Mrs Maria Evans

Trewan House

Inspection report

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Date of inspection visit:
22 February 2018

Date of publication:
22 March 2018

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

Trewan House is a residential family owned 'care home' located in the Hough Green area of Widnes. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The home specialises in providing accommodation for older adults and adults experiencing different forms of Dementia. The home has 42 ensuite bedrooms and is registered to provide support for up to 44 people. At the time of our inspection, there were 39 people living in the home.

At the last inspection on the 7 September 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were two registered managers in post at the service, who were also part of the registered provider team, both of whom were on site during our inspection. The registered managers shared responsibilities among themselves for the running of the service, with one being responsible for business and finance matters and the other responsible for overseeing care related duties. 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.

Our observations showed people were supported by sufficient numbers of suitably qualified staff and did not have to wait long for support. People told us staff responded to them in a timely manner and call bells were answered promptly. One person commented, "There are enough staff about. The staff don't take long when I use my call bell."

Staff recruitment files contained all the relevant pre-employment recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Staff had received training in 'Safeguarding' to enable them to take action if they felt anyone was at risk of harm or abuse and understood the reporting procedures. The safeguarding policy was available in the staff office for ease of reference.

Care files contained individual risk assessments to assess and monitor people's health and safety in respect of a variety of potential hazards.

Appropriate assessment tools had been used to measure the level of risk and guide staff on what action that should be taken to mitigate this such as the Waterlow assessment tool in respect of pressure area care and the Malnutrition Universal Screening Tool (MUST).

People were happy with how their medicines were managed and staff received training to undertake this practice safely. We saw that medication was stored safely and securely and within their recommended temperature ranges. There was no PRN (as when) protocols in place for people who required as needed medication although staff spoken with had a good knowledge regarding the circumstances in which this was to be administered. The registered manager took immediate action on the inspection day to devise a new protocol template to ensure staff knowledge was reflected in the associated paperwork.

People were supported to live in a safe environment and a series of checks was completed to ensure that equipment did not pose a risk to people living in the home. We identified that the sluice room was not secured by a lock. We brought this to the attention of the registered managers who took immediate action on the day of the inspection to secure a coded lock to the door.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service operated within the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were completed and Deprivation of Liberty authorisations were applied for appropriately.

People told us that consent was sought before providing care and staff described the ways in which they involve people in making decisions for themselves. One staff member told us, "I involve them in everything, whatever their capabilities are. I treat them as equals. People still know what they like and dislike even if they have dementia."

Staff told us that they received the training and support they needed to carry out their roles effectively. Staff were also supported through supervisions and staff meetings and also felt confident to raise any issues or support needs informally.

The service worked with external professionals to support and maintain people's health. Care plans contained evidence of the involvement of GPs and other professionals. We spoke to two visiting health professionals during our inspection who described staff as 'positive', 'dynamic' and 'responsive' to advice given.

People told us they were given choice regarding meals and complimented the food served at the home. The cook had a good knowledge of people's individual dietary needs and ensured specific diets such as liquidised or soft diets were catered to.

Care plans documented people's preferred routines and preferences to enable staff to gain a good understanding of the person they were supporting.

A complaints policy was in place and people felt confident in approaching the registered managers if they had any concerns or complaints. Complaints were well managed and documented in accordance with the registered provider's complaints policy.

An activities co-ordinator was employed by the service and provided activities such as new age bowls and tai chi. People told us they enjoyed trips out in the local community to local museums, parks and other towns.

Quality assurance procedures were in place to monitor and improve the quality of care being delivered at the home. These included spot checks and audits on areas such as care plans, DoLS authorisations and checks on the environment. The registered managers had plans to further develop these systems.

People and their relatives knew who the registered managers were and found them approachable. Team meetings and resident meetings took place regularly and annual questionnaires were issued to people's relatives. A suggestion box was available in the communal area of the home to ensure people's views were sought regarding the service. This feedback was used to develop the quality of the service.

Staff spoke positively about their experience of working at the home. All the staff we met with told us they would recommend the home. One staff member told us, "It's family run, that makes a difference, they care, we are very person centred and get good feedback from families."

The registered managers had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements.

The ratings awarded at the last inspection were displayed in the communal area of the home and on the registered provider's website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Trewan House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 22 February 2018 and was unannounced.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. We were not made aware of any concerns about the care and support people received. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. They had not completed a planned visit due to an outbreak of flu at the service. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, the care of someone living with dementia.

During our inspection we spoke with the registered managers who were also part of the register provider team, five carers, the cook, the activity coordinator and external trainer and two visiting professionals. We spoke to four people living in the home and four relatives of people living at the home. We also looked at three care plans for people who used the service, three staff personnel files, medication administration records, staff training and development records as well as information about the management and governance of the service.

We observed the lunchtime service and care at various points throughout the day. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Trewan House. Comments included, "I feel safe and I feel absolutely at home here" and "Yes I feel safe because I know people are about."

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were deployed to meet people's needs. We observed that people did not have to wait long for support and people told us staff responded to them in a timely manner. One person told us, "There are always staff about. I use my call bell regularly and they come quite quickly. One person's relative told us, "The staffing levels are excellent, there are staff everywhere. Even when I come in the evenings there seems loads of staff around."

Recruitment processes remained safe because the registered manager completed the necessary pre-employment checks on staff. The training matrix showed staff had received training in safeguarding and staff spoken with were able to describe what course of action they would if they felt someone at the service was being abused or neglected.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety in a variety of areas including falls, nutrition, oral health, continence and skin integrity. These assessments contained relevant information on the potential risk to the individual and advice was provided to staff on how to minimise risks. For example, when one person experienced weight loss, the Malnutrition Universal Screening Tool was used to measure the level of risk to the individual and staff implemented a diet and fluid chart to monitor intake and were instructed to offer snacks throughout the day. Assessments also considered the individual's right to choose so that risk was managed in a way which promoted people's independence. For example, a choking risk assessment was in place for one person who was at risk of choking. The assessment identified that the person had capacity to make decisions about their health and understood the risk of not following a soft diet. The outcome of the assessment was that agreement was made in consultation with the individual that they would have small meals with small items to mitigate the risk without restricting their liberty unlawfully.

The registered manager maintained a log of all accidents and incidents which occurred at the service and we saw that action had been taken to protect people from the risk of harm. For example, some people who had a history of falls had bed rails in place and others had pressure mats to alert staff if they got out of bed without assistance.

Medication was stored safely and securely and within their recommended temperature ranges. Staff who administered medicines had received medicine management training to ensure they had the skills and knowledge to administer medicines safely to people. One of the registered managers, who was a trained nurse, maintained oversight of medication management through regular audits and monthly checks which looked at the supply, storage and recording of medication.

We reviewed the Medication Administration Records (MAR) for five people and saw that they were completed accurately. We saw that controlled drugs were kept securely and administered in line with best

practice. Photo ID was kept on each person's MAR chart and a staff signature list was available so staff signatures could be identified. We noted that two people on PRN (as required) did not have a PRN protocol in place to guide staff around safe administration. We spoke to the senior carer who had a sound knowledge about what circumstances this was to be given but we discussed with the registered managers the benefits of recording this information to guide other staff who might not be as familiar with the person and their individual behaviours. At the end of the inspection visit, one of the registered managers had devised a draft protocol which was to be introduced for all PRN medicines to provide staff with the appropriate guidance.

We saw that arrangements were in place for checking the environment at Trewan House to ensure it was free from hazards. This included regular checks on fire equipment, bed rails and electrical equipment. Personal Emergency Evacuation Plans (PEEPs) were in place for people living at the home and these were personalised and reviewed regularly.

The home was clean and odour free. Staff had received training in infection control and had access to Personal Protective Equipment and this was worn when providing care. The home had recently experienced an outbreak of D+V and we saw that the registered manager had discussed with staff how they could learn lessons to manage a future outbreak more effectively to include better screening of visitors, deep cleaning and more robust contingency plans. The laundry was organised and had appropriate systems and equipment in place for infection control. During our inspection we noted that the sluice room did not have a lock on the door and raised this with the registered manager who responded immediately. By the end of our inspection visit, we saw that the maintenance person had secured a coded lock to the door to ensure that only staff were able to access this.

Good

Is the service effective?

Our findings

People told us that staff were competent in their role and knew how to support them effectively. People told us, "I am nervous when being moved from wheel chair to chair but the staff are always good and patient with me" and "They have 100% knowledge of how to deal with me. I have improved 100% since I came here."

Staff felt well supported in their role and that they had the skills and knowledge they needed to carry out their roles effectively. We reviewed the staff training matrix which showed staff received training in areas such as moving and handling, first aid, health and safety, challenging behaviour and medication management. We saw that 23 out of 26 care staff working at the service had achieved an NVQ level 2 or above qualification. We spoke to an external trainer who was present at the home to deliver training on the day of our inspection. The trainer told us that staff were passionate about their role, had a good knowledge base of how to support people and were keen to develop their skills further. They told us, "There's a lot of passion here, staff work from the heart."

People told us staff sought consent before providing care. The registered provider worked within the legal framework of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were completed based on whether the person could understand, retain, use and weigh, and communicate their decision. These assessments were completed in respect of decisions such as remaining at the care home. Best interest checklists were used to ensure that staff considered all the efforts they had made to engage the person and establish their views and wishes before making a decision and we saw evidence that people's relatives were consulted as part of this process.

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). At the time of our inspection, there were 15 people subject to DoLS authorisations and the registered manager maintained oversight of authorisations which remained 'pending' with the supervisory body.

People told us they enjoyed the food served at Trewan House. Comments included, "Food is fantastic. Food is different every day. They tell me each morning what's on offer and if I don't like it they make me something different" and "The food is very nice and there's always a choice."

We observed the lunchtime service and heard people complimenting the meal served which was 'cottage pie with peas and carrots'. The lunchtime service was a relaxing and enjoyable experience with the majority of people choosing to have their meals in the communal dining room. Background music was playing quietly and tables were set with table clothes, napkins and cutlery. We spoke to the chef who told us all the food was fresh and they were not confined to strict budgets so enjoyed flexibility over meal planning. People's preferences were recorded in the kitchen and the chef knew people's individual needs well and therefore ensured appropriate portion control and that people's dietary needs were catered to such as liquidised or soft diets. Trewan house had achieved a 'Good' rating from the local food standards authority

in January 2017. This demonstrated hygienic food handling practices.

People who lived at Trewan House had access to health professionals with regular health check-ups to maintain their health and well-being and routine appointments were documented in care files. One person told us, "I get seen regularly by the District nurses but the staff look after me well as well." We saw evidence of partnership working and that referrals were made to health services such as the dietician, respiratory team and GP where required. Records of health care advice and instructions given were documented within people's care plans so staff were aware of any treatment required. We spoke to two visiting health professionals during our inspection who told us staff were responsive to advice given.

The environment of the home was clutter free and pictorial signage was used to meet the needs of people with dementia. People's bedrooms were identified by an old and recent photograph and the name they wished to be called by. The décor of the home included colour differentiation on areas such as handrails to support people's orientation and reduce the risk of falls. Automatic lighting was available in bathrooms to assist people's visibility. Raised flower beds and an outside gazebo was available to enable people to access the outdoor area of the home. The registered provider had plans for the further refurbishment plans to include a change to laminate flooring on the upper levels of the home to promote better infection control.

Good

Is the service caring?

Our findings

We received positive comments about the caring nature of the staff at Trewan House. One person told us, "The staff are fantastic and perfect. Nothing is too much trouble for any of them." People's relatives told us, "All the staff are lovely with [relative], they are always saying she is lovely to care for. This obviously makes me very happy", "Staff are very kind to [relative] and from day one, I have had no concerns about her at all" and "[Relative's} quality of life is as good as it can be, she's clean, safe and comfortable."

Through our observations throughout the inspection day we could see staff approached people in a patient, reassuring and respectful manner. Staff were tactile with people and offered physical contact for reassurance, for example, holding hands or placing an arm around people's shoulders when supporting them to walk. Staff greeted people by their name and treated them compassionately, demonstrating patience when dealing with repetitive questions. We saw that people's dignity was protected and preserved. For instance, we observed staff hoisting two individuals throughout the day and saw this was done in an effective and dignified manner and both people appeared relaxed and comfortable with the method used.

Staff worked with the aim of maintaining people's independence and encouraged people to be involved in everyday decision making. One person told us, "The staff help me wash and dress and always do this with my dignity in mind. They always chat to me and tell me what they are going to do next. I can shave myself with my electric razor and they encourage me to do this myself."

People told us they had choice about how to spend their time and their daily routine. People told us, "I go to bed when I want to and I don't get up until about 9am, I please myself" and "I can choose the time I go to bed and when I want to get up."

Due to the nature of the service people at the home were not always able to be involved with planning their care however it was evident that staff had spent time with people and their families to gain an understanding of people's care needs and how they wanted their support delivered. Care files contained information regarding people's likes, dislikes, routines and preferences. Care records contained documents entitled 'My life Story' which provided information on the person's school history, favourite singer and hobbies which enabled staff to get to know the people they supported and build a rapport with them.

For those who did not have any family or friends to represent them, the registered manager held contact details for a local advocacy service and knew when to make a referral for people. Advocates offer independent support to people to ensure their wishes and feelings are taken into consideration where decisions are being made about their care needs. We saw that one person living at the home had an Independent Mental Health Advocate (IMCA) appointed to represent their views and this representative liaised with the home and was involved in decision making for the individual.

We spoke to four relatives visiting throughout the inspection. There were no restrictions in visiting, with the exception of protective mealtimes, which encouraged relationships to be maintained. The visitors we spoke with said they were always warmly welcomed and offered refreshments when they entered the building.

Some people had their own telephone lines fitted in their bedroom to enable them to maintain contact with their families.

Good

Is the service responsive?

Our findings

People we spoke with told us they their relative devised the care plan in consultation with their social worker and they were happy with this. People's relatives told us that they were consulted with regards to the creation of the care plan and any reviews. One person's relative told us, "We have a review every 12 months and a Social Worker is usually present."

The care plans we reviewed included information about people's needs in respect of medication, mobility, continence, communication and social activities and had been evaluated on a monthly basis and any changes to a person's needs were clearly recorded. For example, one person's food and drink care plan was updated following an appointment with the speech and language therapy team to signify an important change in circumstances in respect of their move to a pureed diet.

During the inspection, we spoke with staff to establish how well they knew the people they supported. We asked a carer to tell us about a specific individual and what information a new member of staff would need to support the person effectively. The staff member told us, "[Person] is on a pureed diet and fortified drinks, they need to be turned regularly to prevent pressure sores and need specific eye care." We noted that this information they provided was accurate and reflective of the care plan in place.

People we spoke with told us they would speak to staff if they wanted to complain but had never had cause to. The complaints procedure was displayed in the main hallway of the home and we saw that any concerns were responded to appropriately and in accordance with the registered provider's policy.

We spoke to the activities co-ordinator, people who used the service and reviewed daily activity records which showed that people engaged in a variety of activities such as tai chi, chair based exercises, poetry, dominoes and entertainer visits. People told us, "I am home from home here. I get taken on trips and take part in all the activities"; "I take part in some of the activities. I like the singers and the quizzes" and "They have lots of activities, I love the artists and I enjoy the trips out."

We saw that people's spiritual needs were supported within the home and on the day of our inspection, a local priest came to the home to hold a mass service. The activities co-ordinator arranged day trips to place such as Chester Zoo, Llandudno and Knowsley Safari Park. The activities coordinator was also encouraging more involvement with the local community and had liaised with the local authority regarding the development of the keep fit provision within the home.

The service had received an award for participating in the 'six steps' programme relating to the provision of quality care for people at the end of their lives. Some people had end of life care plans in place which prompted them to think ahead in relation to their funeral plans. Care records contained information in respect of whether people had completed 'Do Not Attempt Resuscitation' (DNAR) forms. The service recognised those who had passed away and encouraged people to remember those through a memorial tree which was on display in the home.

Good

Is the service well-led?

Our findings

People spoke positively about the overall atmosphere and staff approach within the home. One person told us, "Perfect, it feels like home from home. The only way I will be leaving here is when I die". People's relatives commented, "I feel the staff make the atmosphere, it is usually very good. [The activity co-ordinator} in particular is very good"; "It's a very upbeat, happy atmosphere. The staff are always happy and seem to enjoy what they do", "It's really calm and friendly, and all of the staff are approachable. There are loads of activities going on. We visit at different times and it's always the same" and "The atmosphere is always a happy, calm environment."

The registered managers were based on site and maintained and active and visible presence at the service. Many of the staff we spoke with had worked at the service for a long time and told us they stayed so long because they 'loved' working at the home. Staff worked together as a team and that they felt well supported by the management who they described as 'supportive' and 'approachable'. Each registered manager had clear and defined lines of responsibility which staff were aware of. One staff member told us, "They're a good team, each of them know their own side of things and support each other and us."

Opportunities were available for people to comment on their experience of the care delivered through 'questionnaires' and a 'suggestion box'. We reviewed the results from the last annual survey and saw these were generally positive. The results were summarised and circulated to people using the service. We reviewed some of the respondent's comments which included, "Everything is excellent as usual. Everyone very caring, understanding and professional" and "All staff go above and beyond in every way." The 2018 survey had not yet been circulated to everyone using the service.

We saw that the registered manager made efforts to involve people and their relatives in discussions about the running of the home such as resident meetings. The registered manager told us that these meetings had proved ineffective in the past and had only recently been reinstated due to a change in the needs of the people who used the service. One person commented, "I am Deputy Chairman of the residents meetings with the management. I have only just started this role and I am in the process of asking residents if they have any issues. I will then bring the issues to the next meeting in May." We reviewed the minutes from the last meeting and saw that people had been asked for their views on aspects such as activities and food menus. One person's relative's told us, "I attend the residents meetings and always feel that people are listened to."

We reviewed the quality assurance systems at the home. We saw evidence of audits in respect of medication, care plans, DoLS and cleanliness. We saw that care plan audits had identified where information was outstanding and this was updated when action had been taken in response. We saw that the registered manager had recently introduced spot checks upon the advice of the local authority as another means of reviewing the quality of care delivered. We reviewed the latest spot checks completed in the early hours of the morning in November 2017 and January 2018 and saw these included checks on the environment and we saw recommendations were made to ensure the health, safety and well-being of those living in the home. The registered managers had plans to further develop these systems to include a greater

focus on falls analysis. The registered managers were pro-active and responsive and took immediate action with regards to any issues highlighted during the inspection, for example, the securing of the sluice room and implementation of a new PRN protocol template.

The service had policies and guidance for staff to guide staff practice. For example; safeguarding, whistle blowing, equality and diversity, confidentiality and health and safety. Staff were aware of these policies and their responsibilities in respect of these.

The registered managers notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with our statutory notifications. The ratings from the last inspection were clearly displayed in the home and also via a link on the registered provider's webpage.