

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

HF Trust - Trelowen

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Date of Inspection: 18 February 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safety and suitability of premises



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

We carried out this inspection to check whether HF Trust - Trelowen had taken action to meet the following essential standards:

- Safety and suitability of premises

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 18 February 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

On the day of the inspection the registered manager and senior support worker were unavailable. We spoke with three members of staff who were on duty at the time of the inspection. We also spoke with a service manager from another HF Trust service.

We did not speak with anyone who lived at Trelowen due to their communication needs. We observed two people who were at home during the inspection and saw they appeared relaxed and at ease. Following the inspection we spoke with the registered manager.

This was a follow up inspection to check if improvements had been made in the area of non-compliance identified during the last inspection in August 2013.

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

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected against the risks of unsuitable premises. However there were improvements to the service still to be made.

Reasons for our judgement

The last inspection by the Care Quality Commission, (CQC) raised concerns about the environment and we issued a compliance action. At the time we were concerned that, due to the number of people living 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. We observed on this visit how Trelowen had put short term measures in place to relieve some of the problems. These had resulted in improvements for people but the agency was fully aware that some issues still needed to be resolved. The registered manager and some staff members were able to discuss the future plans that would go further to ensure people at Trelowen were living in surroundings which helped promote their well-being.

On our last inspection we had observed one person presented behaviours which could challenge the service and created a noisy environment. Staff told us, and we saw from our observations, this had a negative impact on other people living at Trelowen. At this inspection we reviewed the intervention recording sheets for the person involved. These recorded occasions when staff were required to distract the person away from behaviours or obsessions. From these records we were able to ascertain the person still required a high level of support and their health needs were likely to impact on others. We spoke with the registered manager who told us they believed the situation continued to have a detrimental effect on the other six people living at Trelowen and there was a need to reduce the number of people living there, "fairly urgently". We concluded that the person's increasingly complex needs would be more appropriately met in alternative accommodation which would also alleviate the problems of overcrowding and high noise levels for the remaining residents.

Following the last inspection we received an action plan from HF Trust - Trelowen outlining both short term and long term actions to be carried out in response to the inspection report. We saw, during our visit, that the short term measures outlined had been implemented. For example kitchen cupboard doors had been removed to lessen the noise created by the presenting behaviours of one person. We saw from the minutes of house

meetings that this action had been discussed with people living at Trelowen and no-one had raised any objections. Staff told us, and we saw from the records, house meetings were held approximately every six weeks. We looked at the minutes for the meetings and noted people had been asked at every meeting since November if they were still happy for the cupboard doors to be left off. This demonstrated staff at Trelowen consulted people living there about how the service was ran.

In addition we observed there was a sign outside the property requesting staff entered and exited the house via the staff office/sleep in room. This meant less people were using the main exit which alleviated some of the overcrowding in the living room area during staff handovers.

We noted, and staff told us, these short term measures had improved some of the problems associated with having so many people occupying the house, especially in light of the health needs of one person. However we observed noise levels were still high at certain times and staff commented that when everyone was at home and being supported by three members of staff it could feel very crowded. One member of staff told us things had been "particularly difficult" during the recent bad weather as this meant people were not able to get out as much. They commented, "People get cabin fever". We were told the people living at Trelowen often chose to stay in their rooms and staff we spoke with believed this was partly due to the crowded and noisy atmosphere in communal areas.

We discussed with staff the long term plans for people living at Trelowen. We were told plans were in progress for one person to move out of the property into more suitable accommodation. We saw from the persons care files that this decision had been taken following a mental capacity assessment and best interest meeting involving HF Trust staff, a clinical nurse specialist for older people, a learning disability community nurse and a relative of the person concerned. This demonstrated Trelowen were able to adhere to the appropriate processes in order to ensure people who lacked capacity had their rights protected.

The service manager and registered manager told us a suitable property had been identified for the person concerned and that funding arrangements were in discussion. They were unable at this time to confirm when this move would go ahead but said they were confident it would and hoped it would be "within three months".

In summary we observed changes implemented had made some improvement to people's living environment. However the longer term plans needed to be carried out in order to help ensure the future wellbeing of people living at Trelowen. We were assured this was ongoing although the details were yet to be finalised. We will inspect again within six months to ensure the intended improvements have been completed.

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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