

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## HF Trust - Trelowen

1 Blowing House Lane, St Austell, PL25 5AT

Tel: 0172665366

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November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	HF Trust Limited
Registered Managers	Mr. Gary Frost Mrs. Anne-Marie May
Overview of the service	Trelowen is a residential care home; it supports people who have a learning disability. Trelowen can accommodate up to 7 people. It is owned and operated by Home Farm Trust.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 October 2012, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We brought forward our scheduled inspection of Trelowen because we received anonymous information about how staff spoke to people; this included showing a lack of respect and talking down to people.

During our inspection we met seven people who lived at Trelowen. Comments included, "I like being here", "and I like being with the staff, and "often go out places for lunch".

One person we spoke to told us, "some of the younger members of staff are bossy and don't understand what you're trying to say".

Staff we spoke with told us, "we are very aware of what people like" and we do well at "supporting seven people with very different needs".

We found people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and people experienced care, treatment and support that met their needs and protected their rights.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During our inspection we met seven people who lived at Trelowen. One person told us, "I like being here" and "I like being with the staff".

During our the inspection the staff ensured people felt at ease with the inspector by encouraging people to talk, and sought permission from people for the inspector to view Trelowen and visit their bedrooms. This indicated people's privacy was respected and people's contributions were important.

We met and spoke with four members of staff. Staff showed through their actions, their conversations and in their discussions with us, an understanding and empathy towards the people who lived at Trelowen. However, one person told us "some of the staff could be a lot more patient and tolerant about things". The provider may like to note, we did observe people speaking in a tone which could be construed as dictatorial and child like. One example of this was when we heard a member of staff stating "if you're going to go shopping, you'll need to put your shoes on". Although, this request was said to assist the person, it was said in sharp tone.

When we arrived, there were four people at Trelowen; other people were out attending day centres and work placements. The people who were at Trelowen on our arrival, had chosen to do a number of different social activities, such to have lunch out in a local pub, working on the computer and spending time alone. This indicated people's personal preferences were respected.

During our inspection people spent time in the lounge, kitchen, and/or in their bedrooms. This indicated people felt at ease in the home and there were no restrictive routines.

All of the bedrooms we looked at were individually personalised. We were told one of the people at Trelowen was having their bedroom re-decorated in the coming months and had chosen the colour themselves. This showed us people were able express their individuality and enjoy their own personal space away from the communal areas.

Locks on bedroom doors ensured peoples privacy, dignity and independence. We were told people were able to have a key to their door and were informed one person tended to lock their bedroom when they were not in. The holding of a key promoted a person's autonomy and independence.

We spoke to a member of staff who had responsibility to arrange and co-ordinate house meetings. House meetings were held on a monthly basis. House meetings give people an opportunity to express their opinion about the way in which their home is supported by staff and share ideas or concerns. The registered manager had recently changed the minutes of these meetings to be pictorial rather than lengthy text. This showed us the service considered peoples reading abilities and ensured people could be involved. These minutes were displayed on a notice board in the kitchen.

We read in the minutes of a house meeting which had been held in June 2012, that one person who lived at Trelowen was unhappy about the way in which staff treated her. We spoke to the registered manager about this, who confirmed following this complaint, the concerns had been raised and discussed at a team meeting. We saw a copy of these minutes which confirmed staff had been informed of the persons concerns. However, the provider may like to note; no formal action was made regarding how this persons concern was going to addressed. The person also told us they had not had any formal feedback about the comments they had made at the house meeting.

The care records (care plans) we looked at showed liaison with other agencies to ensure the persons' best interests were taken into account at all times. We read in peoples care plans; staff took time to identify people's short term and long term goals. This showed us people were encouraged to achieve their aspirations.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Comments from people included, "staff are very nice", "some are better than others" and "do what I can, whenever I like".

During our inspection, we met and spoke with four members of staff. Staff told us to understand and be knowledgeable about people's care needs; they read care plans, attended handovers and read communication books. One member of staff told us, "you have to wear different hats" and "he loves pink". This comment indicated staff were aware people were individual, and care were not prescriptive and had to be adapted to meet people's individual and changing health and social care needs. Another member of staff told us they felt the team did well in "supporting seven people with very different needs".

Through our conversations with staff, they told us they were able to read people's care plans. Two staff confirmed they could amend care plan documentation when necessary whilst other staff told us they could not or would not feel comfortable in doing so. The registered manager confirmed the key worker role was being adapted and eventually key workers would be supported to amend and update people's care plans as necessary. The provider may like to note, staff awareness of their responsibilities to make amendments to care plans was inconsistent.

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We looked at three care plans and found documentation made reference to people's health and social care needs and included information relating to associated risks (risk assessments).

We saw care plans did not have pictorial aspects to aid people's understanding, however, the registered manager confirmed the computer software could provide pictures as required. We were told, although people who lived at Trelowen could access their care plans at anytime, they tended not to. The provider may like to note, not everyone may feel comfortable or would have the skills to access their care plan on the computer.

We looked at three care plans, these were detailed and descriptive of the person's individual health and social needs, it provided details to staff to understand how to meet people's needs.

We were told care plans were reviewed on a monthly basis and on an annual basis or as and when required. We were told due to the complexity of one persons care needs, their care plan was being updated on a frequent basis. This showed us the service was responsive to peoples changing care needs.

The people who lived at Trelowen all had different, and for two people, complex health and social care needs. The provider may like to note, although people who lived at Trelowen had a particular disability, consideration should be given to the varying levels of peoples disabilities and the impact of these disabilities on other people. We discussed our observations with the registered manager.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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On 3 October 2012 we received anonymous information about the way in which staff spoke to people who lived at Trelowen. We were told staff spoke down to service users, people were not treated with respect and people were told to go up stairs to their room when they did not want to. We spoke to the registered manager about the information we had received. The registered manager confirmed communication had been discussed at a staff meeting in June 2012. We read the minutes of this meeting and found the minutes did not reflect the concerns which had been raised to us.

Overall the atmosphere in the home during our visit was relaxed and we saw that there was a positive rapport between the people who lived in the home and the staff. However, one person told us "some of the staff could be a lot more patient and tolerant about things". They also told us, "some of the younger members of staff are bossy and don't understand what you're trying say". The provider may like to note, we did observe people at times, speaking in a tone which could be construed as dictatorial and child like.

One person who lived at Trelowen told us, "what we find the staff like" is discussed at house meetings. The provider may like to note, that this person told us they had not received a formal response to the concerns previously raised about staff. We spoke to the registered manager about this and about our observations regarding staff communication and approach.

We looked at the homes policy on protecting people from abuse and the policy contained detailed information about definitions of abuse. The policy provided the contact details of the local social services authority. The provider may like to note, the policy did not provide information about the 'Alerter's Guide' which is the local council safeguarding protocol.

We asked four members of staff if they knew what to do should they witness an incident, or suspect, that a person who lived in the home was being mistreated, abused or neglected. All the staff told us that they would speak directly to the management of the home, people told us "I wouldn't hesitate" and "I would definitely report it". All staff members were aware they could contact social services if they did not receive an appropriate response from the registered manager.

Of the four members of staff we spoke to, they all told us they had undertaken training in the safeguarding of vulnerable adults. We saw from the homes training records that 8 out of 12 staff members had undertaken training in this area.

The Mental Capacity Act (MCA) and deprivation of liberty safeguards (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. Four members of staff told us that they had received training in the MCA and DOLS; however, we saw from the training matrix that 7 out of 12 members of staff had undertaken training in MCA and no staff had attended training on DOLS.

The service had a whistle blowing policy in place; this enabled staff to feel encouraged and supported to make disclosures about poor practice, staff told us they wouldn't hesitate to use it.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People we spoke to did not comment specifically about this area, however, we were told, "I like to see the staff coming and going", and some staff are "better than others".

The day to day management of Trelowen was carried out by a senior support worker who was overseen by the registered manager. The registered manager for this service also had additional management responsibilities within Home Farm Trust. Staff told us about the recent change in management structure at Trelowen; one member of staff told us that it was far better "having a manager in the house".

The registered manager told us there had been some management changes across Home Farm Trust and at Trelowen. The homes statement of purposes, which is a document that explains to people about what they can expect from living at Trelowen had information about the management structure of the home. It stated "The registered Manager of the service is trained to NVQ Management Level 4. The current Team Manager has seven years' experience of working for HFT. Additional management and leadership training will be provided through a personal development plan, this is to ensure that staff team can be fully supported'. It is important staff at Trelowen and for the people who live at Trelowen feel there is adequate management support in place at all times when the registered manager is not in day to day charge of the home. We were told the registered manager works across two services and was not always based at Trelowen.

We asked the registered manager to provide us with a copy of their training matrix to ensure people had received mandatory training and training related to their role.

We saw from the training matrix that there was a wide variety of training related to the service and we saw 9 out of 12 people had an NVQ in health and social care; the NVQ levels ranged from, levels 2, 3 and 4.

We spoke to four members of staff who told us they had received training in manual handling, first aid, infection control, health and safety, safeguarding, fire safety, food hygiene, and medication. Staff also told us they had undertaken training which was associated to peoples individual care needs, such as dementia care, epilepsy, and autism.

The training matrix indicated all staff had been trained in manual handling, first aid and dementia. However, only 7 out of 12 members of staff had completed Mental Capacity Act (MCA) and no staff had undertaken training in Deprivation of Liberty Safeguards (DOLS). The provider may like to note that, this training is essential to staff who work with people who have a learning disability. As the MCA and DOLS, provides a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

7 out of 12 people had undertaken training in the understanding of epilepsy; this was a concern as one person who lived at Trelowen suffered from epilepsy. The provider may like to note that, it is essential all staff understand the complexities associated with this health condition to be able to meet this persons need. Six out of 12 people were trained in autism, again, people who lived at Trelowen had this condition, and it is vital all staff have an understanding.

We found that not all staff were trained in infection control, or safeguarding of vulnerable adults. The provider may like to note that, this training is essential in any care setting.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development. We saw documents which indicated supervision was being carried out and training was an aspect which was discussed. All of the staff we spoke to told us they had supervision; one person told us they were "very supported" and "if I do feel I need one, I will book one". However, staff told us they had not received regular appraisals, one person told us "not really had an appraisal in sometime".

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We read and were told house meetings were held on a monthly basis. House meetings give people an opportunity to express their opinion about the way in which their home is supported by staff and share ideas or concerns. The registered manager had recently changed the minutes of these meetings to be pictorial rather than lengthy text. These minutes were displayed on a notice board in the kitchen. This showed us the service considered people's reading abilities and ensured people could be involved. However, the provider may like to note, one person had not been updated following the concerns they had raised at a meeting in June 2012.

We were told annual reviews were held with relatives and/or representatives. This was an opportunity for people to provide feedback about the service. We were told in the past the service carried out satisfaction surveys but this had not been implemented recently.

We saw the organisation (Home Farm Trust) had a centralised quality monitoring and quality assurance system in place to maintain and improve service delivery and standards. The registered manager told us every two months; another manager from a different service visited Trelowen and carried out an audit. This audit focused on areas such as care planning, environment, health and safety and medication. If there were any areas of concern, an action plan was devised and was completed by the registered manager. The completion of actions was monitored by senior management to ensure actions were taken.

However, although this system was in place, we did identify two environmental areas of concern, these were in respect of, radiators not being covered and a chemical spray stored in an unlocked cupboard located near people's bedrooms. We discussed this with the registered manager who told us the home did have a weekly environmental audit in place; however, they would look at amending the form.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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