

# Networking Care Partnerships (South West) Limited

# Trianon

## Inspection report

39-41 St Johns Road  
Exmouth  
Devon  
EX8 4DD

Tel: 01395269638  
Website: [www.alsw.co.uk](http://www.alsw.co.uk)

Date of inspection visit:  
15 December 2017  
19 December 2017

Date of publication:  
20 February 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Trianon 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. Trianon is registered to provide accommodation and personal care for up to six people with learning and physical disabilities. The service is provided in two semi-detached bungalows which have been adapted into one. All bedrooms are for single occupancy. At the time of our inspection there were six people living at Trianon. The provider, Networking Care Partnerships (South West) Limited, is part of Eden Futures. Eden Futures is one of the largest independent supported living businesses in the UK.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection was carried out on 15 and 19 December 2017. The first day of the inspection was unannounced.

At our last inspection on 27 July 2016 and 2 August 2016 the overall rating of the service was requires improvement. We found two breaches of regulation relating to the management of medicines and poor record keeping. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

We found improvements had been made in relation to the storage of medicines and record keeping. However, we identified other areas which required improvements. There was a continuing breach found in relation to safe care and treatment and the governance of the service.

This is the third consecutive time the service has been rated Requires Improvement. We plan to meet with the provider to discuss how they will improve the service.

The service has not had a registered manager since 2016. A new manager was appointed in September 2017 and intended to submit an application to register with the Care Quality Commission (CQC) by the end of January 2018. 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.

Medicines were not always safely managed and we identified the need for improvements. For example the ordering of prescribed supplements; the storage of medicines which required additional security and some aspects of records.

The provider had not followed their robust recruitment process to ensure people were protected from unsuitable staff. There were not always enough staff available to support people although the provider was recruiting for new staff and agency staff were used to cover shortfalls.

People were not provided with regular opportunities to participate in activities outside of the service. We have recommended people have access to meaningful and stimulating activities both inside and outside of the service in order to provide better opportunities for social inclusion.

Parts of the environment would benefit from refurbishment, for example the sensory room. This had been identified in the provider's 'service improvement plan'.

The monitoring systems in place had identified some issues and action had been taken to address some shortfalls. However the governance systems had not identified issues found at this inspection.

Risks had been assessed in order to reduce the likelihood of injury or harm to people. Staff had a good awareness of their role in keeping people safe and were able to describe how they kept people safe, including who to report any concerns about potential abuse. Professionals said in their experience the service was safe. One said, "Staff look after people very well; they know people very well and know when something is amiss..."

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's ability to consent to care and treatment had been assessed and best interest decisions had been made where appropriate.

People were supported to maintain their health and well-being. The service had developed good relationships with health and social care professionals and sought their advice appropriately to ensure people's needs were met. People had choices of a varied and balanced diet at mealtimes and they had adequate fluids to ensure they were hydrated.

Staff spoke positively about the training available and they demonstrated they had the skills and knowledge to support the people in their care. Staff felt supported and appreciated by the manager, although they felt undervalued by the provider.

Visiting professionals described a caring ethos within the staff team. Comments included, "The feeling you get here is that it is very homely...staff are very caring and interested in people. I would be happy to have a loved one here..." We saw consistently kind and friendly interactions between staff and people being supported.

People's care plans detailed their needs and how they preferred to be supported. People received the care they needed, in the way they preferred and staff were responsive to their needs. There was a core group of stable staff, many had worked at the service for a number of years and had built up a good rapport with each person and demonstrated a good understanding of individual needs and preferences.

Staff were committed and motivated to provide the best possible care for people at the end of life. The service had fully engaged with other health professionals to ensure people received the appropriate care.

Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences.

At this inspection we identified three breaches of regulations. You can see what action we have asked the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Not all aspects of medicines management were safe.

Recruitment procedures did not ensure all appropriate checks were obtained before staff started working with vulnerable people.

There were not always enough staff available to meet people's individual needs. The provider took action during the inspection to address this.

Potential risks to people were identified and action taken to minimise their impact.

Staff knew how to recognise any potential abuse and so helped keep people safe.

### Is the service effective?

**Good** 

The service was effective.

The service worked closely with other professionals and agencies to ensure people's health needs were being met. People were supported with their nutritional needs.

The provider was acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of the MCA and DoLS.

Staff had received training relevant to their roles; along with group supervision and good support from the manager.

Improvements were planned to ensure people could access additional communal space, including a refurbished sensory room.

### Is the service caring?

**Good** 

The service was caring.

Throughout the inspection we observed positive interactions between staff and people. Staff were friendly, kind and respectful and took time to understand what people had to say.

Positive relationships had been developed between staff and people using the service. People were comfortable with staff, who knew them well and how they preferred to be supported.

### **Is the service responsive?**

The service was not always responsive.

Limited activities took place to ensure people could keep active and stimulated. People were not provided with regular opportunities to participate in activities outside of the service.

People's needs were assessed and care plans provided staff with the necessary information to help them support people in a person centred way.

People were well cared for at the end of their life by compassionate and motivated staff.

Complaints were responded to appropriately.

**Requires Improvement** ●

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

The service was not always well-led.

Audits and monitoring tools were in place and had improved some aspects of the service. However they had not identified some of the breaches and issues we found at this inspection.

The service had been without a registered manager since 2016. A new manager was in post and planned to submit an application to be registered with CQC.

Staff found the new manager approachable and supportive and some professionals expressed confidence in the manager.

There were systems in place to enable people to have their say about the service. Staff were regularly invited to set agenda items and suggest any improvements.

**Requires Improvement** ●

# Trianon

## 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 15 and 19 December 2017; the first day was unannounced. The inspection team included one adult social care inspector.

We looked at all the information available to us prior to the inspection visit. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People using the service had limited verbal communication so we used a number of different methods to help us understand their experiences. During the inspection visit, we spent time with people, observing the care and support being delivered. We met all of the people living at the service and spoke with two people in a limited way about their experiences at the service. We spoke with six support workers, the manager; area manager and nominated individual (the provider's representative). We met three health professionals during the inspection and they shared their feedback about the service.

We looked around the premises. We looked at a sample of records, including two care plans and other related care documentation, one staff recruitment record, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Prior to the inspection we asked for feedback from six health and social care professionals to gain their views about the service. We received feedback from two.

## Is the service safe?

### Our findings

At the last inspection this question was rated as requires improvements as the management of medicines was not always safe. This included secure medicines storage; medicines to be returned to the pharmacy were not kept securely and prescribed nutritional supplements were not always available. The provider sent us an action plan setting out what they planned to do to address the deficits.

At this inspection we found improvements had been made for the secure storage of medicines in people's private rooms and medicines to be returned to the pharmacy were securely kept. However we found other areas which required improvement, including the ordering of nutritional supplements. The medicine administration records (MAR) showed one person had been without their nutritional supplement for six days; staff explained there had been a delay in re-ordering the supplement due to communication problems between staff. Staff explained the person was also having fortified meals and fortified smoothies daily to increase their calorie intake. The manager had reminded staff in October 2017 to record when any nutritional drinks or puddings were given to people. However, MAR charts did not always confirm whether people had taken their prescribed supplements, making it difficult to monitor their intake.

Medicines which required additional secure storage were stored safely, with the exception of one, which was a 'just in case' medicine. Once brought to the attention of the manager this was move to secure storage. People's medicines were stored safely and securely in their bedroom; however, temperatures were not being regularly checked and monitored to ensure medicines were stored as per the manufacturer's recommendations. There were some handwritten entries on medicine administration records (MAR), which had not been signed by two competent staff to ensure accuracy and accountability.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of medicines management were safe. Staff administering medicines had been trained and were familiar with people's preferred way of taking medicines. The service had 'when required medicine' protocols (PRN) in place. These explained what the medicine was, the required dose and how often this could be administered. There were daily audits of medicines (not nutritionally supplements), which helped to identify if medicines had been missed and enable staff to take action quickly. The manager said they would request a visit from their supplying pharmacist to discuss measures to ensure safe practice was maintained.

Safe recruitment practices were not always followed before new staff were employed to work with people. The Human Resources (HR) manager explained the provider's recruitment policy was to obtain three references for new members of staff. However we found this had not always been achieved. One recruitment file contained one reference and another contained two satisfactory references. Recruitment checks on prospective staff did not always include information about their full employment history, nor were gaps in employment history explained within the recruitment records. Discussing gaps in employment history would ensure that people were protected from staff who may not be fit to work with them.



This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new HR manager had been appointed and was visiting during the inspection to review recruitment records. They recognised the deficits found and explained they were introducing "a robust pre-employment approval process".

The provider had not ensured there were sufficient staff on duty to meet people's individual needs at all times. We discussed staffing levels with the manager; area manager and provider's representative (the management team). They confirmed preferred staffing levels were determined by people's needs plus five hours of activities per week for each person. Their preferred staffing levels were three care staff from 8am to 8pm; with an additional member of staff from 9am to 2pm Monday to Friday to support group and individual activities. Overnight there was one waking and one sleeping member of staff on duty. In addition to providing care and support for people, staff were responsible for the cooking, cleaning and laundry at the service.

The management team explained they were actively recruiting permanent staff and used regular agency staff to maintain staffing at safe levels. However the rota showed, and staff confirmed there were shortfalls in preferred staffing levels, which impacted on people's routines, preferences and activities.

On the first day of the inspection there were two care staff on duty when we arrived; the manager and another member of staff arrived later in the morning. Four people using the service required the assistance of two staff with moving and handling and personal care. Two other people required the help of one member of staff for all care. One person was receiving end of life care and required additional support and care. During the early part of the morning, a member of staff was assisting one person with their breakfast but had to stop in order to help another member of staff with a person's moving and handling need. This meant the person's breakfast was interrupted and they had to wait 10 minutes for staff to return. Their breakfast needed re-warming.

During the morning staff were busy making meals and delivering personal care, and had little time to spend with people. People spent lengthy periods of time in the lounge unoccupied. There was a risk people could be left without the support they needed in order for staff to assist other people and undertake all of the chores expected of them.

Staff explained the difficulties they experienced when the preferred staffing levels were not met. For example, on the day of the inspection the staff member providing activities had to "work on the floor" due to a shortfall. This meant the plans to take one person Christmas shopping had to be postponed. One person required daily assistance with exercises but staff explained it was difficult to provide the time needed with only two staff on duty. We saw there was a gap in the person's exercise routine records where staff had been unable to support them. Staff said it was "...tiring physically and mentally exhausting" for them when there were two staff on duty. One said, "The quality of time is impacted. We have time for the necessities (personal care and assisting at mealtimes) but little one to one times..." Another said, "It is a struggle when two staff; we do not stop. I feel up-set when activities hours are lost..." A professional said, "They can be short staffed so this impacts on the time staff have with people to support and encourage activities..."

The manager said any activities hours not delivered were accumulated and carried over, so were not "lost". We saw from the rotas that activities hours were carried over, but it was difficult to determine how many hours in total had been accumulated and carried over. The manager said she would monitor to ensure these important hours were not lost.

On the second day of the inspection, the preferred staffing levels were in place. We observed staff had time to assist people and spend time socialising with them. One person was assisted to tidy their bedroom and we heard lots of chatter and banter as staff worked with the person.

By the second day of the inspection, the manager and area manager had made arrangements for agency staff to cover any shortfalls over the Christmas period and into the New Year. The management team had also put other measures in place to ensure staffing levels were monitored and maintained. The manager was to send four week's rotas in advance to the area manager to check for any gaps and ensure these were covered by existing staff or agency. The area manager also planned to review staff's weekly timesheets to make sure the correct hours were being covered. We asked the provider to notify us if staffing levels fell below the preferred levels.

We recommend the provider undertake an assessment of the required staffing levels and ensure these levels are maintained at all times.

People using the service were unable to say whether they felt safe at the service. However, people looked relaxed in the company of staff. Staff were confident and competent when assisting people to move and use equipment and ensured they explained what they were doing. Professionals said in their experience the service was safe. One said, "Staff look after people very well; they know people very well and know when something is amiss..." Another said they did not have concerns about staff practice and described very good moving and handling techniques. They added, "Staff are picking up on issues and make appropriate referrals to us..."

Risks had been assessed in order to reduce the likelihood of injury or harm to people. There were detailed risk assessments in people's care records relating to most aspects of daily living. They had been kept under review and reflected advice and recommendations from other professionals, such as speech and language therapists and physiotherapists. Where people were at risk of developing pressure damage appropriate equipment was in place, such as pressure reducing mattresses. Some people were at risk of choking and we saw that meals and drinks were prepared in line with recommendations from the speech and language therapist. Staff had a good awareness of their role in keeping people safe. Staff were able to describe how they kept people safe, including when out in the community.

There were systems in place to monitor accident/incidents and near misses. Staff were aware of the reporting process and the manager reviewed any reports to look for trends and ways of reducing repetitions. The Provider Information Return (PIR) stated, "Learning is shared in the service through group supervisions". No serious injuries had been sustained as a result of accidents and incidents since the last inspection.

There were safeguarding policies in place and staff were aware of their roles and responsibilities in relation to protecting people from harm. Staff received safeguarding training and were aware of the procedures to follow should they have any concerns about people's wellbeing; they said they would not hesitate to report any concerns to the manager or area manager. They were aware of organisations outside of the service they could contact if they felt concerns were not acted upon. The manager was aware of their responsibility to inform the local authority safeguarding team and the Care Quality Commission of any concerns. No safeguarding concerns had been raised since the last inspection. Professionals confirmed they had no safeguarding concerns and had not witnessed any practice which concerned them.

The property was owned and managed by a separate organisation and was rented by the provider. The premises were clean, odour free and adequately maintained. The laundry room was small and did not enable staff to keep clean and dirty laundry separate. This was discussed with the manager, who confirmed they would review whether space could be created for the storage of clean laundry in the utility room next

door. Staff promoted good infection control practices and used appropriate protective equipment, for example gloves and aprons.

There were systems in place to make sure equipment was maintained and serviced as required. For example wheelchairs; hoists and fire equipment were serviced regularly by external professionals. Staff were responsible for checking fire safety equipment, including the fire alarm. Records showed some deficits in these checks, which staff said were due to a lack of time. Fire alarm checks were to be done weekly but records showed they were completed monthly. The area manager explained that a new recording format was being developed for fire safety checks and fire safety responsibilities would be discussed with staff again. There was a fire risk assessment in place and where recommendations had been made, these had been actioned. For example, an emergency 'grab bag' was put in place in case of emergency; all staff had received face to face fire safety training and Personal Emergency Evacuation Plans (PEEP's) were in place. PEEPs informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building. Gas and electrical safety certificates were in place and up to date.

## Is the service effective?

### Our findings

People's care needs had been assessed to identify the care and support they required. Assessments included people's physical, mental health and social care needs and preferences to enable the service to plan for and meet their needs. The manager and staff worked with health and social care professionals to respond to people's changing needs and to identify training or support staff may require as a result. For example, a speech and language therapist (SALT) said they had delivered three training sessions for staff to enable them to work safely with people who had swallowing difficulties. This meant staff had an understanding and competencies to meet people's needs in line with up to date standards and best practice. Many of the staff had worked at the service for years and knew people well. They were familiar with their care needs and how they wished to be supported.

Staff had the knowledge and skills to carry out their roles and responsibilities. Staff said the training was "... really good"; "The training is excellent..." and "In house training is good. We have fantastic hands on training. It (training) is focused on staff's needs." They gave the example of training from the SALT, where staff were asked to feed each other to gain the experience of what this was like.

The provider had a training matrix in place to monitor staff training. This showed staff had received core training to enable them to work safely with people. For example, health and safety; moving and handling; first aid; and fire safety. In addition staff had completed training in relation to people's needs, including mental health; learning disability; epilepsy and the use of emergency medicines. Four of the five professionals we contacted felt staff were well trained. Comments included, "Staff have a good understanding of people's needs and appear to be well trained" and "Staff are very informative and know people well. We get the impression they understand and take things in..." One professional felt some less experienced staff would benefit from training and support in relation to 'choice and control' to fully support people at the service to develop independence and daily living skills, such as cooking and cleaning. They said the new manager in post was proactive in contacting the team for advice and was introducing new practices, to ensure people had as much independence in their daily life as possible.

New staff completed induction training to ensure they were safe to work with people. As well as completing training new staff had the opportunity to 'shadow' more experienced staff until they felt confident and familiar with people's needs. Staff received group supervision and occasional one to one supervision. Where errors had occurred, one to one supervision took place to help staff reflect on the incident and consider whether additional training would be useful. There were regular staff meetings, which enable staff to discuss their work and learning and development needs. The 'service improvement plan' showed the manager was implementing a schedule to provide one to one supervision for staff.

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 less restrictive as possible. 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 interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. During the inspection staff involved people in their care and acted on cues from people with regards to their wishes. For example, looking at their body language or facial expressions; hand signs and known key words. People's wishes/preferences were responded to, such as where they spent their time or what they wanted to eat.

Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved with best interest meetings. Records were maintained of decisions made in a person's best interest. A health professional confirmed they had been involved in best interest decisions. They said, "I have attended several best interest meetings regarding residents at Trianon. I have no concerns."

Applications for DoLS had been made to the local authority for everyone living at the service. This was because people required continuous staff support and supervision to ensure their safety.

People had access to health professionals and risks to their health were well managed. For example, on the first of our inspection two occupational therapists (OTs) were visiting to assess one person for a specialist wheelchair. They told us staff were very helpful and informative and always included people in the assessment with verbal prompts. One said, "They (staff) are very engaged and take our advice on board. They have an important input." Medical conditions such as epilepsy were well managed. Care plans contained guidance for staff about how to respond when people experienced a seizure; they had been trained to administer emergency medicines and knew when to call an ambulance. Advice was sought from healthcare professionals when required. A community nurse said, "Concerns are escalated to us appropriately and we can trust their (staff) judgement regarding service user's health."

People's weight was monitored although the manager had identified that weights were not consistently recorded and staff had been reminded to ensure weekly weights were recorded for those at risk. Any concerns were reported to the GP and one person had been referred to the dietician. The majority of people using the service were at risk and required fortified foods and nutritional smoothies or supplements. During the inspection we saw staff preparing fortified meals and smoothies and assisting people with these to ensure calorie intake was sufficient. One professional said staff were quick to notice any changes to people's health and sought advice without delay.

When a person moved to another service, for example, an admission to hospital, information was shared about the person to enable the hospital staff to support the person consistently. This included information about how the person communicated, their support needs, likes and dislikes.

People's food preferences were known to staff and people were offered a varied and healthy diet. This included two fish choices and a vegetarian choice each week. People were unable to fully comment on the quality of the food provided, but empty plates indicated they enjoyed their meals. Where a person declined lunch staff offered another choice, which they knew the person would enjoy. All meals were prepared freshly each day and were fortified with additional calories. Several people required their food to be pureed or thickened, and staff followed the instructions of the SALT to ensure food was safe for people. Staff ensured that pureed meals looked attractive and appetising, serving each component separately. People were assisted as required at mealtimes. Staff sat with individual's; assisted at their pace and made the mealtime experience as pleasant as possible.

Parts of the environment would benefit from refurbishment and this had been identified in the provider 'service improvement plan'. For example the sensory room. This room was not in use at the time of the inspection as it was used for storage. Large pieces of equipment and a large freezer were stored in the room, meaning it was not homely or welcoming. The management team explained they planned to partition the room to provide storage as well as refurbish the sensory area. They confirmed the planned work would be completed by the end January 2018. There was one communal lounge, which became crowded when all of the people using the service were using this space, as four people used large wheelchairs. The room could also be noisy, which distressed some people. The records for one person showed they could be distressed by other people's behaviours but there was limited alternative communal space for them to use. Refurbishing the sensory space would provide an additional comfortable and quiet space for people. The staff office doubled as a dining room space but was very small and would only accommodate non-wheelchair users. Staff said this space was rarely used by people. During the inspection people were supported to eat in the lounge. The provider's service improvement plan showed the dining room/staff room was to be refurbished to offer a more comfortable and suitable dining space. The service had adapted bathrooms to enable people with restricted mobility to use these safely.

# Is the service caring?

## Our findings

People using the service had limited verbal communication. Some people were able to respond to simple questions about whether they were happy, while others were not. One person gave us 'thumbs up' when asked if they were happy. Visiting professionals described a caring ethos within the staff team. Comments included, "The feeling you get here is that it is very homely...staff are very caring and interested in people. I would be happy to have a loved one here..."; "I have only ever seen positive interactions between staff and service users" and "...very caring staff and service users are very much at ease with the staff."

The Provider Information Return (PIR) stated; "Trianon recruit for values and train for skills...it is embedded in the culture of our company to provide person centred care...staff had been carefully recruited for their caring qualities."

We saw consistently kind and friendly interactions between staff and people being supported. For example, as most people were using wheelchairs or were seated, staff were on their knees when speaking with them to ensure good eye contact and that they could see people's facial expressions.

There was core group of stable staff, many had worked at the service for a number of years and had built up a good rapport with each person and demonstrated a good understanding of individual needs and preferences. People used signs, key words or facial expressions to communicate and staff recognised what they were trying to express. Staff shared jokes with one person, and showed a good understanding of the hand signs and gestures the person used to communicate.

Staff were attentive to people's needs. For example, as the sun moved it impacted on one person, who began to squint. Staff noticed immediately and asked the person if they would like to move to be more comfortable. On another occasion, a person became distressed. Staff recognised this and engaged with the person, providing reassurance in calm gentle tones and holding their hand. This calmed the person and they looked relaxed and comfortable with staff.

Although staff were very busy during the morning and had little opportunity for social contact with people, they did have more time at lunchtime and in the afternoon to spend chatting; looking at magazines or watching a movie. People appeared to be relaxed in the company of staff.

Staff were thoughtful and responsive when supporting people. They told us that some people liked to be read stories at night and they were happy to do that to ensure people settled at bedtime. One person had limited access to their money and staff had brought small presents and items for them to ensure they had all they needed. Staff had assisted people with Christmas shopping, ensuring they had presents for family members. Staff understood the importance of people's relationships outside of the service. One person was supported to visit their relative regularly in a care home. Staff ensured that another relative was kept up to date with changes to their loved ones health as the person was unable to do so.

Staff respected people's privacy and dignity. They were aware of people's preferred routine in relation to

their personal care and ensured people were well presented in appropriate clothing and were well groomed. Bedroom and bathroom doors were kept closed when people were receiving personal care.

Staff spoke very positively about their roles and fondly of the people they supported. One member of staff said, "I love my job. I like having the opportunity to help make someone's day." Other comments from staff included, "You couldn't find a more dedicated staff team...staff genuinely care about people"; "This is their home; we want them to feel safe and comfortable. I have worked in a lot of care facilities and this one is very good. Staff have an individual and person centred approach and will even come in on a day off if short staffed. We care very much about them" and "We are close to our service users. It is like a family here..."

Not everyone was able to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. Relatives were invited to take part in planning care if they were involved in the person's life and if appropriate. Health and social care professionals input was also sought. The PIR stated that people who did not have the ability to provide feedback and/or did not have close family involvement, were provided with an independent advocate to ensure the best interests for people were fully considered and voiced.

Each person's bedroom was personalised and they were encouraged to choose the decorations for the walls. People's bedrooms reflected their specific interests, such as soft toys; photos and specific objects which gave them reassurance and comfort.

Staff encouraged people to do as much as they could for themselves. We heard staff prompting people to take part in tasks. For example staff engaged one person when cleaning and sorting their bedroom. Although the person was not physically able to take part, staff included the person in decisions about what they wanted to do in their bedroom and acted on the person's instructions.



## Is the service responsive?

### Our findings

Staffing levels did not promote consistent opportunity or choice for people to engage with staff or participate in activities outside of the service. Although staffing for activities was planned, this allocated time was sometimes used to ensure sufficient staffing was available to deliver care. Staff explained that one person enjoyed going to the cinema but they had only managed to organise one trip in the past year. Occasional trips out for shopping or meals were organised but staff explained access to transport could also limit opportunities.

One person at the service had access to their own car but the home's 'pool' car, which staff had used for trips and outings, was no longer available. A mini-bus had been hired on occasions for trips out but staff explained these opportunities were limited. As the activities hours were allocated from 9am until 2pm Monday to Friday, there were limited opportunities for people to enjoy activities and outings in the evenings and at weekends. The manager said activities hours "could be tweaked" if necessary to offer activities at weekends and evenings. One person's care plan explained they liked and benefited from sensory activities, but the sensory room was not in use and records showed this person had not engaged with sensory activities in the month of December 2017. A professional said activities had been impacted by staffing levels at times, which meant people were not fully encouraged or involved in general day to day activities such as meal preparation and cooking.

Several 'in-house' activities were organised. During the inspection people attended a music session with an external performer. People had regular arts and crafts sessions; aromatherapy; pampering sessions; and birthdays and other special occasions were celebrated. One person attended a local club where they met with friends from outside of the service. Other people had little peer contact outside of Trianon. The manager said some people at the service "Don't have the capacity to attend social gatherings independently". Staff had volunteered to support people to attend a local Christmas pantomime. Three staff had also volunteered to support people in their own time to go to a local shopping centre. Staff comments included, "It is difficult to plan regular activities due to staffing. Care is prioritised..."; "Staff would like to do so many things with people but we don't have the time..." and "Everyone has had an opportunity to go out in the past few months but we don't have time to do this on a regular basis."

We recommend people have access to meaningful and stimulating activities both inside and outside of the service in order to provide better opportunities for social inclusion.

People received the care they needed and staff were responsive to their needs. People's care plans gave staff guidance about how people preferred to be supported and the level of support they needed. One person's health had changed considerably, leading to a change in their needs. Their care plan had been updated to include full details of their current health status; any professional input and their current support needs. People's plans contained details such as, how they preferred to be supported with their personal carer and if they preferred a bath or a shower. They also gave staff a daily routine for people including what they could do and what staff needed to do for them. There was guidance for staff about the way people preferred to be prompted and things they did not like. People's care plans also included a life history and

who was important to them. Staff said care records were informative and up to date. Our observations and discussion with staff demonstrated they were aware of people's preferences, what people were able to do and what they needed support with.

The service aimed to support people who required end of life care and staff were committed and motivated to provide the best possible care at this time. One person was receiving end of life care at the service during the inspection. One staff member said, "This is (person's) home and it is wonderful he is at home with us... he is part of our family and wouldn't want to go to hospital..." Another said, "We are so happy (person) can be supported at home. We are working well with the hospice and nurses..."

The service had fully engaged with other health professionals to ensure the person received the appropriate care; for example, staff worked with hospice staff and community nurses to ensure any unwanted symptoms were addressed, such as pain. A community nurse said the staff had been "brilliant" when working to reduce the person's pain. The person was non-verbal but staff had recognised non-verbal cues and behaviours, which had helped other professionals to consider appropriate pain relief. As a result, the nurse explained the person was "so much better, a different person...staff are picking up on (person's) pain levels and monitoring them well." The service used a 'disability distress assessment tool' which helped them to identify distress; set out a summary of signs of distress and helped to consider how to reduce distress. The person's care plan was up-dated regularly to reflect any changes to their health and ability and if any additional advice had been given by the hospice team or community nurses. A visiting GP feed back to the service following a recent visit saying, "...this was a unique and challenging situation and I was both grateful for their (staff's) assistance to me and impressed by their professionalism and obvious compassion towards (person) at this most difficult stage of his life."

We looked at how 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. All those currently receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how each person communicated and information about hand signals; gestures and key words they used to express themselves. The service had sought help and advice from other professionals to improve communication and promote people's independence. The service was working with an occupational therapist to develop assistive technology to enable one person to take more control of their environment. The manager and staff were developing a communication board for another person to help them plan their daily activities. Areas of the service were sign posted with pictures, for example the lounge area, to help people find their way.

There was a complaints procedure in place and the manager confirmed an easy read format was available. One complaint had been received by the service in the past 12 months. This was investigated and responded to appropriately. The Care Quality Commission had not received any concerns about the service since the last inspection. The service had received two compliments; one from an agency worker, who commented, "The staff team were great, not just very welcoming to me, but very focused on providing great support to the six individuals living there." A senior clinical lead had also sent positive feedback about the service; "...might I express my gratitude to the two members of your staff (staff names) who assisted me last evening when I visited (person's name) on behalf of Devon Doctors..."

## Is the service well-led?

### Our findings

At our last inspection in July and August 2016, we found inconsistent recording on charts relating to people's health. People who were at high risk with regards to their nutrition and fluid intake had fluid and food monitoring charts to allow staff to monitor their food consumption and fluid intake. We found that some people's food and fluid charts were not regularly completed and contained gaps in recording.

We saw improvements were being made to ensure records were reflective and accurate. The manager had introduced a weekly monitoring summary for each person's records. This meant she was able to pick up on any deficits quickly and speak with staff. The minutes of staff meetings showed staff were reminded of the importance of these records. Records reviewed at this inspection were generally up to date. However, we found the provider's quality assurance system had not identified some of the areas for improvement we found at this inspection. For example, issues relating to safe medicines management; staffing issues had not been consistently addressed; the provider's recruitment practices were not followed and people did not always have opportunities to take part in meaningful and stimulating activities

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The current manager had been in post since September 2017 and was planning to submit an application to register with the Care Quality Commission by the end of January 2018. They explained the first few weeks had been a steep learning curve for them and they had been reviewing the provider's action plan and ensuring improvements had been made. For example to the safe storage of medicines and records.

Staff spoke positively about the manager; describing her as approachable and easy to talk to. Comments included, "(Manager) has been absolutely fabulous. Any queries or concerns we can raise and she deals with these. She asks us what we are happy with and what improvements we would like..."; "We have group supervision and meetings and we can suggest agenda items and (manager) will go through this with us..." and "(The manager) gives us lots of feedback and praise..." A visiting professional expressed concern about the number of managers at the service in the past year or so, however they added, "The new manager seems to be good and has put new things into practice. She contacts the team for advice..."

Staff felt valued by the manager but some did not feel valued by the provider and although morale had improved under the manager, staff felt the provider did not give them positive feedback or recognise when they had picked up additional shifts. One said, "The company is not so good at praising us..." Another said, "We work as a team here and support each other but HQ (the provider) do not seem to appreciate us..."

The manager was developing an open culture where people and their relatives; professionals and staff had opportunities to share information and be involved in the running of the service. Staff felt safe when raising queries or concerns with the manager and they felt listened to. The manager was open and keen to ensure they and the staff team learned from mistakes or errors and accepted when things had gone wrong. For example, investigating medicines errors and offering additional support to staff when necessary. This

reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There had been very few incidents or accidents at the service and no serious injuries since the last inspection. The manager and provider had systems in place to monitor any trends to ensure the service was safe and people's needs were being met.

The manager was being supported by the local authority quality assurance and improvement team. With their support a 'service improvement plan' had been developed to cover several areas of the service. For example, the quality of records; how care and support was provided; medicines management and the premises and equipment. Each section of the improvement plan had a timescale for completion. Several areas of the improvement plan had been met, for example the replacement of some equipment; the service had been 'deep cleaned'; safe storage for medicines was provided and infection control practice had improved. The manager and provider were addressing each area which had fallen behind with the timescale, such as introducing new infection control policies and practice.

The quality of care and safety of the service was regularly monitored by the manager and provider using various audits. These covered a range of areas such as care plans and documentation, the environment, medicines, and health and safety. Where issues were found they were addressed. For example, the manager's review of care plans and needs ensured care plans were accurate and up to date. Maintenance issues were addressed. Bed rails required servicing and maintenance; this had been identified and addressed quickly.

People were supported to express their views about the service to help the provider improve. Their views were sought through individual care planning reviews involving other professionals. The provider also used satisfaction questionnaires. The last questionnaires had been completed in January 2017. Although a low response, with only two responses from people using the service, and people were unable to answer all questions, most areas were scored well. For example, people knew what to do if they were unhappy; they felt they could tell staff; most reported that staff helped them to do things they liked and people felt safe at the service. No relative or professional questionnaires had been returned to the service.

The manager and provider were aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service. The service did not have a website.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 (1) (2) (g)
	The provider failed to provide safe and proper management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 (1) (2) (a) (c)
	The systems and processes in place were not operated effectively to identify areas for improvement and ensure action was taken to address and improve the overall quality of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
	Regulation 19
	The provider had not ensured that information

specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.