Barchester Healthcare Homes Limited

Mount Tryon

Inspection report

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31 October 2017

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

We undertook this focused inspection of Mount Tryon on 19, 25 and 31 October. The first and third days of the inspection were unannounced. This inspection was undertaken in response to concerns raised with us over the safety of care provided to people living at the home, particularly in relation to two people with complex care needs. These concerns related to whether people were having their nutritional and hydration needs met; whether their pressure area care needs were being met and how the home managed people's medicines. Concerns were also raised about the attitude of some staff, whether there were sufficient staff on duty to meet people's care needs and whether staffing had been reduced. The team inspected the service against the Key Question of safe. We looked at the care and support provided for the two people we had received concern about, as well as the care and support received by another two people who also had complex care needs.

Through our ongoing monitoring and during our inspection activity, no risks or concerns were identified in the four remaining Key Questions, (Is the home effective, caring, responsive and well-led?), so we did not inspect. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

As a result of this inspection, we found no evidence that the safety and welfare of people was being placed at risk.

Mount Tryon is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide care for up to 59 older people, people with a physical disability, people living with dementia and younger adults. Care is provided in two separate areas of the home: a nursing unit on the ground floor and a dementia care unit on the first floor. On the first day of inspection there were 36 people living at the home: 17 people in the nursing unit and 19 people in the dementia care unit. We looked at the care given to people on both units.

The home did not have a registered manager. 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.

An interim manager had been in post since the previous manager left the home in August 2017. Since then a manager had been appointed and they had started to work at the home on 30 October 2017. They were available during and following the inspection and they told us it was their intention to apply to register with the Care Quality Commission.

The home was also supported by a clinical development nurse employed by Barchester Healthcare Homes Ltd. They had the responsibility to support the nursing staff to assess, review and plan for people's nursing

care needs.

Mount Tyron was previously inspected in February and March 2017. As a result of that comprehensive inspection, the home received an overall rating of Requires Improvement as we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, and there were no breaches of regulations.

People told us they felt safe living at Mount Tryon. One person said, "Yes, everything is fine" and another "It's very nice." Relatives described the care their relations received as "outstanding" and "excellent".

Risk assessments and management plans were well documented. Actions required to keep people safe were communicated effectively throughout the staff team, including all support staff. This included catering and housekeeping staff. Each person's care file contained assessments to identify risks associated with their care needs, and clear guidance for staff about how to mitigate these risks. We reviewed the daily care records written by staff and these showed people were being supported in line with the recommendations and guidance in the care plans.

Records showed any accidents, such as falls, were documented at the time of the incident and reviewed by the nurse in charge of the care unit as well as the interim manager. The forms were reviewed to identify how the accident came about and whether any further action was required to reduce the risk of a reoccurrence. Records also showed when staff had contacted health care professionals over people's care needs.

People received their medicines safely and as prescribed. Records relating to the receipt, storage and disposal of medicines were well maintained. One of the rooms used to store medicines was found to be warm: the temperature of the room was close the the maximum recommended by the Royal Pharmaceutical Society. The interim manager immediately made arrangements for the fitting of an air conditioning unit and this was done on 26 October 2017.

There were sufficient staff on duty both during the day and overnight to meet people's care needs. Duty rotas showed staffing had not been reduced. Concerns had been raised with us about people getting up early, from 5am, as there were insufficient staff on duty during the mornings. We visited the home at 6am on 31 October 2017 and found no evidence to support this. Those people awake and out of bed at this time were happy to be up. We looked at the duty rota over a four-week period and found the staffing levels to sufficient and consistent each day including the weekends, and that staffing levels had not been reduced.

People and relatives had no complaints about the quality of the care and support provided. Their comments included, "I'm very happy with the care I get" and "Can't find fault". People told us the staff were kind, caring and friendly. One person described the staff as "exceptional" and another as "wonderful".

At our previous inspection in February and March 2017 we found staff had been safely recruited to work at the home. At this inspection we found this safe practice continued. The three staff files we looked at all contained the necessary pre-employment checks, including with the Nursing and Midwifery Council for the registered nurse recently recruited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Good.

People received safe care and support. Risks to people's health, safety and wellbeing were assessed and management plans provided clear guidance for staff about how to mitigate these risks.

There were effective communication systems within the home to ensure people's care needs and associated risks were understood by staff.

People were supported by sufficient numbers of safely recruited staff.

People received their medicines safely and as prescribed.

Mount Tryon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 19, 25 and 31 October. The first and third days were unannounced. This inspection was undertaken in response to concerns raised with us over the safety of care provided to people living at the home. Two social care inspectors undertook the inspection: one visiting the service on each of the three days.

During the inspection we reviewed the care records for four people who had varying care needs. We looked at how the home managed risks to people's health and safety including those relating to poor nutrition and hydration, the risk of developing pressure ulcers, the risk of choking and the risk of falls. We reviewed how the home recruited and trained their staff, whether there were enough staff on duty and how people were supported with their medicines. We spoke with 11 people, nine relatives, nine staff as well as the interim manager and clinical development nurse currently supporting the home.

Good

Is the service safe?

Our findings

At our inspection in February and March 2017 we identified the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from the risks associated with eating and drinking as management plans to reduce risks to people's safety were not always clearly communicated within the staff team. Following that inspection the home sent us a report every month detailing the outcome of the assessments for each person at risk of choking as well as confirmation that staff have received training, and been observed as competent, to support people with eating and drinking safely. At this inspection we found improvements had been made and there is no longer a breach of Regulation 12.

Prior to the inspection concerns had been raised with us over the safety of care provided to people living at the home, and in particular to two people with complex care needs. These concerns related to whether people were having their nutritional and hydration needs met; whether their pressure area care needs were being met; how the home managed people's medicines; the attitude of some staff and whether there were sufficient staff on duty to meet people's care needs.

We spoke with people and their relatives about how the home assessed and supported people in a way that minimised risks to their health, safety and welfare. Those people who were able to share their views told us they felt safe living at Mount Tryon. One person said, "Yes, everything is fine" and another "It's very nice." Relatives, including those of people who were unable to share their experiences with us, described the care their relations received as "outstanding" and "excellent". One relative, who at a previous inspection had shared their concerns about the support provided, told us things had much improved and they were satisfied with all aspects of care.

Risk assessments and management plans were well documented. Each of the care files for the four people we looked at contained a number of risk assessments. These included assessments for the risk of not eating for drinking enough to maintain their health; the risk of choking due to swallowing difficulties; the risk of skin breakdown due to poor mobility and continence needs, as well as the risk of falls. Where risks were identified, the care plans described these and provided guidance for staff about how to minimise these risks. For example, two people had risks associated with skin care. Their care plans guided staff to change the person's position at regular intervals and to use pressure relieving equipment. We checked the settings for the air mattress used for these people and found these to be set correctly. The care staff recorded each time people had been supported to change their position.

Another person had significant risks associated with eating and drinking. Their care plan provided detailed reasons why this was and provided clear guidance from health care professionals about these risks. Records showed the person's family and medical professionals were fully involved in decisions over this person's care. The family told us they were happy with the care being provided.

We asked staff to tell us about the care needs of the people whose care plans we looked at. The staff described their needs well and knew how to manage the risks identified for each person. The home was

supported by a clinical development nurse employed by Barchester Healthcare Homes Ltd. They had the responsibility to support the nursing staff to assess, review and plan for people's nursing care needs and support staff with manageing any associated risks.

At our previous inspection in February and March 2017 we observed the daily meeting between the registered manager or the nurse in charge and all 'heads of department'. This included the nurses from each care unit and the support staff who came into contact with people during the course of their work; housekeeping staff; maintenance staff; catering and laundry staff. At this inspection we were told by staff, and saw records confirming, that these daily meetings continued. Staff identified whether there had been concerns over, or changes to, people's care within the previous 24hours.

Actions required to keep people safe were communicated effectively throughout the staff team, including all support staff such as catering and housekeeping staff. Care and catering staff were provided with written information about people's care needs in the form of a handover sheet which detailed important information about people's care needs. We checked the information provided to the staff in relation to the four people whose care we reviewed. The handover sheets and the information held in the kitchen accurately described people's needs. When information in the kitchen was amended this was dated and signed by the person responsible for making the change.

During two days of the inspection we observed people being supported to have their evening meal. Those people who required staff support with eating were assisted by staff who sat next to them and supported them at their own pace. We heard one member of staff ask the person they were supporting what they would like for dessert. The carer said they would bring their dessert once they had swallowed their last mouthful as they couldn't leave them until they no longer had food in their mouth. This demonstrated the carer understood the risk to this person's welfare and ensured they were safe before leaving them unsupervised. For those people who were at risk of not eating or drinking enough to maintain their health, records were maintained of how much they had been eating and drinking over a 24hour period. The nurses were responsible for ensuring these were reviewed at mid-day, in the evening and overnight to identify any deterioration in people's ability to eat and drink and to allow for early intervention. We sampled a number of food and fluid intake charts. These had been well completed and reviewed by the nurses.

Records showed any accidents, such as falls, were documented at the time of the incident and reviewed by the nurse in charge of the care unit as well as the interim manager. The forms were reviewed to identify how the accident came about and whether any further action was required to reduce the risk of a reoccurrence. Records also showed when staff had contacted health care professionals over people's care needs. These included regular contact with the GP and the mental health specialist support team for the two people for whom the concerns had been rasied. Other health care professionals involved in managing risks associated with people's care needs included the speech and language team for people with a swallowing difficulty and the tissue viability nurse for those at risk of skin breakdown.

People received their medicines safely and as prescribed. We reviewed how the home supported people to receive their medicines on both the nursing and dementia care units. Records relating to the receipt, administration and disposal of medicines were well maintained. Daily checks by the nurse on each care unit identified whether there had been any gaps in recording the administration of medicines. The clinical development nurse had undertaken an audit of the home's medicine practices in August 2017 which identified the home's practices were safe. Each unit had a dedicated room for medicine storage. The room on the dementia care unit was air conditioned but the room on the nursing unit was not and this room was warm: a thermometer measured the temperature at 24degrees centigrade. The guidance from the Royal

Pharmaceutical Society states medicines should be stored below 25degrees centigrade. We discussed the temperature of the room with the interim manager. Although the temperature was within the recommended parameters, they immediately made arrangements for the ordering and fitting of an air conditioning unit for this room. The interim manager confirmed this had been fitted on 26 October 2017.

We visited the home at 6am on 31 October 2017 as we had been told staff were getting people out of bed from 5am as there was insufficient staff on duty during the mornings to meet people's care needs. There were two nurses and three care staff on duty. We found four people were out of bed on the nursing unit. Two people were independent in getting up and were in their rooms. Two people required the assistance of staff to get out of bed. We saw one person drinking coffee and eating biscuits in the lounge room and one person was in their room. They both told us they were happy to be up at this time. On the dementia care unit, one person was being assisted with their personal care and one person was up and dressed walking with staff. All other people on the nursing and dementia care units were asleep. Staff told us they assisted people when they woke and there was no pressure to get anyone up and dressed before the morning staff arrived. Staff told us they felt there were sufficient staff on duty.

People told us they were assisted promptly when they needed support. Relatives also confirmed this, although one said they felt things were a little slower at the weekends and another said, "just about" when asked their views about the number of staff on duty. We looked at the duty rotas for a four-week period, two weeks before the start of the inspection and the two weeks following the inspection. We compared the number of staff on duty during the day and overnight with the results of the home's dependency assessment used to identify people's staffing requirements. The rotas showed that, in addition to the manager who worked 9-5 Monday to Friday, there were two nurses on duty 24hours a day, one for each of the care units. A third nurse was on duty on two to three days each week to undertake care plan reviews and other administrative tasks such as medicine ordering and receipt. There were between eight and nine care staff on duty each day including the weekends, shared between the two care units. In addition, the home employed catering, housekeeping, laundry and administrative staff. Staff told us there were a number of people who required the assistance of two care staff to support them with personal care. They said that although some days were busier than others there were enough staff on duty to meet people's care needs. The number of staff on duty compared favourably with the results of the care dependency tool which showed the home provided almost 40hours of care more than the tool identified as necessary to meet people's care needs. The interim manager said the number of staff on duty was flexible dependent upon people's needs and at the time of the inspection they felt there were enough staff available.

Part of the concern raised with us was about the attitude of some staff. People told us the staff were kind, caring and friendly. One person described the staff as "exceptional" and another as "wonderful". People and relatives had no complaints about the quality of the care and support provided. Their comments included, "I'm very happy with the care I get" and "Can't find fault". A relative told us "[they are] regular staff not a lot of agency staff" and another said staff were "always attentive, kind and polite." We discussed the concern about staff attitude with the interim manager. They gave assurances they would speak with people and staff to identify if there were any concerns about the manner in which staff spoke to people or to other members of staff.

People and relatives also spoke positively about the interim manager. One described them as "the kindest person" and another said the home was "wonderful" since they had been working at the home. Staff also said they had been very supportive.

At our inspection in February and March 2017 we found the home followed a safe recruitment process for the employment of staff: at this inspection we found this safe practice continued. We looked at three staff

files for the most recently recruited staff, including a nurse. We saw that the necessary pre-employment checks had been undertaken including disclosure and barring (police) checks, proof of identify and references from previous employers. The home had checked with the Nursing and Midwifery Council that the nurse was registered with them and was permitted to practice.