

Tregarland Limited

Tregarland

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Tregarland is a residential care home registered for up to 20 people with learning difficulties. Some also have physical difficulties. People live in one of the two buildings, each with all necessary facilities.

The care service is aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. There were currently no plans to reduce the size of the service or amend the current registration at Tregarland but people using the service were living as ordinary a life as any citizen because the home is divided into two halves, independent of each other.

Rating at last inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence to show that the service was overall Outstanding.

Tregarland is where people are treated with great respect by the registered manager and staff. This gives them dignity, self esteem and value. People said they are happy and feel safe. Health care professionals used the phrases: "Passionate about their patients", "Fantastic advocates for people", "An enablement of respect" and "Staff make (my client) feel valued." People using the service were relaxed, happy, confident and fully engaged in the running of their home and activities in the local community.

The management of Tregarland promotes people's wellbeing. Each staff member takes a turn to organise and monitor the service when they are the 'officer in charge'. It is their responsibility, for that day, to ensure people are fully supported, in a safe way. Staff grow in confidence, learning organisational skills, whilst knowing the registered manager is there for advice and support. There is very little turn over of staff at the service, several of whom had worked at Tregarland for more than 15 years. Staff said they loved working at the service. They receive training, supervision and support which help their success in the role.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Every opportunity to provide meaningful activities is explored. This included the recent acquisition of an allotment and achieving one person's goal of flying an aeroplane. People are supported to be active in the way the service is run. This includes being involved in staff recruitment, shopping, cooking and laundry. The registered manager facilitates how the home is run and always gives people the opportunity to come up with ideas and support each other. Innovative ideas help people learn, such as 'stick on' cardboard 'germs' to demonstrate the importance of hand washing.

Staff recognised where a lack of understanding affected people's ability to use information to their advantage. To overcome this, staff would find different ways of presenting the information, using objects of reference, for example. This showed that staff understood and worked towards meeting the Accessible

Information Standard, which is to help people with disability or sensory loss access and understand information they are given.

The service has a long history of working closely with agencies for the good of people using the service. This includes the local authority safeguarding team and health care professionals. One said, "(The registered manager) sees things ahead of time and tries to use preventative strategies." People are safe at Tregarland through good management of staffing, medicines, infection control, individual risk management, and safety of the premises.

People receive a nutritious diet, which they enjoy. Health promotion is through a proactive approach to meeting people's physical and emotional health care needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding

The registered manager has a long history of consistency in providing very high standards of support to people. The service ethos of 'respect' is evident in every aspect of the people's lives.

The registered manager facilitates and guides people and staff to receive excellent outcomes. Where they feel it is necessary, they advocate for people, not giving up until the best outcome is achieved. The views of people using the service, staff and external professionals are sought and responded to so as to achieve the best outcome.

People show pride in living at Tregarland, and in their achievements. Staff are very complimentary about the management and staff retention is very good. Health care professionals said "I wish all homes were like Tregarland."

Innovative, cost effective, ways are found to give people and staff information and new opportunities. The on-going importance of continual evaluation of the service is understood and achieved. Staff work in close partnership with agencies. There is a 'can do' attitude by people using the service, staff and management.

Tregarland

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.

This was a comprehensive inspection. This inspection took place on 23 and 25 April 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met most people using the service and spoke with four about their experience of living at Tregarland. We also used different methods to give us an insight into their experiences. These methods included informal observation throughout the inspection. We observed staff interaction with people.

We received feedback from two family members, three staff, the registered manager, and three health care professionals. We reviewed two people's care records and two staff records. We saw records of meetings, and looked at quality monitoring information relating to the management of the service.

Is the service safe?

Our findings

The service continues to be safe.

People said that they felt safe at Tregarland, one saying "Oh yes. I am very safe here." Two family visitors said the service was safe and they had noted that there was little turnover of staff. Staff said there was enough staff to ensure people were safe, in accordance with their assessed needs. Staff covered any staffing shortfall, such as relating to sickness. Staff spent time with people as needed, for example, to support them with personal care and with activities. The atmosphere was relaxed and staff had time to be attentive to people's needs.

Staff protected people from abuse and harm. All staff had received regular, updated safeguarding training. They knew how to respond if they had any concerns about people and they knew how to inform the local authority safeguarding team, in line with local protocols. The registered manager informed the local authority where any potential abuse may have occurred, which showed an understanding of openness and working in cooperation with the relevant outside agencies, to protect people.

People received their medicines as prescribed and in a safe way. Staff kept people's medicines securely. Detailed and clear records helped staff administer them safely. Staff were trained in safe medicine administration and checks ensured that the administration was correct. Where staff were to administer 'as necessary' medicines, each person had a detailed protocol in place.

There were systems in place should an accident occur and records showed the registered manager monitored accidents and incidents to look for ways to improve safety and people's lives.

Recruitment arrangements protected people. There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Staff did not work with people until all recruitment checks were complete, as records and staff confirmed.

Risks to people's safety were appropriately assessed, managed, and reviewed. Individual risk assessments informed the support people received; examples included pain, stumbling, road traffic, sailing and misinterpreting conversations. These were under regular review.

The service kept day-to-day monies for people. Staff checked the amounts against the records at each transaction. People's family members said they had no concerns about the service's management of people's money.

The premises were kept in a safe state. We saw that professional advice, in relation to servicing and maintenance was used. Staff said the maintenance arrangements worked well.

Staff were able to describe how to respond in the event of an emergency, such as a fire. People using the service were also aware of how to react in the event of the fire alarm sounding.

People were protected from infection. Each of the two houses had a laundry room containing equipment necessary to meet the hygiene needs of people using the service. Each laundry room was currently being upgraded to make it more readily cleanable. Staff had the personal protective equipment they needed to prevent cross contamination and they received regular infection control training.

Is the service effective?

Our findings

The service continued to be effective.

External health care professionals supported staff to meet people's needs. For example, physiotherapy, speech, and language therapy, continence, general, and learning disability district nursing. Comments from health care professionals included, "Highly trained and lovely staff team."

Staff completed an induction when they started work at the service. This meant they had the skills to start providing support to people. One staff member said of their induction, "Very good. Very in-depth." The nationally recognised Care Certificate was included in induction as required. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles.

A staff team, which had the necessary skills and knowledge, met people's needs. Health care professionals all spoke of the high standard of staff knowledge and skill. Staff received on-going training which included mandatory subjects such as fire safety and infection control and also that specific to people's particular needs, such as autism and epilepsy. Staff said they were encouraged to undertake qualifications in care.

Supervision and support helped staff in their role. Staff described receiving a lot of support in their role. They were kept appraised of how they could improve.

People's consent to care and treatment was in place, mostly through exploring choices with them and understanding their individual needs and wishes.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. Decisions made, following assessment, did relate to people's capacity to consent. Where their capacity demonstrated they lacked capacity to consent, records showed people who knew them best did this for them on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A DoLS application was in place for each person using the service who did not have the capacity to make informed decisions in relation to their care and welfare. This was for their protection.

Where people did not have capacity to consent, staff, and people that knew the person best, made decisions on their behalf. This had included forms of restraint, such as preventing the person leaving the premises without staff support. These decisions were under regular review as part of support plan reviewing.

To help people manage anxieties leading to behaviour issues, staff received training in conflict resolution. This minimised the risk of escalation and helped staff to understand what can cause things to go wrong. Policies and procedures informed staff in this practice; individual risk assessments, and debriefs after restrain, and emotional support for all, were in place. Staff received safe holding training but the registered manager said this had not been needed "for years" and would only be used as a last resort.

Staff helped people meet their different dietary needs and preferences. For example, some people were at risk of choking and staff needed to prepare their food and drink appropriately and support them to remain safe at meal times.

People said they liked the food and they were involved in choosing, buying, and preparing it. One said, "The food is very nice and I like the homemade pizza and pasties." People could choose what they ate, one person asking for a different meal to what had been prepared, for example.

The premises met people's diverse needs and equipment specific to individual needs helped people maintain their independence. The registered manager described not letting any opportunity to improve people's lives be missed, choosing equipment most suitable for the person's needs rather than what had first been offered, for example.

Where people moved across services, staff had worked hard to safeguard people's best interests. This had included hospital admissions. A health care professional said that, when people were admitted to hospital from Tregarland, experienced staff stayed with them throughout, including the registered manager.

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Is the service caring?

Our findings

The service remains outstanding in its caring because people were empowered, and valued. The registered manager, when asked about the ethos of the service, said, "It's just respect. The only rule is respect; yourself, others, the home."

The service is outstanding because people using the service were empowered. They were active participants in the running of the service. For example, in staff recruitment where they were able to help choose who would, and who would not, be best to support them. One person using the service came to the registered manager to discuss a housekeeping issue. The registered manager, instead of giving them advice or instruction, asked the person's opinion and then confirmed their idea was a good one. This showed the person respect and gave them self-esteem.

People were supported to express their views. Records showed how the registered manager facilitated, but did not dominate, resident meetings. A discussion about behaviour was held at a meeting in April 2018, where people discussed between themselves what they could have done better in a particular situation, which had occurred. Another person had said they were worried about a doctor's appointment, and a person had reassured them about this. The registered manager said, "(People) talk to each other and raise what matters to them, such as behaviour and embarrassment."

People were very keen to tell us about their experience of living at Tregarland; they showed us their room and said how they shared household tasks and were important to the "family" set up, as they described it. One person liked to show others how well they were doing, following their therapy, for example.

A staff member said, "People have everything they need, and more."

Some people who used the service required support to express their views and preferences. Effective systems were in place to request the support of an advocate to represent people's views and wishes, as necessary. Most advocacy was through health and social care professionals, or family. Where appropriate, an example being where harm may have occurred, external advocacy had been sought and employed as the most appropriate option. The person knew they had been listened to, their situation was made safe, and they have since "flourished".

People said they were happy at the service, one saying that what they enjoyed the most were the friendships. One person's family member said, "The residents are so happy and (my family member) is so happy." A happy atmosphere was very evident from the smiles on people's faces and their frequent, friendly banter with staff. People demonstrated a lot of confidence, all wanting to engage with the inspection, for example. One person has been supported to work as a mystery shopper for an organisation, work that required them to have confidence in their abilities.

The service had used innovative ways to help people understand information and break down barriers. Toward understanding a medical test, a doll had been adapted and was used to demonstrate what the test

would include. Staff were able to show, using medical instruments, what the person could expect to experience. This had led to a successful outcome, which promoted the person's health. The registered manager said, "It's about how staff engage with people to normalise the event."

People set goals and met them through the support they received. Staff attitude was one of 'can do', seeing beyond people's disabilities and finding ways for people to aspire to reach those personal goals. One person wanted to purchase a particular piece of furniture, themselves, for example, rather than have this bought for them by family. This was achieved. One person had the goal of flying in a plane and they managed to achieve this with a flying lesson.

The registered manager said that people celebrated any event significant in their lives, such as mother's day when that parent was deceased. This showed empathy for people's emotional needs.

The atmosphere in the home was warm, welcoming, and very positive; people were living in harmony with each other, expertly facilitated by the staff, who had succeeded in sharing the space and tasks, rather than there being an 'us and them' environment. Positive, friendly relationships were very evident.

Health care professionals spoke highly of the care provided. Their comments included, "A really high standard of care. An outstanding service" and "The care I observe makes (the person I visit) feel very valued, contributing to their respect and dignity." Staff ensured people's care and support was provided discreetly, using subtle prompting, during lunch, for example. The staff member explained how this approach ensured the person was safe from the risk of choking but also protected from feeling embarrassed.

People forged and maintained strong relationships with people, such as family, if this was what they wanted. Two staff had supported a person to attend a family funeral many miles from Tregarland. One person had lunch with visiting family, which they enjoyed as a regular event where they proudly entertained their visitors. The registered manager recognised the importance of people having a pride in where they lived and what they could achieve.

Staff provided people with confidence and security. A staff member said, "We are caring because residents look to us for their answers and we chat with them about what they are concerned about; it's familiarity and trust."

The staff promoted the privacy of people using the service. The service kept any private and confidential information relating to the care and treatment of people secure. The registered manager was working toward compliance with the upcoming General Data Protection Regulations (GDPR) which will come into effect from 25 May 2018.

People told us about an activities file, which included information about places to visit, to which they added ideas. They used the file to make choices together. Staff said they guided people to find new opportunities and experiences by adding to the file.

Staff treated people with dignity and respect in each engagement with them. People had chosen whether they had a key to their bedroom, for privacy. One person unlocked their room to show us. They said how much they loved the colour, chosen by them. Each person's room was very individual to them. Staff, without exception, knocked and asked before entering a room. Staff access to people's private space was not assumed.

Staff supported people in an empathic, kind and caring way. They demonstrated this empathy in their

conversations with people they cared for and in their discussions with us about people. We observed how staff engaged with people on an individual and personal basis and how receptive people were.

Is the service responsive?

Our findings

The service continued to be responsive.

People wanted to tell us about their lives at Tregarland and show us things of importance to them. They brought us hot drinks during our time at Tregarland and said they enjoyed having people come to see their home. This showed they were confident in receiving visitors.

People engaged in activities of interest and within their capability. This included horse riding, working with a community gardening group, swimming, shopping, and cycling. People contributed in different ways to helping in the home. This included buying the weekly shop and cooking. Staff worked hard to offer a variety of activities, from which people could choose. Recently the service had taken on an allotment where people were spending time helping to grow vegetables for the home. People told us they enjoyed a pizza-making day, where they could choose how to decorate their pizza. People looked after their own room and accessed the community when they wanted to. People also engaged in charity events and other community activities.

People's needs were met following detailed assessment, care, and support planning. Support plans were clear and easy to follow. They included methods of communication, physical, emotional, and behavioural needs, and specific medical information, such as the protocol in the case of seizure. Each plan was person centred, describing what a good day looked like and the person's preferred weekly plan, for example. One person said how they had been involved in decisions around their support needs and staff said how useful the support plans were, in particular when people were new to the service.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff recognised where a lack of understanding affected people's ability to use information to their advantage. To overcome this, staff would find different ways of presenting the information, using objects of reference, for example.

Displayed was a complaints procedure, including 'easy read'. People using the service, their family members, and health care professionals confirmed they would take any concern or complaint to the registered manager who would listen and take any necessary action. In the previous two years, one complaint, relating to a comment made by one person to another, was received. A meeting was held to discuss the allegations and the issue was resolved.

The Care Quality Commission had received no complaints about the service.

At the time of our inspection, no people were receiving end of life care. However, staff were helping to prepare for one person's health deterioration by buying a training package about the condition. They had shared this with the person's family to help them deal with the anticipated changes in their family member

to support them as much as possible.

Is the service well-led?

Our findings

The service is outstanding. 'Respect' is the ethos of the service. To that end, the people using the service live as a community in that they share decision-making, household tasks and support each other emotionally. For example, people were involved in the interview process of staff recruitment. The registered manager would also watch potential staff when meeting people using the service. This helped them decide if they had the attitude of respect, fundamental to the service' ethos.

The registered manager has led the service since 2006. 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.

Staff described the registered manager as "Very hands on." A health care professional said, "The manager goes above and beyond. They are passionate about the (people). They don't let things go if they believe something is wrong; a fantastic advocate for people. They think ahead and use preventive strategies to keep people safe. Communication and care is brilliant. I wish other homes were like Tregarland."

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at Tregarland. Staff also told us that the registered manager was trusted with any information. They said that the registered manager always acted immediately on any concerns they reported and they felt confident that, should they make a mistake, this would be used to look for ways to improve their practice.

Innovative ways were used to help people using the service understand things of importance. Staff made a large cardboard man, which we were told had a big smile, to teach about dental hygiene, for example. Another example was cardboard 'germs', made to show why hand washing was important. Staff and people using the service stuck these on each other as visual cues to where germs would lurk. They taught how, getting rid of the germs, was good hygiene. Following (a well-publicised) fire tragedy a quiz was devised so people using the service would recognise the meaning of particular safety signs, such as a zebra crossing and fire exit. This helped people manage risks to theirs, and others, safety. It showed a constant desire to learn and improve people's lives. It also brought people using the service and staff together in a learning situation.

The registered manager's work with other organisations had improved people's lives. One person, having had a poor experience in a hospital, was supported by the registered manager to make a complaint. This led to the hospital staff receiving additional training, based on the person living at Tregarland's feedback to the hospital. Another person was experiencing mobility problems. According to a health care professional, the registered manager believed they knew the origin of the problem and did not give up until their knowledge about the person was taken into account. Another person was emotionally affected by their history. The registered manager arranged for them to receive appropriate, external emotional support and they were now able to have a positive day to day life where as before they were withdrawn and unhappy.

Meeting people's specific needs were a priority, a multiuse mobility aid, instead of two aids, which would clutter the person's bedroom, for example. We heard different conversations with external agencies around people's needs and how they could be best met. One health care professional said the registered manager "Will chase me up" if necessary. This showed that all possible was done to improve people's lives. Another health care professional said, "The registered manager immediately follows up suggestions." Another said, "The registered manager always thinks outside the box."

The service worked in partnership to provide a seamless experience for people, with best outcomes, supporting people at all times during a hospital stay, for example. There were strong links with the community, Tavistock Allotment Society, for example. The society had commented in their 2018 newsletter: "It has been great to see the Tregarland group fit in so well...and settle in to the way allotment holders like their tea breaks! We also think they had the best showing of runner beans last year". The registered manager said how this experience helped people to learn to give, and receive, develop a better understanding of healthy eating and an awareness of how food is grown.

Other links with the community included drop in sessions at a day centre, helping people maintain old friendships and voting at elections. This gave people the opportunity to debate about how they would like their world to be, and who should represent their views.

There were regular events at Tregarland which provided social interaction, where people built on their self esteem. These included a coffee morning for a cancer charity, a sports day for people using the service and staff. Family and friends were encouraged to be part of the home, if that was the person's wishes.

The service had excellent retention of staff, some of whom had worked at Tregarland for more than 15 years. They told us that communication at the service was very good, they felt well led and were very well supported. They said they loved working at Tregarland and supporting the people in "their home". One said, "This isn't work, it's a pleasure being here."

There was a clear, effective management structure at Tregarland. The registered manager had a good understanding of how to maintain a positive staff attitude, and team work. To that end each day a staff member would be designated 'officer of the day', on a rotational basis. On that day each staff member knew that any organisational decisions were the 'officer of the day's' responsibility. The registered manager knew that, through staff taking turns each would work hard to complete tasks well because it would soon be their turn to take that responsibility.

The registered manager was open to people's and staff's suggestions and views. To that end, a senior staff member had undertaken a survey, toward a management qualification, to look at how to keep a positive team culture. This had included anonymous questionnaires to staff. Following the results of staff views a communication book was reinstated.

One person had a diagnosis where it could be expected their behaviour would change and their abilities would lessen over time. Staff had been asked to contribute to a folder in which they would show what was working and what was not working to help the person create a plan moving forward. This showed that staff views were sought and taken into account toward improving outcomes for people. Their opinion was respected.

There were effective systems for monitoring the standards of service. These included asking people using the service for feedback about the service and had led to an action plan to meet their requests, such as preferred activities, for example. Audits and checks also helped with monitoring of standards.

Tregarland is run by a husband and wife (registered manager) team who together are Tregarland Limited, the provider. We asked about the role of the provider in ensuring a quality service. The registered manager said, "The provider has overall responsibility and is accountable for providing a safe environment for residents and staff and for ensuring the adoption of safe working practises. Honesty, integrity, transparency, equality, competency and confidentiality are fostered through the provider arrangements. This is achieved by visits to the home and frequent updates. Tregarland's organisational chart shows the provider at the head of all we do ensuring the provision of sustainable services and leadership". This is what we found during this, and previous inspections of Tregarland.

The registered manager understood and complied with their Duty of Candour and understood and met all their regulatory responsibilities, such as displaying their rating and notifying relevant agencies appropriately. They were fully open with the Care Quality Commission and other agencies and had a long history of always being willing to ask for professional guidance.