Key inspection report

Care homes for adults (18-65 years)

<table>
<thead>
<tr>
<th>Name:</th>
<th>93 Trinity Street</th>
</tr>
</thead>
</table>
| Address:| 93 Trinity Street
         | Fareham
         | Hants
         | PO16 7SL |

The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Johnson</td>
<td>1 5 1 0 2 0 0 9</td>
</tr>
</tbody>
</table>
This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.</td>
</tr>
<tr>
<td>Evidence:</td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement.</td>
</tr>
</tbody>
</table>
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

**Reader Information**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>General public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>0870 240 7535 (telephone order line)</td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
<tr>
<td>Internet address</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
</tbody>
</table>
### Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>93 Trinity Street</th>
</tr>
</thead>
</table>
| Address:          | 93 Trinity Street  
                    | Fareham  
                    | Hants  
                    | PO16 7SL |
| Telephone number: | 01329280681       |
| Fax number:       |                  |
| Email address:    | janineemsley@nhs.net |
| Provider web address: |                  |

<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>The Hampshire Partnership NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Miss Jan Emsley</td>
</tr>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>4</td>
</tr>
</tbody>
</table>

### Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies) :</th>
<th>Number of places (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>learning disability</td>
<td>Under 65</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

**Additional conditions:**
The maximum number of service user who can be accommodated is 4.
The registered person may provide the following category/ies of service only: Care home only (PC) to service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Learning disability (LD)

### Brief description of the care home

93 Trinity Street is a care home providing accommodation and personal care for four people with learning disability needs. It is located within Fareham Town centre in Hampshire. The building is owned and managed by Hampshire Partnership NHS Foundation Trust.

The home was registered with the Care Quality Commission in April 2009. Previous to
Brief description of the care home registration the home was run by Hampshire Partnership NHS Foundation Trust under the NHS criteria.

The home is part of the Trust’s re-provision plan and will be deregistered in 2010 to become a supportive living service. People living at the home are in the process of being assessed to determine if they will receive supporting living or whether other service will be appropriate to their needs.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

Choice of home
Individual needs and choices
Lifestyle
Personal and healthcare support
Concerns, complaints and protection
Environment
Staffing
Conduct and management of the home

How we did our inspection:

The purpose of this inspection was to assess how well the home is doing in complying with regulations and to assess what the outcomes are for people who live at this home.

The findings of this report are based on a number of different sources of evidence. These included: An unannounced visit to the home, which was carried out over one day on 15 October 2009. We arrived at the home at 11:45 and completed the visit at 18:45. During the visit we looked at all key standards.

Any regulatory activity since the home became registered was reviewed and taken into account including any notifications sent to the Care Quality Commission.

During this visit we looked at the physical environment including, people's bedrooms and all communal areas of the home. We examined records, policies and procedures. Due to the communication needs of people living at the home we were only able talk
very briefly to them. We did however sit with them and observe their day-to-day interactions with staff. We talked to some members of staff.

The manager was present during the visit to answer questions and discuss issues and verbal feedback was provided to him at the end of the inspection.
What the care home does well:

People's personal and everyday care support needs are clearly identified and written up into care plans that provide step by step instructions regarding the level and type of support needed with various care needs. This is especially important, as people living at the home are often unable to verbally communicate their needs.

The manager and staff at the home demonstrate a strong commitment to enabling people to make choices and to be included in all aspects of life within the home environment and the local and wider community. People are supported to keep in touch with family and friends.

Staff are appropriately trained and recruitment procedures offer the people living at the home protection.

What has improved since the last inspection?

This was the first key inspection of the home since it was registered in April 2009.

What they could do better:

There were no requirements or concerns as a result of this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

Contents

Choice of home (standards 1 - 5)
Individual needs and choices (standards 6-10)
Lifestyle (standards 11 - 17)
Personal and healthcare support (standards 18 - 21)
Concerns, complaints and protection (standards 22 - 23)
Environment (standards 24 - 30)
Staffing (standards 31 - 36)
Conduct and management of the home (standards 37 - 43)
Outstanding statutory requirements
Requirements and recommendations from this inspection
Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

<table>
<thead>
<tr>
<th>People using this service experience <strong>adequate</strong> quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was not possible to assess these standards as the home has not admitted anyone recently and will not be admitting anyone in the future.</td>
</tr>
</tbody>
</table>

Evidence:

| No one has moved into the home since it became registered in April 2009. The home will not be admitting anyone else during the period that they are registered and this is stated in the home's statement of purpose. The last person to move into the home did so in January 2006 and two of the people have lived there since 1995. |
Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People’s needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience excellent quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at this home are involved in planning their care and support needs as much as possible.

Care plans provide clear instructions for staff to follow and enable them to provide support and care in a way that people prefer.

The home promotes people's rights and choice. People living at the home are fully supported to make decisions about their life-choices.

Evidence:

During this visit to the home we examined two people's care plans. Both care plans were comprehensive and detailed. The home's statement of purpose stated that, 'Each service users has a bi-monthly review meeting and they are encouraged and supported to attend these. Where this is not possible, staff have a specific role to discuss and consult with service users and their family to ensure that they are involved as much as they wish'. We saw sufficient evidence during our visit to
Evidence:

substantiate this.

Each person living at the home is assigned two 'key workers' and their responsibility is to ensure that appointments are made as necessary and oversee the coordination of support and care that people need. Care plan information was written in the first person and sections included; 'How I communicate', 'This is how I make choices', 'This is who I am' and 'How my disability affects me'. The care plans demonstrated that people's independence is promoted and highlighted their abilities as well as their needs. People's personal care and daily support needs were clearly identified and care plans provided clear guidance regarding the level and type of support needed with various care needs.

Alongside this each person had communication a passport. These provided detailed information and described how to offer choices for that person and how they would respond (how they communicate their choices). Staff spoken with confirmed that they had full access to people's care plans and associated documents. We asked staff how they ensured that they provided people with choices. They explained that due to people's needs they used a lot of object representation, such as menu cards, pictorial information and the individual communication passports.

Information within the care plans and daily records demonstrated that people could exercise choice and make decisions about their daily lives and that they were given the appropriate level of support to achieve this. It was evident that the staff and manager focus very much on providing people with choices and used a variety of methods to support people to make choices and there was a lot of well documented evidence to demonstrate this.

Risk assessments and associated action plans were in place for all identified risks covering issues such as seizures, mobility, behaviour, challenging behaviour, fire safety, moving and handling, and diet.
Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are able to make choices about their lifestyle, and are supported to develop life skills.
People are supported to engage in activities and to keep in contact with friends and family.

Evidence:

The home's statement of purpose states that the aim of the service is to support people to, 'make everyday choices, take part in everyday activities, have friendships, take part in the local community and to make important decisions about their lives and to stay healthy.'

Evidence recorded in care plans detailed people's individual lifestyle choices and their interests. The home environment reflected this with personalised bedrooms and photographs around the home of the people who live their taking part in their chosen
Evidence:

activities. Documentation at the home provided evidence that people are supported to take part in a wide range of interests and activities such as, going to church, listening to music, baking, going shopping, going to the local pub, cafes, regular trips to the cinema, holidays, days out and going to watch football. Examination of daily records provided further evidence of this. Alongside this was a description of how the person made this choice and for those people who could not verbally tell staff whether they enjoyed the activity an evaluation is completed using a range of tools to gauge the person's interest and future activities had then been modified to meet the individual's needs. Although people were unable to tell us that they could make their own lifestyle choices the quality of recorded evidence demonstrated this to be the case.

People living at the home are supported to keep in touch with family and friends. Where appropriate families are encouraged to attend people's care reviews and be involved in care planning. Care plans detailed significant friends and families to the individual including support methods for enabling them to keep in contact. An example of this being that the buttons on a telephone installed in the main office had been adapted with photographs of family members so that the person could press on a specific photograph to automatically dial the number.

The home had produced photographic menus to enable people to make menu choices. Records had been maintained detailing what each person had eaten on a daily basis. Examination of these demonstrated that people are offered a healthy and varied diet and that they had been supported to choose what they wanted to eat.
Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are fully supported with their health care needs and have access to a range of specialist health care support. People receive personal support in the way they prefer and according to their needs.

Evidence:

From evidence recorded in the care plans and from observations and discussion it was evident that people were receiving support with their personal care needs in line with their needs and preferences. Care plans and associated documents provided us with enough information to demonstrate that health care needs were being met and that people had access to a range of health services. Both care plans looked at had a section entitled, 'My general health' and each person had a 'health action plan' based on their health care support needs. Records of referrals to health care professionals had been maintained as had the outcome of any appointments or medical interventions. These demonstrated that people had access to a range of health care support such as, GP’s, dentists, podiatrists, occupational therapists, opticians and other specialist health care professionals appropriate to the individual.

The medication administration records were checked for two people during the visit.
Evidence:

From examination of these records it was evident that staff were following correct administration recording procedures. The home had a written medication policy and clear procedures. All medication records examined during the visit had been maintained in line with the home's written procedure. Each person had been risk assessed as to their ability to manage their own medication. Each person had individual storage facilities in their bedrooms for their medicines. Risk assessments informed whether it was safe for the person to have access to this or not. Examination of staff training records cross referenced with medication administration records evidenced that only staff trained and assessed as being competent were administering medication.
Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The homes policies and procedures serve to protect those who live there.

Evidence:

The home had a complaints procedure and people living at the home have access to an independent advocacy service to support them. The complaints procedure had been produced in an 'easy read' pictorial format. The manager did say that despite this due to people's needs it would still be difficult for people to follow the procedure. The manager stated that if for any reason it was felt that someone was unhappy about anything then advocacy support would be made available. Due to the communication needs of people living at the home we were unable to ascertain from them their understanding of the complaints procedure and or their right to make a complaint. Information within the two care plans looked at during our visit to the home detailed each person's way of communicating if they were unhappy with anything and staff told us that they were aware of the home's complaints procedure and understood their role should a concern or complaint be raised. Examination of staff training files evidenced that staff had received 'safeguarding adults' training and the home had a 'safeguarding adults' policy and staff had signed to say that they had read and understood this. There was further information on prominent display in the office to act as an aid memoire to staff. The manager told us that the home had not received any complaints since becoming registered in April 2009. We looked at the home's complaint log during our visit and can confirm that none were recorded.
Evidence:

The home helps all the people who live there with their finances. The Hampshire Partnership NHS Foundation Trust acts as appointee for each person living at the home and this is overseen by the Trust's finance department. There were clear procedures for the management of people finances and examination of two people's finance records demonstrated that procedures were being followed appropriately and that these protected people. All transactions had been recorded and receipted as per the home's policy and the storage facilities were safe and secure.
Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.</td>
</tr>
<tr>
<td>People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whilst the home environment does not meet all National Minimum Standards it is kept clean, comfortable and safe.

Evidence:

During or visit to the home we looked around all communal areas of the home comprising of the lounge, kitchen /dining room, a small sensory room bathrooms and toilets. We were also able to see people's individual bedrooms.

The premises do not meet National Minimum Standards. The reason for this being that bedrooms are below size and none of the bedrooms have en-suite facilities although all have hand sinks. However, the Care Quality commission agreed to make allowances for this during the registration process. This is because the service is part of Hampshire Partnership NHS Foundation Trusts re-provision strategy and will be voluntary cancelled in 2010.

Prior to registration a number of improvements were made to the property these included; internal redecoration, the replacement of radiators with low surface temperature safe units that can be individually thermostatically controlled and replacement of bedroom carpets. Since registration new blinds had been fitted in the kitchen, the utility room floor had been replaced, new locks had been fitted to all
Evidence:

internal doors. It was reported that in the near future automatic closures were to be fitted to doors and that these would be linked to the fire panel.

We saw that people had been able to personalise their rooms with pictures, belongings, televisions and audio equipment. People were observed to access and spend time in their rooms as they chose. On the day of the visit the home was found to be clean and tidy and homely. Communal areas of the home were decorated with photographs of the people who live there. From observation people were relaxed and at home in the environment.
Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People’s needs are met and they are supported because staff get the right training, supervision and support they need from their managers.</td>
</tr>
<tr>
<td>People are supported by an effective staff team who understand and do what is expected of them.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are employed in sufficient numbers to meet the needs of people living at the home. They are well trained and undergo a robust recruitment process.

Evidence:

We looked at the staff rota for the day of the visit and this proved to be a true reflection of the actual staff on duty. We also saw that the staff rota had been planned for the forthcoming weeks up until the end of December. Arrangements had been made to cover staff leave. The Trust has a number of bank workers that can be called on to cover shifts at short notice. The manager said that they try to get the same bank workers for consistency. On the day of the visit a bank worker was on shift and this was someone whom had worked at the home several times before and who was familiar with the needs of the people who live there.

During the visit we looked at the recruitment records for the member of staff most recently appointed. We saw that the home had followed an appropriate recruitment process and that this included; the submission of an application form, an interview, the receipt of two written references and that in all cases these had been verified by a phone call to the referee to ascertain authenticity. Criminal Records Bureau and Protection of Vulnerable Adults checks had all been completed prior to the staff commencing work at the home. Evidence was seen to verify that all new members of
Evidence:

staff had been inducted into the home and that they had completed an induction programme that was linked to the 'Skills for care' induction standards. New staff also undertake a four-day social care induction and a one day corporate induction and these are held off site. We spoke to a member of staff who had been appointed recently. They told us that they had been supernumerary for first the first two weeks and that during this period they had 'shadowed' other staff members to enable them to get an understanding of their role, the needs of the people living at the home and to build confidence. The staff member confirmed that they had not been permitted to carry out certain functions such moving and handling until they had been trained. The staff member commented that they had not been expected to carry out tasks until they felt confident.

We looked at the training records for two members of staff and saw that they had undertaken a variety of training appropriate to their role and the needs of those living at the home. A training matrix was available for both staff members detailing courses that they had undertaken. We saw evidence that the Trust provided an ongoing training programme and that staff attend regular refresher courses.

Staff told us that they received regular monthly one to one supervision with the manager and that they felt that they received sufficient support. We looked at a sample of staff supervision records and those looked at had all received regular supervision.
Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People have confidence in the care home because it is run and managed appropriately. People’s opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out. |
| People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done. |

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed. Safety is promoted within the home.

Evidence:

The registered manager of the home holds a NVQ level 4 Registered Manager Award and NVQ level 4 in health & social care. She has been employed as the manager for 93 Trinity Street since January 2006 and has been providing care to young adults with learning disabilities for many years.

We saw sufficient evidence that the home was being managed appropriately, in the best interests of those living there and as described in the statement of purpose. This inspection did not raise any issues for concern and no requirements were made.

When we arrived at the home we were informed that it was the manager's day off. However she chose to come in and assisted us throughout the visit. Staff told us that they found the manager to be supportive and approachable.

Examination of a sample of policies and procedures during the inspection
Evidence:

demonstrated that these are kept under regular review. We saw that a representative from the organisation visits the home on a monthly basis to monitor the effectiveness of the service. Examination of records showed that during these visits people living at the home were consulted and spoken to, staff were interviewed, the environment and upkeep of the home was monitored and records were examined. The home holds regular meetings with the people who live there to enable them to input into the running and decision making within the home. The Trust surveys people who live at the home to gain their opinions.

We saw documented evidence during our visit to the home that maintenance checks, tests and servicing of equipment are carried out regularly. Examination of the fire logbook confirmed that weekly fire alarm checks are undertaken.
Are there any outstanding requirements from the last inspection?

Yes ☐ No ☑

### Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Requirements and recommendations from this inspection:

**Immediate requirements:**
These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Statutory requirements**
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations**
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.