

B & M Investments Limited

Tremona Care Home

Inspection report

Alexandra Road
Watford
Herts
WD17 4QY

Tel: 01442236020
Website: www.bmcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 31 May 2016 and 2 June and was unannounced.

Tremona Care Home is registered to provide accommodation and personal care for up to 44 older people who may have a physical disability and/or living with dementia. There were twenty six people living at the home when we inspected.

This was the first inspection since the service was registered in 2015.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived at Tremona told us they were happy living at the home and felt safe. Relatives and professionals involved with people's care and support were also complimentary about the service and said that they felt people received a good service and they had no concerns about the care people received.

People and their relatives and friends told us they felt people were kept safe and staff demonstrated they knew how to keep people safe. People had detailed care and support plans in place which provided information to assist staff in meeting their needs. Risks to people's safety and welfare had been assessed and actions put in place to reduce or mitigate risks to enable people to live as safely as possible without restricting people's choices and wishes. People were supported to engage in a variety of stimulating activities and events suited to individual abilities and interests.

There were sufficient numbers of staff available to meet people's care and support needs at all times. Staff understood their roles and responsibilities and were supported by the registered manager and management team to maintain and develop their skills and knowledge. People had a choice of food and drinks which helped to ensure their nutritional requirements were met. People had access to a range of health care professionals which helped to make sure their physical health needs were maintained.

There was a happy and relaxed atmosphere in the home and staff interacted with people in a friendly and individualised way. Family, relatives and friends were encouraged to visit whenever they wished and were involved in the developing and review of people's support plans. People's privacy was maintained and they were treated with dignity and respect.

There was an open and transparent culture in the home and we saw that people, relatives and staff were comfortable interacting with the management team. There was a complaints process in place and people told us they would have no hesitation in raising a concern if they had one. The provider had systems and processes in place to monitor the quality of the service and to make continual improvements.

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 safe.

Staff knew how to recognise potential abuse and were able to describe how they would report concerns both inside the organisation and to external agencies.

There were sufficient staff members available to meet people's needs safely.

People were supported by a team of staff who had been recruited via a robust recruitment process.

People's medicines were managed safely by staff who had been trained appropriately.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent and this was recorded and reviewed.

People were encouraged to enjoy a healthy and nutritionally balanced diet.

People were supported to access a range of health care professionals to help ensure that their physical health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

Staff and managers had a good understanding of people's care needs and care was provided accordingly.

People were treated with dignity, kindness and respect.

People were supported to maintain relationships with families and friends and who could visit at all times.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to participate in a range of activities and events that were of interest to them.

People were supported to be involved in decisions about their care.

Complaints, concerns and peoples feedback was listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The management was open, transparent and inclusive.

People were complimentary about all aspects of the management and day to day running of the home.

The provider had systems and processes in place to monitor and manage the quality and safety of the service.

Tremona Care Home

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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 31 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, two relatives, three support staff and the registered manager. We received feedback from professionals involved with the service including local authority commissioners and contract monitoring staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service, three staff recruitment files. We also looked at information which included staff training records, audits and quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at the home and they were well supported by staff that had been trained to recognise and respond to the potential abuse. One visiting friend told us, "I have never had any concerns about, [friends] safety I think they are definitely safe because staff are always on hand to support them and keep them safe." Another person told us, "I am confident in the safety measures implemented by the staff." They went on to say, "They don't cut corners and do things properly." We also observed staff responded efficiently to call bells when activated. One member of staff told us, "We go straight away because you never know what the person needs, if it's not urgent and we are assisting another person we will always tell the person we will be back to help them in a few minutes."

Staff were knowledgeable about the principles of safeguarding and how to raise any concerns they had, both inside the home and externally. Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. Staff were aware of the company's whistle blowing policy and said they were confident the registered manager would deal with any concerns. However, they knew how to elevate concerns should they need to. One staff member told us, "We have all had training and we get regular updates to help make sure people are protected from any potential or avoidable harm." Another member of staff told us, "We are constantly reminded about safeguarding people, we even discuss safeguarding at meetings."

People were supported by staff that had been through a robust recruitment process. We saw and staff told us that all pre-employment checks were completed before they commenced working at the home. Staff were required to complete a detailed application, have an interview and provide references. They also had a criminal records check. This helped to ensure that staff employed at the home were suitable to work in a care home environment.

There was a mixture of suitably skilled staff on duty and available to meet people's needs safely. We saw from rotas that there were adequate staff on duty at all times including evenings and weekends. A relative told us, "I have no concerns about the amount of staff, there always seems to be enough and I am here a few times a week."

Potential risks to people's health and safety had been assessed and identified. Risk assessments were kept under regular review to make sure any changes were acted upon. For example, where a person's mobility had reduced they were supported to use a walking aid to help maintain their safety. We saw that steps were taken to reduce and mitigate risks wherever possible. Other risks assessed included areas such as skin care, nutrition and medicines. The registered manager and staff team had a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, for activities away from the home or in the garden risk assessments had been completed but people's ability or wishes to participate were not restricted.

Staff had received appropriate training in the safe administration of medicines and their competency was checked to help ensure good practice was maintained. The home had appropriate systems in place to

manage medicines safely. We saw that Medicines Administration Records (MAR) charts were completed properly and these were audited periodically.

There was a process for the safe ordering and storage of medicines and we noted that they were stored appropriately in a dedicated medicines room. There were twice daily temperature checks completed as well as regular checks of the stock of medicines. The medicines policy provided instructions for staff to administer both topical medicines and PRN medicines. This is when a person may require medicines to be taken 'when required' for example for pain.

We observed staff administering medicines and saw that they checked the MAR chart and the medicine for the person, offered the medicine to the person with a drink and waited until they had consumed and swallowed the medicine before completing the MAR chart. This ensured it was completed correctly.

Information from accidents and incidents was kept under review to help ensure any new or emerging risks were managed effectively. This meant that information and learning outcomes were used effectively to mitigate risks wherever possible. This assisted staff in keeping people safe thus reducing the risk of reoccurrences.

Plans were in place to help staff deal with unforeseen events and emergencies, for example, in the event of a fire. People had individual emergency evacuation plans to help staff provide effective support in the event of an emergency. Regular checks were carried out which ensured that the equipment used were appropriately maintained to keep people safe.

Is the service effective?

Our findings

People, family and friends were positive about the skills, experience and abilities of the staff who worked at the home. One person told us, "I am really well looked after here, I have no complaints they do look after us very well." Another person told us, "I am not sure what training the staff get here but they do know what they are doing." A member of staff told us, "I have had a lot of training since I came to work here."

Staff received training to enable them to be able to care for people safely and effectively. Staff told us they had completed a range of core training as part of their induction. This included safeguarding people from the risk of abuse, moving and handling, fire awareness and administration of medicines. In addition staff told us they had regular 'refresher' training in safeguarding and other topics which required annual updates. Staff were also encouraged and supported to undertake specialist training such as dementia and end of life care to help them meet the specific needs of people who used the service. Staff had regular support from their line managers which included one to one supervisions attending team meetings and an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had a clear awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Tremona and were pending outcomes.

People told us that they liked the food and drinks offered. We observed that people were given a choice of food and if they did not want what was offered, they could have a further alternative such as a salad, jacket potato or a sandwich. Staff offered people choices by showing them the two meal options, this allowed people to make a meaningful choice based on the look and smell of the food. People had plenty of drinks available and were offered regular top ups and snacks throughout the day. We noted that people received appropriate support and encouragement to eat and drink. One person told us, "I have to watch what I eat because I could soon be putting weight on if I ate everything I was offered." We saw that specialist diets were catered for including soft and pureed diets and a vegetation option. In addition food supplements and high calorie diets were available if required.

Assessments had been completed to identify people who were at risk from poor nutrition or hydration. People's weights were regularly monitored to identify any weight loss. For example, where a person swallowing was problematic a soft diet was offered following support from a dietician.

People's health needs were met. People who used the service told us that they were supported to see their GP when required but they also had access to other health professionals such as the dentist, optician and chiropodist. Staff also supported people to attend hospital appointments. the service caring?

Is the service caring?

Our findings

People who used the service and their relatives and friends told us that the staff team were kind and caring. One person said, "They're lovely, all of them, they really do care." They went on to say, "They are always keeping an eye on us and asking if we are ok or need anything." Another person said "[Staff member] is amazing; I don't know where they get their energy but always have a smile of their face and a spring in their step." Everyone we spoke with had something positive to say about the staff, managers and the home in general.

We observed staff being kind and caring when interacting with people. For example, we observed one person getting a little upset and saying they wanted to go home. A staff member came up and placed a reassuring arm around the person's shoulder and explained they were home and said, "You live here with us now do you remember all the lovely things you have in your bedroom." They then asked the person, "Would you like us to go to your room and look through those lovely photographs you have." The person responded warmly became more relaxed and walked off chatting to the member of staff.

We observed another person to be holding their head and a member of staff asked if they were in pain, the person said they felt 'uncomfortable' but were not sure if they had a pain. The member of staff said, "Do you want to wait a while and see how you feel or would you like some pain relief." The person asked for a cold drink and we saw staff going over on several occasions to see if they were alright. After a while the person told the staff they felt better, despite this the member of staff kept an eye on the person and continued to speak with them throughout the day.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we saw that people had been involved in discussions about their care where possible. We noted that staff gave people enough time to respond and then acted upon the choices people made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to do and on several occasions activities were changed in response to requests from people. People were offered choices about what clothes they wanted to wear and how they wanted to spend their time.

There was a room of multi faith worship where people who wanted to spend quiet time could do so. Staff supported people and provided reassurance and talked any concerns through with people. One person told us, "When I want to think I sit here, it's peaceful and has a lovely smell."

We saw staff knocked on doors and allowed people time to respond before they entered their bedrooms. When people required support with using the toilet or with personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact.

People had access to information about advocacy services should they need additional support to make decisions about any aspects of their lives. Relatives and friends of people who used the service were encouraged to visit at any time and on any day. A relative told us, "They always keep us informed of any changes."

People's personal and private information was stored appropriately on each floor. We saw that staff were mindful of keeping information confidential at all times. During our inspection documents were provided to us when requested and we were asked to inform a member of staff when we had finished looking at them so they could be returned for safe storage.

Is the service responsive?

Our findings

People received care that met their needs. One person said, "I get help here with everything I need." Another person told us, "I have a better quality of life than I had at home I have company, everything is taken care of, and so I don't need to worry about anything." A visitor told us they felt the staff responded to people's needs and said, "The staff know the people they look after well." One relative said, "Since [person] came to live here their needs had changed over time but the staff had always been able to provide the right sort of support."

People's care plans included assessments of their needs and plans to ensure staff could meet those needs. Staff were knowledgeable about the people they supported. One staff member said, "We are all permanent staff and work on any of the floors so know everyone well." They went on to say that, "You notice if anything changes and this can trigger a reassessment." The registered manager told us that a person's needs had changed recently which had resulted in them being referred to a specialist professional to have a mental health assessment. This process was put in place to make sure that the person continued to be appropriately supported.

People were encouraged to participate in a range of activities. The engagement lead told us about all the different things they organised for people. On the day of our inspection we observed people singing old war time songs and they told us they enjoyed this. Later people were engaged in a quiz, watching a film and playing a board game. There were activities in the garden and raised beds and a sensory area was being developed. The engagement lead told us they did not have 'planned' activities as such but had a few suggestions for each day depending on what people felt like doing. Staff demonstrated they had a flexible approach and were guided by people's wishes. We noted that when people looked as though they were losing interest or getting bored they were offered other options.

We observed staff spending time with people who were cared for in bed and staff told us people often had one to one pampering or just a chat. People told us they were 'kept busy' and one person said, "We can do whatever we want to do, but if I don't fancy doing anything it's not a problem." We saw that staff had started to do a personal profile for each person with their life history, important events, pictures and memorabilia. Staff told us they used the information to engage with people on matters that were both important and of interest to them. One person told us they had recently been to see the Bluebells in the local woods and that they enjoyed outings and events that were organised for them. Another person told us, "They make a fuss when it's your birthday and in the summer we have a fete in the garden."

Representatives from a variety of religious denominations came to the home to deliver a short service each week which people and staff could attend if they wished.

People and their relatives knew how to raise concerns or to make complaints and were confident they would be dealt with appropriately. We saw that complaints were recorded and investigated in line with the policy in place. None of the people we spoke to had made a complaint. However, we saw that there was a 'quality policy statement' which detailed the process so that people were clear about timescales for responding to complaints and the outcomes they could expect. Complaints were reviewed to make sure

that any learning could be implemented. For example, food had been raised as an issue at a meeting and people were invited to be involved in menu planning and were asked at each meal if they were happy with the food they were offered.

People's feedback was sought through feedback at residents meetings and completion of a survey. We saw that where suggestions were made, an action plan was developed to ensure things improved. One person told us they felt, "Staff and managers listen." For example one person gave us an example of how things had improved following feedback. They told us they had got name labels in all their clothing as they had occasionally misplaced items that had gone to the laundry. This demonstrated remedial actions were put in place as a result of feedback.

Is the service well-led?

Our findings

People, their relatives, friends and staff were positive about the management of the home. A visitor told us, "We see the manager around the place and can always speak with them." Staff told us they felt well supported and one staff member said, "The home was a happy place to work."

The registered manager had a clear vision for the home and put people first. They told us, "I am very proud of the home, it is beautiful and I want people to be happy, contented and receive good care." Staff were positive about the management and felt that leadership at the home was good.

Staff told us that the registered manager checked on their practice and we saw from meeting minutes that subjects including accurate record keeping was important. We noted the management team paid attention to detail and staff had clear lines of responsibility and accountability. For example, shift allocation sheets were completed for each shift allocating care staff to people. We saw that these were completed and this kept people on their toes because if a task was not completed it was tracked back to the member of staff to complete.

A member of the management team or a senior staff, member was on duty at all times to provide staff with consistent management supports. The registered manager and deputy manager worked opposite shifts so they were on duty evenings and weekends as well. One staff member told us, "They are very approachable." We noted that the registered manager was kept informed with everything that was going on within the home.

There were systems in place to monitor the quality of the service. The registered manager completed various audits within the home including audits of care plans, medicines records staff training and supervision records. Hygiene checks were completed weekly to assess if bedrooms were kept clean, equipment was appropriately maintained and kept clean and in good working order. Food was monitored to assess people's experience of food. There were additional audits undertaken by senior managers from the provider's office. Where shortfalls were identified, an action plan was developed and this was checked at the next visit to make sure it had been completed.

The ethos of the managers and staff was one of openness and transparency. Staff and managers worked closely to achieve the best possible outcomes for people and demonstrated a willingness to learn and improve. For example, throughout the inspection staff and managers were receptive to feedback and wanted to develop their skills and abilities so they could be better and make continual improvements

Providers are required to notify CQC about certain events that happen at the home. We found that the registered manager had submitted notifications appropriately to inform us about such events to enable us to take action if required.