

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

## Trinity House

Knaresborough 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:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Swanton Care & Community (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

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*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

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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 16 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with commissioners of services.

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### What people told us and what we found

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People were given all the information they needed to make an informed decision about their care and were asked to provide their consent to such care.

We saw people were cared for effectively and care was planned for the individual.

We saw the premises were safe and suitable.

Staff were supported to deliver care and treatment safely and to an appropriate standard.

We saw records were accurate and appropriately maintained.

People who used the service and their families were very positive about the care and support provided. Comments included "Trinity House is brilliant. They take X everywhere. The care is very good" and "The staff are great, they really understand autism and support X very well".

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

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### Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because most people had complex needs which meant they were not all able to tell us their experiences.

People were asked for their consent and the provider acted in accordance with their wishes. The manager told us care options were explained to people or their representatives and their consent was obtained before care was provided. We spoke with the families of people who received care and support and they told us they had their options explained to them.

We reviewed four care plans and saw consent was obtained from the person who used the service, or where a person lacked capacity and understanding their representative. We saw consent was documented. This meant people understood the choices available to them and provided consent to agreed care and support.

Where people did not have the capacity to consent we saw the provider acted in accordance with legal requirements. We saw the manager and staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards exist to ensure people are only deprived of their rights if it is within their best interests.

People who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards (DoLS). We saw decisions were made together with social work care managers and health professionals. This meant staff understood the implications where people lacked capacity to make decisions.

We saw that if decisions were made in the best interest of people such as, managing day to day personal money, a meeting was held with the representatives of people and signed consent was always obtained.

Staff had received training in the MCA, equality, diversity and human rights. We spoke to staff who displayed a good knowledge of cultural and social values including beliefs and the value of consent.

**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.

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

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**Reasons for our judgement**

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We used a number of different methods to help us understand the experiences of people who used the service, because most people had complex needs which meant they were not all able to tell us their experiences. We observed how staff provided support to people within the home. Staff were patient and supportive. The home had a calm atmosphere and people were relaxed.

We viewed four care plans and spoke to people who used the service and their families. The care plans were person centred and included personal assessments which highlighted the needs of people and detailed the method with which care should be delivered. The manager told us she visited people in their own home and completed an assessment including physical ability, behaviour, likes and dislikes. People were then provided to visit the home until they were comfortable with the environment.

The care plans included a life history of people together with medical, psychological and social plans. We saw the plans were outcome focused for people. For example, one person wanted to develop their skills. We saw the home arranged for them to work for one hour four days per week. This person chose to complete maintenance jobs around the home.

We spoke to relatives about the care plans. One person said, "I know all about the care plan. The home keeps in good contact with me. We discuss things and they always keep me informed. We have meetings and talk about the care plans".

People had an individual activities schedule based on what they liked to do for example horse riding, swimming, skating and walking. Positive risk taking was encouraged and people regularly entered the community for example shopping trips. People were supported on holiday to Tenerife, Centre Parks and Butlins. This meant people were supported to engage in social activities.

People had two allocated key workers who took primary responsibility for their support. We saw care records were reviewed monthly by the key worker's and the manager. This meant staff understood how to meet the needs of people.

We spoke to two social work professionals about the level of care provided at the home. They commented, "I am very happy with the placement. They are always willing to try new things. They have tried to introduce new foods to the diet of X and she has a personal trainer to help with her exercise" and "They go out of their way to maintain family contact. I am always informed of anything relevant".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw each person's support plan contained risk assessments which were reviewed by staff. We saw each person had an allocated key worker who reviewed their care records. Risk assessments identified risks to people's health and well being, for example their susceptibility to falling. They also provided staff with guidance about the measures they should take to protect people from unnecessary risks.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We saw the home was set on two floors with seven in total. The bedrooms were spacious and well equipped. All bedrooms had private en-suite bathrooms fitted with shower and bathing facilities.

The home was clean and well decorated. The corridors in the home were light and spacious. They were free from obstruction. There were seven people living at the home at the time of their visit and they each had their own bedroom with en-suite facilities. The rooms were decorated individually with the input of the people using them.

There were a number of lounges in the home with both private and communal areas. There were two lounges on the ground floor together with a dining room. There were plenty of chairs available for people to sit. We saw there was a landscaped outdoor space where people could use. This area was safe and secure. This meant people had access to a range of areas to meet their needs.

We saw all fire doors were operational and all fire escapes were clear. An emergency plan was in place for evacuations and each person had an individual evacuation plan in place. We saw external emergency exits were provided and in place. We saw an inspection had been completed by the fire service and the home was compliant. This meant an effective system was in place to protect people from the risk of fire.

The home had ramp access to the main entrance and had widened doors which were suitable for wheel chair access. External lighting was fitted to the exterior of the home. The home had functional security and fire systems. This meant people who were less able had easy access to and from the home.

We saw there was a separate kitchen and laundry. This contained a storage cupboard for cleaning products. We saw the washing machine was equipped to deal with regular large quantities of washing and had a sluice cycle.

We saw there were audits in place to monitor maintenance and safety within the home.

The provider had a maintenance department who provided emergency cover for all faults that needed immediate attention. This meant if risk was identified it could be dealt with promptly minimising risk to people.

**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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Staff received appropriate professional development. We reviewed staff files and staff training certificates. The manager was able to demonstrate that training was monitored and up to date. A detailed training matrix was held on file which identified all areas of training and highlighted if any training was due for renewal.

We saw staff had received mandatory training such as moving and handling, fire safety, safe handling of medication, infection control and safeguarding vulnerable adults. This was training required by legislation to meet people's care and welfare needs. Staff were all trained to NVQ level two in health and social care or working towards it.

Staff had received training specific to their role. We saw all staff received training in autism, dementia care, epilepsy, mental capacity and legionella awareness. We saw that staff received supervisions every two months and an annual appraisal. We looked at the recorded appraisals and saw they resulted in outcomes to focus on for the staff for example, additional training. This meant staff were sufficiently trained and experienced to meet people's needs.

Monthly team meetings were held with staff and were recorded. Additional training was often delivered at these meetings in areas such as, hand hygiene. We saw current guidance was circulated to staff at these meetings and staff signed to say they read and understood the information.

We spoke to two members of staff who were very positive about working at the home. They felt supported in their role and comments included "I like working here. I have been here a long time and if I didn't like it I would have left" and "The manager is lovely. We can talk to her about anything. She respects confidentiality. I went to her once with something and it was kept private".

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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At this inspection we saw people's personal records were accurate and fit for purpose. Support plans were person centred and detailed. They contained assessments and care plans which detailed how care should be delivered. Risk assessments had been completed and were contained within the support plans. All records were current and up to date.

One social work professional told us "I have never had any problems with the care plans. They are always up to date and detailed".

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw staff files were accurate and stored securely in a locked cabinet within a locked office. Information was both current and up to date. Documents relating to internal audits were current and available.

Documents which related to the head office were kept securely and in accordance with legislation. Records were kept for the appropriate period of time and then destroyed securely.

## 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.

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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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