

***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

Date of Inspection: 15 August 2013

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September 2013

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
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✗	Action needed
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	HF Trust Limited
Registered Manager	Mr. Gary Frost
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

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 15 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people who used the service and a relative. People who used the service had limited verbal communication but were able to indicate to us they "liked" living at Trelowen. The relative we spoke with told us they were "happy" with the support. We saw staff interacting with people who used the service in a kind and calm manner. Staff showed, through their actions, conversations and during discussions with us empathy and understanding towards the people they cared for.

We saw people's privacy and dignity was respected by the way staff supported people with their day to day needs.

We examined people's care files and found the records were up to date and reviewed as the person's needs/wishes changed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We found the design and layout of the premises did not always promote people's well-being.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

On the day of the inspection two people who used the service were at home for most of the day, and two returned home towards the end of the inspection. The three other people who lived at Trelowen were out all day. The people we met had limited, or no, verbal communication but were able to indicate to us that they liked living at Trelowen. We observed staff interacting with people who used the service in a kind and calm manner. We saw staff showed, through their actions, conversations and during discussions with us, empathy and understanding towards the people they cared for. We spoke with a relative who was visiting the home. We asked them what they thought of the care their relative received and they told us, "It's marvellous".

During our inspection, we spoke to the deputy manager and two care staff. They demonstrated a good knowledge of the care needs of the people living at Trelowen, and they spoke fondly of each person.

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 and had chosen the colour themselves. We spoke to the person and they told us what colour they had chosen. Another person showed us their room; we saw personal photographs and posters on the wall which represented their interests. This showed us people were able express their individuality.

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 saw, and were told by staff, people had unrestricted movement within the house and garden. We observed people moving freely between rooms.

We were told by staff, and we saw from the records, people were involved in a variety of activities. We saw a pictorial activity rota on the kitchen wall and there were photographs on display in bedrooms and communal areas showing people doing various activities.

We saw there was an easy read complaints form pinned to a notice board in a communal area so people were able to access it independently. Easy read information uses simple language and pictures to convey information and can be a starting point for personalised support.

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. We saw minutes for the last three meetings which were written in easy read language and supported by pictures. This showed us the service considered peoples reading abilities and ensured people could be involved. The minutes of the most recent meeting were displayed on a notice board in the kitchen. We saw from the minutes one person had requested a new barbecue. Staff told us this had been purchased soon after. This demonstrated that the service had taken appropriate steps to ensure all of the people who used the service could be involved in house meetings.

The registered manager told us peoples' families were kept informed about the support their relatives were receiving via regular telephone and email contact. The family member we spoke with confirmed this adding that when the persons care needs had recently changed they were, "Always told what was going on."

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Due to their health care needs people who lived at Trelowen did not comment on this outcome. 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 reviewed 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).

Care plans were detailed and descriptive of the person's individual health and social needs and provided sufficient information to staff to help them understand how to meet people's needs. The files recorded that health and social care professionals, such as health colleagues, dentists, general practitioners and Adult Care Health and Wellbeing (Social Services) were consulted and involved in the person's care to ensure their needs were met.

Care plans were kept on a computer and contained a great deal of information, for example there were sections describing morning and evening routines, detailed descriptions of how to support people with personal care and communication profiles. The provider might like to note, there was no easy read or short version which would have enabled people who used the service to access their records meaningfully. Because of the depth of information it could be difficult for new staff to gain a quick overview of the person they were supporting.

We could not ascertain from the care plans whether people and their families or representatives had been involved in their development although the family member we spoke with told us they had. The provider might like to note, it is important to evidence people agree and consent to the care and support they receive.

We asked how care plans were updated when people's needs changed and were told there was a 'Read and Sign' folder for staff to look at when they started their shift. This was used to record staff had read information which could include updates to care plans as well as changes to policies or risk assessments. We noted in the daily records a summary of how the person spent their day and what activities they participated in were recorded. As with the care plans, these records were kept on the home computer. The

registered manager showed us how, when a person logged in, the system highlighted anything that was unread by the computer user since their last log in. This showed us there was a robust system in place to ensure staff were kept up to date with the most recent information.

In addition to the information stored on the computer in the daily records, one person had a handwritten diary which staff were required to fill in outlining what the person had done during the day. The diary was not consistently completed. We discussed why this extra way of recording information was necessary with the registered manager. They explained this was done on the insistence of a professional from outside of the organisation involved in the person's care. The provider might like to note, it is important that records kept at the request of external healthcare professionals should accurately record details of the activities individuals had engaged in.

We saw risk assessments were undertaken for each individual where it was considered the person may be at risk of harm, for example whilst travelling in the homes vehicle. These stated clearly what the potential risk might be and what measures needed to be put in place to minimise the risk. We saw from the documentation the risk assessments were updated and reviewed regularly. For example one person's needs had recently changed and we saw there were a group of risk assessments in place which directly related to the changed circumstances.

Our conversations with the staff on duty, as well as our observation of staff interacting with the people they supported, showed the staff had a good knowledge of people's needs. We saw staff offered support, in a relaxed and unhurried manner, when people needed assistance. We saw staff responded in a considerate and respectful manner to people who used the service.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Staff told us people who used the service were involved in preparing meals and choosing the menu for the week and that they supported them to do this with the use of photographs of meals. We saw a pictorial menu on display in the kitchen and noted choices were offered to people. We observed people going in and out of the kitchen and saw there were drinks, snacks and fruit readily available. We looked at the records of meals for people over the last two weeks and these showed people had a healthy and varied diet.

When we inspected the home we found the kitchen to be clean and food was stored appropriately. We saw a member of staff supporting one person to eat lunch and noted this was done respectfully.

We saw the home had a copy of the Safer Food, Better Business pack. (SFBB). This pack supports staff to ensure daily checks such as fridge/freezer temperatures and cleaning schedules are in place and adhered to. We looked at the daily checks for the previous week and found they were properly documented and up to date.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

All medicines were stored in a locked cupboard in the sleep-in/office room. The key was kept by a nominated person on shift. We saw Trelowen had systems in place to guard against the risks associated with handling, storing and administration of medicines. There was a medicines management policy and guidance in place for the safe management of medicines including obtaining, recording, handling, using, safe administration and disposal of medicines. At the time of the inspection there was no self-administration of medicines by people who used the service.

Trelowen held prescribed medication for people who lived at the house. We saw care records detailed medication used for each person. The use of a 'medisure' monitored dosage scheme provided each person with an individualised medicine box which had a photograph of the person on the front. There were individual medication files for each person which contained a list of all medications used, what they were, how often and at what dose they should be administered. We undertook a count of medications in the medication cupboard and cross referenced these with the MAR sheets. We found all medications which were prescribed in the monitored dose system tallied. The provider might like to note that when staff completed Medication Administration Record, (MAR) sheets, if they are handwriting medication entries, (known as transcribing), on to them they need to be witnessed by two staff members to ensure that the entry was written correctly. At the time of our inspection no-one at Trelowen was prescribed controlled drugs.

Trelowen used the Lloyds pharmacy system and the registered manager told us they had a good relationship with their local pharmacist and were able to call at any time for advice. We were told, and we saw from the records, staff received annual training from Lloyds and a session had been booked for the end of the month.

We saw from the care plans annual health checks for people living at Trelowen took place.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who used the service were not protected against the risks of unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Trelowen was situated on the outskirts of St Austell. The home had a garden to the rear and a large parking area at the front. Accommodation was situated on two floors. On the ground floor there was a medium sized living area, a kitchen, a 'quiet room', two bedrooms, both of which were en-suite, a bathroom with a shower, a laundry room and a sleep-in/office room. Upstairs were a further five bedrooms and a bathroom with a bath and overhead shower. In the garden was an outbuilding which had previously been used as an office. At the time of the inspection it was being used for storage. The outbuilding was dilapidated and damp. The home was furnished and decorated in a domestic style. Decorations and furnishings were to a good standard. The home looked to be well maintained and was pleasantly warm on the day of the inspection.

Although the house was a reasonable size, communal areas were relatively small and the rooms were close together. The living room contained adequate seating for six to seven people although it would be difficult to accommodate staff to support people at the same time. Staff told us the 'quiet' room was mainly used by one person when they were using their computer. It was a small room which would not accommodate more than three people comfortably. The kitchen contained a dining table and six chairs and was situated between the living room and the 'quiet' room. One person who lived at Trelowen had complex support needs and could, on occasion be very noisy. During the inspection we observed the person banging kitchen cupboard doors repeatedly and vocalising loudly. We discussed with the registered manager and staff how the needs and behaviour of the person might impact others living there. They told us people were able to go into the quiet room and close the door if they wanted to remove themselves from any noise. However this did not block out all the noise and was only a small room. Staff we spoke with told us when all seven people who lived at Trelowen were at home, along with three or more members of staff, noise levels were very high and it was difficult to get away from it at times. One member of staff said, "It's difficult, I wouldn't want to live here." Due to the number of people residing at Trelowen, the size and close proximity of the communal areas, and the health care needs of one person the environment did not enable people to comfortably participate in daily living or social activities.

One person who lived at the home used a wheelchair, corridors were narrow and we observed it was difficult to manoeuvre the wheelchair around the building. We noted paintwork was scuffed in places due to this. However the persons' relative told us they were happy with the care and "Would not like X to move from here" They went on to say HF Trust was able to, "Provide X with everything they need".

We checked some of the health and safety precautions to establish the home was safe. We saw records evidencing weekly smoke alarm tests, six monthly fire door checks and six monthly fire drills. We saw from the records communal areas were checked for any maintenance issues on a monthly basis. HF Trust's Health and Safety Manager also completed an eighteen monthly check. We saw from stickers on plugs portable appliances had been recently checked and marked as to when the next check was due. There was no other documentation on file to evidence this and therefore the system was not robust.

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

Our judgement

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.

Reasons for our judgement

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. The training matrix indicated all staff had been trained in safeguarding adults. However, not all staff were up to date in their training for the Mental Capacity Act (MCA) and no staff had undertaken training in Deprivation of Liberty Safeguards (DOLS). The registered manager told us MCA training had been scheduled for July but had needed to be cancelled due to illness. It had since been rescheduled for the near future. The provider might like to note that training in DOLS is essential to staff who work with people who have a learning disability as it contributes to the legal framework which protects people who lack the mental ability to make decisions about their life and welfare.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. We discussed with the registered manager whether they were providing supervision for the staff team. They told us that, although some supervision was being carried out, they did not have a scheduled plan in place for regular supervision meetings. The manager explained that recent changes in management structure had meant the number of staff they were responsible for had risen from nine to thirty and they had not been able to find the time to give supervision as regularly as they would like. They said, "I can't physically do it". Neither did they think the senior support worker had the resources to take on this role. They said if staff explicitly asked for supervision they would ensure this was done. The provider might like to note it is vital managers are enabled and supported to schedule regular supervision for the staff team.

The registered manager and staff told us team meetings were held every six weeks and we confirmed this from looking at the minutes of the meetings. The manager and staff said the meetings compensated for the lack of more regular supervision as they gave people an opportunity to voice any concerns or issues they might have.

An induction welcomes new staff to the ethos of an organisation. It ensures that staff feel confident and equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. Induction training is an essential process that all staff should undertake when joining an organisation. The

registered manager told us that the induction process included a two day course incorporating Common Induction Standards (CIS), and a period of shadowing shifts before the new member of staff was able to carry out any lone working.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: People who used the service were not protected against the risks of unsuitable premises because the design and layout of the premises did not promote their well-being. Regulation 15 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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