Barchester Healthcare Homes Limited

Mount Tryon

Inspection report

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Date of inspection visit: 20 and 22 January 2016
Date of publication: 09/03/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

This unannounced inspection took place on 20 and 22 January 2016. We arrived at the service at 6.20am on 22 January 2016 to ensure we could inspect the night shift. The inspection was a focused inspection in response to receiving concerns about staffing levels and the high use of agency staff and staff lacking the knowledge to meet people's needs safely. At our last inspection in October 2015 Mount Tryon was rated as 'requires improvement' with breaches of safe care and treatment and governance arrangements. The provider sent us an action plan which said the actions would be completed by March 2016. The rating for this service has not changed as a result of this inspection.

Mount Tryon is a care home with nursing for older people, people with a physical disability, people with dementia and younger adults. It is registered for a maximum of 59 people. The home has a dementia care unit situated on the first floor level, with people needing more general nursing or personal care on the ground floor. At the time of our inspection there were 41 people living at Mount Tryon.

There was not a registered manager in post at the time of our inspection. However, the manager who took up their position in October 2015, had recently had their fit person interview with the Care Quality Commission and would be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff working at Mount Tryon were supported by agency staff, whilst recruitment of permanent staff was on-going, and to cover sickness. Agency staff identity checks and inductions were not always robust. However, these staff always worked alongside regular staff. Health and safety

Summary of findings

inductions were being implemented by the second day of our inspection and improvements had been made to system for checking the identity of agency care staff coming into the service.

People using the service and their relatives felt people's needs were met by staff. We observed people's needs were met promptly when assistance was required. Staffing levels had been increased to meet people's needs and further changes were due to be implemented around mealtimes to ensure people received the support they needed in a timely and person centred way.

Risk management was robust to ensure people's needs were met safely.

We recommend the deployment of staff at mealtimes is reviewed in order for people's nutritional needs to be met promptly and to improve the mealtime experience.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was safe.

Agency staff inductions and identity checks were not always comprehensive. However, they always worked alongside regular staff. Health and safety inductions and more robust identity checks were being implemented by the second day of our inspection.

People's individual needs were met by staff.

Staffing levels had been increased to meet people's needs and further changes were due to be implemented around mealtimes.

Risk management was robust to ensure people's needs were met safely.

Mount Tryon

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 15 and 16 October 2015. After that inspection we received information about concerns in relation to the service. This related to staffing levels and the high use of agency staff and staff lacking the knowledge to meet people's needs safely. As a result we undertook a focused inspection on 20 and 22 January 2016 to look into those concerns. We arrived at the service at 6.20am on 22 January 2016 to better understand how people's needs were being met at that time.

The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. We also looked at their action plan.

We spoke with six people receiving a service, three relatives and 16 members of staff, which included the manager. We reviewed two people's care files and carried out observations throughout our inspection. Following our visit we spoke with a healthcare professional involved with the service.

Requires improvement

Is the service safe?

Our findings

The inspection was a focused inspection in response to receiving concerns about staffing levels and the high use of agency staff and staff lacking the knowledge to meet people's needs safely.

The six people we spoke with felt their needs were met by staff. Comments included: "They come quickly if I ring my bell"; "Staff come quite quickly" and "They look after you alright here." We observed people's needs were met promptly when assistance was required. For example, call bells were answered promptly when personal care was needed. Staff confirmed that people's needs were met promptly. They recognised that the home had required a high amount of agency staff to cover shortfalls due to staff turnover and sickness. Staff saw an improving picture with the use of agency staff reducing as a result of successful recruitment. Relatives felt agency staff use was reducing when they visited. Comments included: "I am happy with the help my Mother gets, she never goes without. There is enough staff for her needs" and "I am happy with the care here and the use of agency staff is improving." Rotas confirmed the use of agency staff was reducing and on both of our visits the rota reflected the staff that were on duty. Where agency staff were used, they worked alongside regular staff who had the knowledge of people's needs.

Where agency staff were used the induction they received was not robust. For example, there was no system in place to check the agency staff identification in line with the information sent to the service by the agency. The manager recognised this as a concern, stating (we) "should have the profiles in place with photographs." The level of induction agency staff received was also inconsistent, with some having a tour of the building to cover health and safety and others not. In addition, some were given an important information sheet about people's specific needs on commencing their shift and others were not. However, agency staff always worked alongside a regular member of staff to ensure people's needs could be met by people who knew them and kept them safe. As a result of our inspection, the manager said the information sheet was going to be updated and agency staff information was being sent from the agencies the home worked with. Health and safety inductions were being implemented by the second day of our inspection.

The manager explained that during the morning there were nine care staff and two nurses on duty. In the afternoon there were eight care staff, with one of these providing one to one support for one person, and two nurses on duty. At night there were four care staff and one nurse. They explained they had recently increased night cover from three to four care staff in order to meet people's needs. This was following discussions with staff and recognising a need for this level of support. They added they had recently got agreement from the provider to increase the afternoon staffing levels to eight care staff plus an additional staff member providing one to one support for one person, and two nurses. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff, agency staff and members of the management team would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. They tried as much as possible to have the same agency staff to ensure consistency and familiarity of people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

The manager had also recently employed a deputy manager and two heads of unit. The aim was to ensure clear lines of reporting; to increase staff accountability and communication; for the management team to role model good care and to support all staff to deliver care to the standard expected. Feedback from staff was the new management structure was working to ensure all staff knew their role and responsibilities.

The manager continued to recruit staff and new staff were due to start their induction or employment checks were in the process of being completed before they could start. For example, Disclosure and Barring Service (DBS) checks.

We found lunchtimes to be disorganised. This was particularly evident when people needed assistance with their food. For example, staff were seen to be supporting people with their starter and then going on to support other people with their main course. This posed a risk that someone may not get their meal due to the confusing way support was being offered. The manager had already recognised this as a problem and was in the process of devising a way for people's nutritional needs to be met in a timely manner. For example, they were looking to implement two sittings. Their internal action plan confirmed this. Protected mealtimes had already been put

Is the service safe?

in place, which meant there were no staff breaks during these times which had already helped alleviate meal time pressures. We found people were getting their meals and these were at the correct temperature. Six people said they had their meals promptly and the food was good. One person commented: "They do their best but are very short of staff sometimes." Relatives who were supporting their family members with their lunch confirmed they chose to support them, not because they were worried they would not have their meal. Another relative felt at times people had to wait a while for their meal. They added a couple more staff at mealtimes would be helpful.

We recommend the deployment of staff at mealtimes is reviewed in order for people's nutritional needs to be met promptly and to improve the mealtime experience.

Some people were at risk of not having enough to eat. These risks were assessed, monitored and staff were guided to provide appropriate support to people with their nutritional and hydration intake. People had access to drinks at all times. For example, jugs of juice were readily available and drinks were offered throughout the day and at mealtimes. Where people needed assistance, we saw staff supporting them to drink on a regular basis. Where people were at risk of choking due to swallowing difficulties, we saw relevant discussions with their GP had taken place, referrals had been made to the speech and language team and staff were following recommendations. For example, supporting people with a soft diet and drinks thickened to reduce the risk of choking.

The manager had a meeting with some people living at Mount Tryon and relatives in December 2015. This was called at short notice. This meant that some relatives were unable to attend and felt dissatisfied. The meeting addressed the issue of staffing and agency use.

Reassurance was given about the active recruiting of staff, informing them that they had already recruited and were continuing to do so. The minutes of the meeting confirmed this. The manager said they had hoped to be agency free by mid-January 2016, however due to circumstances this had not been possible. A further meeting was planned for 29 January 2016, which was advertised around the home giving people plenty of notice to arrange to attend.

Risk management was robust. Relatives felt their family members' always got the care they needed. Adding they were happy staff would respond to changes in people's needs and they were always kept informed of changes. Risk assessments were completed before people were admitted to Mount Tryon and new assessments implemented at times of changing needs. For example, choking risk, changes in behaviour, falls, skin care and urinary tract infections. One person had been assessed as a very high risk of eating non-food items. Staff were instructed to be aware of this risk and to ensure they were closely monitored at all times. Where people needed assistance with mobilising, there was relevant equipment to move them safely. For example, hoists. Prior to our inspection we had received information from a relative about moving and handling equipment left in corridors creating trip hazards. Throughout our inspection we saw moving and handling equipment pushed to the side to reduce the risk of trip hazards.

There was evidence of staff being informed of people's changing needs and risks. This was via handovers at the change of each shift and through care plans and risk assessments. We observed two handovers, which were detailed. Firstly the handover was from nurse to nurse and then the nurse coming on duty relayed the information to care staff. This ensured key information was communicated to the entire staff team.