

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

Trinity House

Knarborough Road, Murton, Seaham, SR7
9RQ

Tel: 01915173413

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Autism North Limited
Registered Manager	Ms. Denise Willis
Overview of the service	Trinity House provides care and support for up to seven people with a learning disability, autistic spectrum disorder, and associated complex needs. It is located in a residential setting in Murton in County Durham. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 December 2012, observed how people were being cared for and talked with staff.

What people told us and what we found

People took part in a range of community-based activities and outings. One person told us "I have a trip planned to Manchester."

We found members of staff were very attentive to people's needs. People looked well cared for and at ease with the staff members who were supporting them.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who lived at Trinity House had come to the service as their permanent place of residence. Staff were therefore able to get to know the person well and had developed an understanding of their likes and dislikes. Staff had made adjustments to the service, care and support generally, to suit the person's needs and abilities. For example, some of the people had decoration in their rooms, including murals, pictures or photographs of things that staff knew they were interested in. One person showed us his bedroom which had been decorated with wallpaper from his favourite football team.

People took part in a range of community-based activities and outings. These activities included horse riding, gym and swimming. People had their own activity charts and these contained a range of options. The schedule was flexible and adaptable to the person's mood or sudden change of mind. One person told us they did jobs within the home which they were paid for. Two people who used the service had recently returned from a holiday to Disneyland Paris and another had been to Spain.

We observed people being treated with respect and them having a sense of privacy. People were able to go to their rooms if they wished and have some peace and quiet. All of these measures ensured people were treated with respect and were involved in making decisions about their lifestyle and care needs.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at two care records in detail. These were written in a clear and easy to understand way. The assessments, care plans and daily notes clearly guided staff in how to support each individual in their preferred way.

The care records showed that assessments had been completed to identify a range of risks. We saw that a person centred approach had been adopted. (Person centred means they were written in a way that described the person's abilities and how they preferred their care needs to be met). We saw where risks had been identified measures had been put in place to reduce the risks. For example, where people had been assessed to be at high risk when undertaking activities outside the home, a risk assessment had been put in place to manage this. We found risk assessments were completed and reviewed on a regular basis. This meant the risk of people receiving unsafe or inappropriate care was reduced.

Individual behaviour records were used to monitor any trends in behaviour and members of staff were aware of significant changes that could lead to or indicate that a person was becoming ill. This meant care and treatment was planned and delivered to meet people's individual needs.

Care plans, daily report forms, and other tools such as the food intake chart in each person's diary, were used to record changes in the person's normal routines. Staff members used these tools to respond to potential changes in someone's health. Care plans were reviewed and evaluated at least on a monthly basis, or when required. The manager told us this was also done at the annual review.

We observed how the people who used the service interacted well with staff. Staff clearly understood the needs of each person and were able to give them the support they required. One person told us "The staff are fine".

All of these measures showed how people were involved in making decisions about their care and had their independence promoted.

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

Our judgement

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.

Reasons for our judgement

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.

There were company policies and local procedures that informed staff of how to deal with adverse incidents and events. The manager was able to describe a recent incident where these procedures had been followed. It was evident that the service had taken steps to manage the provision in order to prevent a recurrence.

Staff told us they would have no hesitation in reporting anything they saw which they felt uncomfortable with. They were also clear about who they should report abuse to. We saw from our records the manager had reported safeguarding concerns appropriately. In this way we saw how people who used the service benefited from staff who knew how to report and respond to suspected abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

A senior staff member told us about staff training and development within the service. New staff completed the induction training standards along with in house training. Each new member of staff had a mentor assigned to work with them until they could work unsupervised.

We were told all staff should receive an annual appraisal and regular supervision. These were formal meetings where staff could discuss work related matters, such as training and their work performance. Staff we spoke with told us they had an annual appraisal and supervision but we were unable to access personnel records to confirm this. There were regular staff meetings and staff were encouraged to discuss any concerns they had without delay or waiting for a formal session.

Records showed all required training was up to date. Staff we spoke with told us there was lots of training available to them, including specific training in how to support people with autism. Staff received autism specific training around behaviour known as NAPPI (Non Abusive Psychological and Physical Intervention). This training included the signs and symptoms of deterioration that could lead to people becoming physically or mentally unwell. This meant people were safe and their health and welfare needs met by trained staff.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had clear procedures in place, which were followed in practice, for receiving, handling and responding to complaints.

We looked at the complaints Trinity House had received. We saw there had been no written complaints in the last 12 months but that a complaint received the year before had been responded to appropriately within the agreed timeframe.

All the people who used the service had regular contact with their families, who visited routinely. Staff explained this meant any comments or complaints could be resolved quickly. This meant people or their families had their comments and complaints listened to and acted on effectively.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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