Hightown Housing Association Limited

4 Trinity Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on the 19 and 20 November 2015 and was unannounced. The last inspection of this service took place in 2013. The service was found to be meeting the requirements of the regulations at that time.

The home provides residential care to six adults with a learning disability. It is a requirement of the registration of 4 Trinity Court that there is a registered manager in place. At the time of the inspection a registered manager had been in place since February 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were assessed and care plans reflected how staff would meet their needs. Risk assessments were in place to ensure the risk of injury to staff and to people was minimised.

Summary of findings

Records were frequently updated in relation to the care provided, and information about people was shared in the handover meetings which took place each day.

The systems used for recruiting staff included making checks on candidate's backgrounds and previous employment histories. This was to ensure they were safe to work with people.

Medicines were stored safely and securely. We saw that people's medicines were given safely by trained staff who recorded the administration on the medicine administration sheet (MAR). However, we did find some records related to people's needs and their medicines were not completed, and the date of opening creams and lotions was not always recorded. We have made a recommendation about how the service could improve on its administration and recording of medicines.

There were sufficient numbers of trained staff available each day to meet the needs of the people living at 4 Trinity Court. Additional staff were used to enable people to attend appointments and participate in activities.

We found records related to staff training and supervision showed staff were receiving support from the registered manager and provider to enable them to carry out their roles effectively. Where there were gaps in training records, plans were in place to provide up to date training.

Staff knew about the Mental Capacity Act 2005 (MCA). This meant where people were unable to make decisions for themselves, staff acted in a way that was agreed was in the person's best interest. Staff were less knowledgeable about the Deprivation of Liberty Safeguards (DoLS). However, training had been provided and the registered manager knew how to apply for authorisation for DoLS. Further development for staff in this area was needed and agreed.

People's health was maintained and where professional advice was required to assist people to remain healthy this was sought by staff. For example, speech and language therapy and GP.

People's relatives told us and we observed staff caring for people in a sensitive and appropriate way. They demonstrated a kind and caring nature and they were knowledgeable about people's needs and how to meet them. Care plans recorded people's choices and preferences and these were respected by staff.

People's relatives and staff told us the service was well managed and they had noticed improvements since the new registered manager came into post. Staff commented on how supportive and approachable the management were. Quality assurance checks had been completed and were on going, these were used to improve the quality of the service to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Most aspects of the service were safe.

Records showed systems were in place to administer and store medicines safely. However, the dates of opening creams and lotions were not always recorded.

Checks were carried out on staff prior to employment to ensure as far as possible they were safe to work with people.

Requires improvement

Is the service effective?
The service was effective.

Records related to the training and supervision of staff indicated that all had received the support necessary for their role.

Staff had a basic understanding of the Mental Capacity Act 2005 and how this applied to their role. This ensured people's rights were protected.

People's health including their nutritional needs were monitored and supported by staff and where necessary external professionals. For example the GP.

Good

Is the service caring?
The service was caring.

People were treated with respect and dignity by the staff. Their relatives told us they were well looked after and the staff were "kind".

Staff knew about people's preferences and choices.

Good

Is the service responsive?
The service was responsive.

The provider had sought feedback from people who used the service; however this was not successful due to people's communication difficulties. New methods of obtaining feedback were being investigated.

The provider had in place a complaints procedure and policy; no complaints had been received since February 2015.

Good

Is the service well-led?
The service was well led

Good

Summary of findings

Staff and people's relatives told us the new registered manager listened to their comments and acted upon them.

Quality assurance audits were regularly undertaken and the findings used to improve the quality of the service to people.

4 Trinity Court

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 unannounced inspection took place on the 19 and 20 November 2015.

The inspection team included one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a 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. We used the information on the PIR to inform our inspection.

During the inspection we spoke with five staff including the registered manager and Acting Care and Supported Housing Contracts Manager. We were not able to speak with the people who lived in the home due to their communication difficulties. We spoke with two relatives. We carried out observations of care and reviewed documents associated to peoples care and their medicines. We reviewed records related the employment of staff and audits connected to the running of the home.

Requires improvement

Is the service safe?

Our findings

Relatives of people living in the home told us they felt the service operated in a safe way. We reviewed the storage and administration of medicines with the registered manager at the home. We noted each person had a locked cabinet in their room to store their medicines in. Up to date medication administration records, showed staff had signed when medicines had been given to people.

Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. However, we found where the "as required "medicine was for pain relief, the protocol did not describe what symptoms the person may display if there were in pain. Neither did they describe alternative non medical treatment which could be applied. As the medicines were being administered to people who were unable to verbally request pain relief this was important information. Other information included in the care plans described how the person preferred to take their medicines. However, we read the following information had not been completed by staff: "Am I allergic to my medicines? What do you need to do for me? Do I need reminding to take medication? This may have placed people at risk of harm if staff were not aware of this information.

Checks were completed on the amount of medication being stored for each person against what was received and administered. This was completed twice each day. We checked a random sample and found the amounts recorded and stored were correct. Further spot checks were completed by the registered manager on how staff administered and recorded medicines. We also observed some topical medicines such as creams and lotions did not have their opening date recorded. This was important because such creams have a "shelf life" after which they may not be effective. The registered manager discussed this with their line manager and agreed a protocol for ensuring this would be rectified in the future.

From our observations we could see staff followed safe procedures when carrying out moving and handling techniques. This was to ensure people or staff were not harmed or injured during the process of assisting a person to move from one location to another using a hoist. Staff also adhered to speech and language therapy guidance when preparing food and drinks. For some people drinks were thickened and food was pureed to ensure the risk of choking was minimised.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed. Care plans informed staff how to reduce the risk of injury to themselves and to people. For example, the risks associated with moving and handling, infection control and skin integrity. These were reviewed frequently and kept up to date. Staff told us care plans reflected people's changing needs and included information on any special requirements people needed. They told us they were kept informed of any changes to people's immediate care needs during the shift handover where a verbal and written handover took place. This was to ensure care was appropriate and safe.

The provider knew how to recruit staff and how to carry out the necessary checks to make sure they were suitable to work with people. These checks included evidence of disclosure and barring service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Records showed applicants had completed application forms and references had been obtained from previous employers.

Staff knew how to identify and report concerns related to possible abuse. The home had a safeguarding adult's policy and procedure. This guided staff on how to respond to concerns of abuse. All staff apart from one had received up to date training in how to protect people from abuse. Written guidance was also available to staff in the office on how and who to report concerns to.

Relatives told us they thought there were sufficient staff members on duty to meet the individual needs of people. The registered manager told us the staffing levels were calculated in relation to the funding provided by the local authority and the specific needs of individuals. This meant the local authority carried out an assessment of each person's needs and allocated funding to pay for staff to enable the person's needs to be met. The registered manager told us when people were going out into the community or had appointments to attend, extra staffing

Requires improvement

Is the service safe?

was provided. Our observations confirmed this was happening. One person had special requirements during the night, and extra staff had been employed to ensure both the person and the staff were safe.

Safety checks were undertaken to ensure the safety of the building and the equipment, this included maintenance and checks of the water supply to prevent legionella and the fire equipment and alarm systems. Documents demonstrated regular fire drills were carried out at the premises.

We recommend the service seek advice from a reputable source regarding the implementation of safe medicine administration and recording.

Good

Is the service effective?

Our findings

Relatives told us they thought the staff were knowledgeable about their roles. We were told by the registered manager when new staff began work for the service they received four days training prior to starting their role. This included areas of training deemed mandatory by the provider, including safeguarding adults, privacy and dignity and infection prevention amongst others. Although the induction provided staff with the knowledge they required to carry out their role, this was not in line with the Care certificate. The Care Certificate is an identified set of 15 standards introduced in April 2015 that health and social care workers must adhere to in their daily working life. However, we noted in minutes of a senior managers meeting, this area was under scrutiny and plans were in place to source training that met with the required standards.

Staff told us they felt they had received sufficient training to carry out their job. The training matrix showed the majority of staff were up to date with training. Where this was not the case, the registered manager showed us training up dates were planned.

Records indicated staff received support from the registered manager through regular supervision and appraisals. Documents showed this allowed both parties the opportunity to reflect on the performance of the staff and where appropriate to develop plans for improvement. It also allowed staff to raise concerns or questions and to suggest improvements in how care could be delivered.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Related assessments and decisions had been properly taken. People's care plans included some mental capacity assessments and through discussions with the registered manager they were aware of the need to increase the assessments for other areas of people's lives. Best interest meetings had been held to discuss and agree a best interest decision on behalf of people who did not have the mental capacity to decide for themselves. The meetings included professionals and family members where appropriate.

The registered manager had made appropriate applications to the local authority for the use of DoLS for some people. This ensured where a person was being deprived of their liberty, this was assessed by the local authority to check the restrictions were proportionate and the least restrictive method was being used. The home was awaiting their authorisation.

Whilst staff had received training in MCA and DoLS, they were able to demonstrate a basic understanding of the MCA and how this was applied to the home. They were less clear about DoLS. We mentioned this to the registered manager, who was surprised but would consider this as part of staff development.

People were supported with their hydration and nutritional needs. Where people required support with eating or drinking this was provided by staff. We observed two mealtimes, breakfast and lunch. Food was prepared in line with people's care plans. Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. Where people had difficulties with food and drink specialist advice was sought and their advice was being followed. People's weight was monitored to ensure they remained healthy. Menus were designed with people's likes and dislikes in mind. Where people did not like the food provided alternatives were offered. We saw documentation related to a staff member who was going to introduce a new tasting session, this would enable people to try different flavours and textures, the results would be included in future menu planning.

People were assisted to access the healthcare support they needed when they required it. A range of professionals

Good

Is the service effective?

were involved in assessing, planning, implementing and evaluating people's care and treatment. Documents showed the home liaised with external professionals including the GP, dental practices and specialist epilepsy resources.

Good

Is the service caring?

Our findings

Relatives told us "They are very well looked after, staff make me feel very welcome and X seems very happy there." "The staff are lovely, they have always had a great affection for Y…I think the level of care and the quality of the environment is very good, I can't see how they could improve."

We understood that the people living in the home had little or no ability to communicate with us verbally. Care plans addressed how staff could interpret people's communication through reading their body language and facial expression. We discussed with the registered manager how people were encouraged to use other forms of communication such as talking mats and objects of reference. These are tools used to assist people to express themselves when verbal communication is limited. Following the inspection the registered manager sent us a copy of a referral they had made to the Quality in Care Team, requesting assistance with developing communication tools for people.

From our observations we saw staff interacted with people in a positive and sensitive way. Staff clearly knew about the needs of people and treated people with compassion. For example, one person had a health condition which affected their wellbeing. Because there was a pattern to when they were affected, staff supported the person differently at these times, because they were aware of the person's limitations when they were unwell. At these times they found alternative activities for the person to do in order to keep the person happy and safe.

We observed staff laughing and joking with people when assisting them with activities and with their mobility. There was a good rapport with people, who appeared relaxed in the company of staff. Staff knew the importance of encouraging people to be as independent as possible. We observed staff being courteous to people and asking permission or telling a person what they were going to do before doing it. One relative told us, "Staff don't tell people what to do they ask them, they are very kind." People were treated with respect by staff this was evident in the way staff addressed people by their name; they maintained eye contact and their interactions were respectful.

Staff knew how to protect people's dignity and privacy. They told us they knocked on people's doors before entering and closed curtains and doors when supporting people with their personal care. One staff member told us they would explain to the person what they were doing and why. Staff knew about maintaining confidentiality and not discussing people's private information outside of the home and only sharing information on a need to know basis.

Relatives meetings were not held due to the size of the home. Relatives visited the home and had contact with the staff and the registered manager. Relatives told us they were able to discuss people's care with the staff and the registered manager. They told us when these discussions took place they felt they were listened to and their opinions mattered.

Where needed people had access to advocates and Independent Mental Capacity Advocates (IMCA). This allowed an external person with no bias to speak on behalf of a person and ensure their wishes were considered when planning their future care. Documents showed the services of IMCA's had been employed

Good

Is the service responsive?

Our findings

Relatives told us they were involved in the planning of the care for people. They said they were kept informed of changes and where their input was needed they were consulted with.

People had lived at the home for many years and this meant their pre admission assessments had been archived. We discussed with the registered manager what process would be followed if a new person moved into the home. They were aware of the need for an assessment to be completed prior to any move to ensure the person's needs could be met by the home.

Care plans included people's needs and how they should be met by staff, for example, how people preferred to take their medicines. People's preferences, likes and dislikes were included, this enabled staff to ensure people were happy with the care being provided. When we discussed people's care with staff they were aware of people's preferences. For example, one staff member told us a person liked to get up later than other people in the house. They would visit their room, and if they were asleep they would leave them until such time as they woke up naturally. Risk assessments were in place to guide staff on how to minimise the risk of harm to people, these included areas such as choking, medicines and the risk associated with epilepsy amongst others. Where people lived with epilepsy medical guidance and monitoring of this condition was available to people to ensure their quality of life and health were maximised.

The provider carried out a Care and High Support Needs Satisfaction Survey in November 2014. People were interviewed by managers from different services with the assistance of staff where this was needed. The results from the people at 4 Trinity Court were inconclusive because none of the people who lived there were able to answer the questions. The survey concluded in future an alternative way of measuring satisfaction for people may be more helpful, including a stakeholder survey. Minutes of a management meeting held in September 2015, recorded this idea was being developed. Following the inspection the registered manager sent us a copy of the draft questionnaire, it was intended this would be sent to professionals and relatives in the future. This would enable the provider to improve services to people based on the feedback they receive. Feedback from staff had also been carried out via an electronic survey. The findings were being amalgamated at the time of our inspection.

The home had a complaints policy and procedure. Staff knew how to respond to complaints and who to notify should they receive a complaint. The registered manager told us they had not received any complaints since they had taken on their role. They had received compliments; however these had not been recorded. Relatives we spoke with confirmed they had not made complaints, but felt that if anything was wrong in the home, staff were quick to respond and put things right.

People were encouraged to participate in activities. On both days of the inspection some people were supported by staff to go out into the community, activities included going out for lunch, shopping and swimming. We saw part of the lounge area had been developed into a sensory area, which included music, lights and comfortable seating. Other activities included table top games and watching television. Holidays were also provided for people. Staff told us they tried to include people as much as possible in any activities that were on offer. This reduced the risk of social isolation for people.

Good

Is the service well-led?

Our findings

Relatives told us they had been impressed by the management of the home. One relative and staff explained to us how the registered manager had improved the service since their arrival. This was echoed by the Acting Care and Supported Housing Contracts Manager. One staff member told us "The manager has transformed this place. When they arrived everything was disorganised, for example, no one could understand the staffing rota, we were all confused…..Since then lots of little things have changed, we have a four week rolling rota, menus are in place and staff are settled." A relative told us the registered manager "Came into a tough situation and got on top of it quickly." A second member of staff said "The registered manager is brilliant, they have made superb changes in a short period of time."

The registered manager described to us some of the challenges they faced when they started their role at 4 Trinity Court, this included a large use of agency staff. This has now stopped and agency staff are only used for unusual or emergency situations. When they started they found there was no structure to the service, staff morale was low and care was not consistently provided due to the large turnover of staff. All these things had improved with the introduction of an easy shift planner, reduced turnover of staff and consistent staff. Staff told us they were happy in their jobs and worked well as a team. Our observations confirmed this.

The registered manager was able to monitor the quality of the care being provided as they often worked alongside staff. They told us "I am not afraid to do what staff do, for example, cover for staff when carrying out tasks." We observed the registered manager supporting a person with eating during the inspection. One staff member told us it was important to them that the registered manager had this approach.

The registered manager told us they hoped they led by example, staff confirmed they found the registered manager to be approachable and supportive. The registered manager said they hoped to have "Put a sense of self-worth into Trinity Court and make it a happier place." They encouraged an honest and open approach which staff confirmed was the case. Staff told us they could talk to the registered manager and felt listened to. They described the registered manager as "very organised and very fair." They told us the feedback they received was constructive and helped them to improve in their performance.

The registered manager and the staff had a shared vision for the service. The registered manager told us their aim was "To make the service the best service it can possibly be for the clients and for us (staff)." They wanted to ensure staff had the opportunity to develop and to take on a more active role in how the home was run and where appropriate to build the confidence of the team. They planned to do this by encouraging training for staff in areas that were relevant to working with the people in the home. Staff told us they wanted to provide the best care for people and make a difference to their lives, this included making them feel happy and feel at home at 4 Trinity Court.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.

A number of audits took place at the home, these included, legionella and water temperature checks amongst others. Six monthly audits were carried out by the Acting Care and Supported Housing Manager. They checked areas such as the frequency of staff supervision, staff meetings, fire risk assessments and fire equipment checks. Where accidents or incidents had occurred, records were kept and learning from incidents took place. For example, where a person had injured themselves, a risk assessment had been completed and a care plan was updated to prevent a reoccurrence.