care plan detailing their needs and how they should be supported. The registered manager told us they were in the process of transferring paper records onto a computerised system. At the time of the inspection people's paper care files were still in use as the computerised system was being installed and staff still required training before using the system. We saw that the quality of people's care plans varied across the service. Some contained more detail and were more personalised than others. However, when we spoke with staff they had a good understanding of people's needs and how they chose and preferred to be supported. For example, one person's care plan said they liked to listen to the radio and have the radio positioned in a certain way in the room. We saw this had been done for them. Another person liked to have milk with their medicine and told us staff always made sure this was available. Another person had a very special soft toy, which they liked to take everywhere with them. Staff were very aware and recognised the importance of this person's precious possession. The registered manager said they hoped

the new system would improve the planning of care and provide better prompts for staff to include specific information about people's needs, their backgrounds, preferences and choices.

We recommend that as part of this process the provider seeks advice from a reputable source about personalised care planning.

The registered manager was able to tell us about the admissions process, which had included visits and an assessment and staff talked in detail about how they worked with people to help them progress and improve their health, well-being and independence. However, the registered manager had not in all cases retained information gathered at the point of admission and people's goals and aspirations were not always reflected in people's plans of care. We spoke in detail with the registered manager about the importance of documenting this information to show how people's needs were being met. They said they recognised the importance of this information and would improve documentation of people's goals, progress and achievements.

People's support arrangements had been regularly reviewed at the time of the inspection the local authority was in the process of reviewing the care arrangements for everyone in the home. The registered manager said they had requested this as they had recently returned to work in the service following a period of absence and wanted to ensure people's care arrangements were appropriate, up to date and what they needed. They said the outcome of these reviews would be used to help them develop new care plans on a new electronic system.

Other agencies were positive about the service and how management and staff were responsive to people's needs. An advocate said they had been impressed with the consistency of staffing and how they had responded positively to helping ensure a person developed their skills and maintained their independence as much as possible. A mental health professional said they had been really impressed with how responsive the registered manager was when a placement was needed in an emergency. They said they visited the person and met with other agencies to discuss how the person could best be supported during this difficult time.

People said they were involved in issues about their care. The PIR stated, "All residents have a full support plan and where able this is completed with the support of family, friends and other health care professionals involved in the persons care. Resident all have a Keyworker and Co-worker to support decision making, spend one to one time with them, support in attending appointments and activities outside of the home. Family are invited to attend residents meeting, and are encouraged to meet with their family members key and co- worker if they wish to discuss specific issues".

We saw people were provided with information about the service and their care. For example, people had information about human rights in their rooms. Staff said some people could read and understand this information and others would need staff to sit with them and have it explained. We saw information was posted around the home on notice boards and communal areas about events in the home and local community. An activities plan was available in the communal lounge with pictures of activities available each day of the week. A menu was provided to people, and staff went around the home each morning and afternoon telling people about the meal for the day and choices available.

People at Trenant were generally younger adults. End of life planning had not been a significant need but the service had asked people about any end of life wishes. The PIR stated, "The philosophy at Trenant is for our residents where possible to end their days with us and not moved on unless it is impossible for us to provide the care and support they need". The registered manager and some staff had completed end of life



training.

The service had a complaints policy. People said they knew how to raise "issues", "grumbles" and "complaints". One person said, "I've never needed to complain but would talk to whoever is around if I had to" and another said, "I've never needed to complain but would go to the manager if I needed to".

## Is the service well-led?

### Our findings

When we inspected this service in October 2017, we rated this domain as required improvement. We found the service was in breach of the regulations because people were not always protected by the systems to monitor and improve the quality of the service. The provider wrote to us and told us how they would address these concerns and by when. At this inspection we found the provider had addressed the concerns found during the last inspection. The providers quality monitoring audit had been improved to help ensure it covered all areas of the service and fed into an overall service improvement plan.

The registered manager had in recent months returned to the service following a period of absence. At the time of the inspection they were in the process of reviewing systems and records, and had considered any changes that needed to be made to further improve the quality of the service. This included the introduction of an electronic system for documenting people's care records. The electronic system was not fully in use at the time of the inspection. The registered manager said they hoped this system, along with additional training for staff, would further improve the quality of documentation relating to people's needs.

It was noted that some records needed organising more clearly to help ensure staff could see and understand what information was up to date. This was discussed with the registered manager and provider at the time of the inspection. They ensured us this would be addressed as part of their current review and on-going improvement of people's records and care planning.

The registered manager and provider were present throughout the inspection and responded positively to discussions and any recommendations about on-going improvement and quality. As a result of inspections in other services the provider had updated an aspect of the homes fire risk assessment. A smoking risk assessment had been completed for each person to help ensure people remained safe if they chose to smoke whilst living at the service.

Regular audits were carried out including health and safety, environment, staffing levels, training, staff supervision and medicines. Feedback was sought from people and other agencies about the quality of the service and changes made as an outcome of this information. For example, following feedback from relative's changes had been made in relation to the use of local GP practices. The service had recently received a level 5 rating for food hygiene and the certificate was displayed in the reception area. The chef said they were very pleased to have this continued rating and had not received any recommendations as part of this review. The registered manager undertook spot checks and discussed any performance or practice issues within team meetings and one to one supervision.

The provider published their objectives. The homes statement of purpose stated, "We are committed to providing the highest quality of care and service to our residents and this will be achieved through the skills and ability of our staff". For all their services the provider states, "Caring for and about people. It's at the heart of everything we do. That's what makes our service so exceptional". All the people we spoke with thought the service was well run. Comments included, "There is a good team of staff working here". People said residents and relative meetings were held where they received information and could raise any

concerns.

Other agencies were also positive about the management and running of the service. Adult social care and healthcare professionals said the registered manager was also available and responsive to people's current and changing needs. They said there was always a "Nice, positive" atmosphere in the home and staff were competent in how they supported people".

Staff were positive about how the service was run. Comments included, "The manager is very supportive and approachable" and "Communication is good, for example, if someone goes into hospital the manager will call a mini staff meeting, and if we have been off for a while the manager will spend time updating you". Staff spoke positively about their work, and went about their tasks calmly and with a smile. This helped create a feeling of homeliness, even when people and staff were busy. Staff spoke to people with respect, appreciating the diversity of their conditions and circumstances.

The registered manager and staff knew people well and roles and responsibilities within the staff and management team were clear. The registered manager worked regularly in the home supported by a senior on each shift. Staff said, "The manager will always come out and help with care work if we are a bit low on staff numbers".

The registered manager continued to keep up to date with their own professional development. They worked in partnership with other organisations to promote good practice and attended local provider forums. The PIR stated, "As manager I attend various groups for other care providers, subscribe to periodicals and magazines including Dementia Friends, Older persons mental health and Skills for Care for Registered Managers. As part of my personal development to maintain my professional registration I continue to attend regular updates, supervision and other areas of related interest. This is cascaded down to my staff who are also encouraged to continue their development and qualifications. Staff are encouraged and supported in their personal development alongside mandatory training we continue this process with national vocational qualifications. Staff attend regular team meetings where any innovative practice, ideas and requests from staff or family can be discussed and implemented if appropriate".

The registered manager said they felt well supported by the provider and also worked closely with managers from other homes run by the organisation.

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service. For example, following a recent medicines incident changes had been made to systems and practices to help further ensure people remained safe and well cared for.