Tricuro Ltd

The Hayes

Inspection report

Culverhayes
Long Street
Sherborne
Dorset
DT9 3ED

Tel: 01935814043

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 8 and 9 May 2017 and was unannounced.

The Hayes provides accommodation and personal care for up to 50 people. There were six vacancies at the time of inspection, one of the rooms was used for people who wanted to have a short stay in the home. The service is located in Sherborne and is a large detached single storey building. There are several fully accessible showers and assisted bathrooms available for people. The accommodation is split into five cottages, each with ten bedrooms. Each cottage has its own lounge and dining areas and kitchen. The Home has a larger communal lounge area and several outside areas which are accessible for people.

There was a registered manager in post. 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.

People did not always receive their pain medicines as prescribed because staff were administering them 'as required'. For example, one person had pain relief prescribed to be administered four times daily. Staff were not administering this four times daily, but offering it to the person and only administering if the person told staff that they wanted their pain relief. People were able to tell us that they were not in pain and were asked whether they wanted their pain relief and the registered manager was writing to people's GP's to request that their prescriptions be reviewed to reflect that they required pain relief as required.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

Staff were aware of the risks people faced and understood their role in reducing these. People had individual risk assessments which identified risks and actions required by staff to ensure that people were supported safely.

There were enough staff available and people did not have to wait for support. People had support and care from staff who were familiar to them and knew them well. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

The home had good links with health professionals and regular visits and discussions meant that people were able to access appropriate healthcare input promptly when required.

People were supported by staff who had the necessary training and skills to support them. Training was provided in a number of areas and refresher sessions were booked for certain topics on a regular basis.

Staff understood and supported people to make choices about their care. People's legal rights were protected because staff knew about and used appropriate legislation. Where people had decisions made in their best interests, these included the views of those important to the person and considered whether options were the least restrictive for the person.

People spoke positively about the food and had choices about what they ate and drank. The kitchen were aware about people's dietary needs and where people required a special diet or assistance to be able to eat and drink safely this was in place.

Staff knew people well and interactions were relaxed and caring. People were comfortable with staff and we observed people being supported in a respectful way. People were encouraged to make choices about their support and staff were able to communicate with people in ways which were meaningful to them.

People were supported by staff who respected their privacy and dignity and told us that they were encouraged to be independent.

People were supported by staff who knew their likes, dislikes and preferences. Staff told us that they communicated well and there were regular handovers at each shift change. There were clear processes in place for each shift and staff knew their roles and responsibilities.

People had care plans which were person centred and included details about how they wished to be supported. Care plans were regularly reviewed with people and their loved ones where appropriate.

People were able to engage with a range of activities including one to one time with staff. People told us that they had enough to do at the home and had input into what activities were arranged.

Relatives spoke positively about the staff and management of the home. They told us that they were always welcomed and visited when then chose. Both relatives and people told us that they would be confident to complain if they needed to.

The Hayes had a clear management structure and staff and people told us that the registered manager was available and approachable.

Feedback was gathered both formally and informally and used to drive improvements at the home. Quality assurance measures were regular and also used to identify gaps and trends which were then used to plan actions to drive high quality care.

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 not consistently safe

People did not always receive their medicines as prescribed.

People had individual risk assessments and staff were aware of how to manage identified risks.

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns.

People were supported by staff who had been recruited safely with appropriate pre-employment, reference and identity checks.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People enjoyed a choice of food and were supported to eat and drink safely.

People were supported to access healthcare professionals appropriately.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them

appropriate choices.

People were supported to maintain their privacy and dignity.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People enjoyed a range of activities and staff spent one to one time with people.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt that the manager was approachable and had confidence in the management of the service.

Staff felt supported and were confident and clear about their roles and responsibilities within the service.

Feedback was used to highlight areas of good practice or where development was needed. Information was used to plan actions and make improvements.

Quality assurance measures provided a picture of trends or gaps in practice and actions required were identified and acted upon.

The Hayes

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 is 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 8 and 9 May 2017 and was unannounced. The inspection was carried out by a single inspector on both days.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We used this information during the inspection. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also contacted the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with 12 people and nine relatives. We also spoke with two healthcare professionals who had knowledge about the service. We spoke with seven members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care files of seven people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and supervision records. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. We looked at the MAR (Medicine Administration Record) for six people and saw that four of these were not receiving all of their medicines as prescribed. Three of these people were prescribed pain relief four times daily. Their MAR was fully completed but identified that this medicine was either offered but not required or the person was asleep when staff tried to administer. The fourth person had three medicines which were prescribed to be given daily, but again staff were only administering these when the person told them that they required this. Staff had not identified that some pain relief was prescribed 'as required' but that others were prescribed to be given regularly every day. One staff member was not able to explain the difference between the two types of prescription and this meant that instead of administering some medicines, staff were asking people whether they wanted these in the way they did with 'as required' medicines.

Two of the people who had pain relief prescribed in this way told us that they were not in pain, that staff offered them pain relief and that they frequently declined this medicine. One person however was assessed as not able to make decisions about their medicines and their 'as required' protocol stated that "(name) would not be able to verbalise" that they needed medicine and staff needed to monitor this. The registered manager identified each of the people where medicines were being administered in this way and wrote to each GP requesting that the medicine be reviewed and the prescription altered to 'as required' because people did not want the pain relief on a regular basis as prescribed.

Where people had medicines 'as required' there were protocols in place to identify what the medicine was for, how it was to be administered and how people notified staff about whether they needed this. For example, one person had a medicine prescribed for constipation. Their 'as required' protocol identified that the person would not be able to verbally notify staff but that staff monitored their bowels to identify when this medicine was required. Medicines were stored safely and where some medicines required additional safety checks, these were in place.

People had individual risk assessments which explained what risks they faced and what support staff should provide to manage the risks. For example, one person was at risk of falls and we saw that they had a risk assessment which identified this risk and outlined equipment which was in place to manage this. Staff knew that the person was at high risk of falls and how to use the equipment and respond to manage this. We saw that the person had continued to fall but the equipment in place had meant that they had not suffered any injuries and staff responded promptly. Another person at risk of falls had a plan in place about how to move and assist them safely. This included consideration about what equipment and support to use each time the person needed to move and considered that their ability was variable. For example, if the person could stand, one piece of equipment was used to assist them safely. However if they were unable to stand, a different plan was in place. This demonstrated that the service was aware of risks and how to manage these safely.

Staff were aware of the possible types of abuse and how to report. One staff member explained that they would be aware of any unexplained marks or bruises and changes in behaviour. Another told us that they

would be aware of changes in a person's mood and that they would be confident to report any concerns. Staff also told us that they would be confident to whistle blow if they needed to do so.

People told us that they felt safe living at The Hayes. One person said "I feel safe because staff are around… they are always about if I need them". A relative told us "we have peace of mind that (name) is cared for well". We saw that there were enough staff to support people and that call bells were answered promptly. People told us that they did not have to wait for help and one told us "they come and check quickly If I ring my bell".

Recruitment at the service was safe. Staff files included references from previous employers, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The registered manager told us that recruitment was one of the biggest challenges for the service and they had interviews planned for new staff members. We saw that a lot of the staff had worked at the service for a number of years and that the registered manager had utilised agency support to fill the vacancies while recruiting permanent staff. Some people and relatives told us that agency staff did not know people as well as permanent staff but felt that they provided safe support for people. The registered manager explained that they tried to use agency staff who already had experience of working at the Hayes to promote continuity for people.

Fire evacuation procedures were in place and each person had a personal emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment and any maintenance issues were raised with the local authority and approved contractors used. The fire alarm went off during the inspection and staff were clear about processes to respond to this. The registered manager identified a possible error with the system and advised that they would request an engineer visit. This happened the same day. This meant that the service provided a safe environment for people.

Good

Is the service effective?

Our findings

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 so that they can 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.

We saw that people had MCA assessments in place and that these were decision specific and provided evidence about how the decision had been made. For example, one person had a capacity assessment around the possible need for their medicines to be given covertly. There was a decision made in the person's best interest which had included their GP and family when considering whether this was the least restrictive option for the person. The home had made applications for DoLS for several people and had clear records about when applications had been made and whether these had been authorised. The registered manager showed us one application which had not been authorised and explained that they had recently submitted a further application for the person because their capacity had deteriorated and this needed to be reconsidered. This demonstrated that the service was acting in line with legislation and were responsive to the changing needs of people they supported when considering whether an application was required to deprive a person of their liberty.

Staff had the correct knowledge and skills to support people. One person told us "The staff are well trained. Its good here, the staff are very good". Another person explained that staff had the correct knowledge to know how their health condition affected them and said they "keep an eye on me". Staff spoke with confidence about the people they supported and were able to explain how health conditions affected people. For example, one person was experiencing some pain and staff were aware of this, were closely monitoring the person and had discussed with health professionals.

Staff understood how to communicate effectively with people. Some people living at the home required staff to communicate in different ways to enable them to be involved in decisions about their support. For example, one person had limited verbal communication and staff used a white board to support communication. Another person required staff to be patient and give them time to communicate and they told us that staff understood this and gave them the time they needed.

Staff received training in topics which were relevant to the people they supported. Training was completed in a number of topics which the service considered essential, these included first aid, moving and assisting and how to protect people from abuse. Other training opportunities were offered and although these were

not considered essential, the registered manager explained that staff were expected to undertake training in dementia, diabetes and end of life care as these were relevant to people's needs. Other opportunities included common health conditions and nutrition and health. The registered manager explained that staff were encouraged to work towards national qualifications and staff we spoke with explained that they were undertaking or had completed varying levels of national qualification. New staff received an induction into their role and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager explained that they had supported staff through this and we saw certificates for those who had successfully completed this.

Staff received regular supervision and told us that they had opportunities to discuss practice and any learning and development needs. There was a supervision structure in place for staff and supervision was provided by senior staff and the registered manager. Staff told us that supervision provided opportunities to discuss their wellbeing and they were encouraged to consider development opportunities. The registered manager explained that they discussed people with staff in supervision and this provided an additional opportunity to consider best practice.

People consistently told us that the food at the home was good and explained that they had choices about their meals. One person explained "I choose what I eat and they will make me something different". Another said "the food is always good" and another described the food as "wonderful". Staff asked people what choices they wanted and if people didn't want the options offered, the kitchen had a range of other choices for people. The chef confidently explained the dietary needs of the people living at the home and how they met these. For example, they were aware if people needed a softer diet so that they were able to eat safely and we saw that meals were provided in the way described. Where people required a fortified diet because of concerns about their weight, options were available both in the kitchen and in the smaller kitchens in each of the cottages. This meant that not only were main meals able to be fortified, but that care staff could add full cream milk drinks in each of the cottages. A staff member explained that one person was not eating much and told us the person's favourite treat which they were going to get for them to try to encourage them to eat.

People had prompt access to healthcare service when needed. The home had twice weekly visits from District Nurses and had a handover where they discussed people and any concerns or changes since the last visit. We saw that people had regular visits from chiropody and had involvement from other health professionals when required. A visiting health professional told us that they were contacted promptly by the service when staff had concerns about people and that staff sought advice and guidance appropriately when needed.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and we saw that there was good rapport and that people were relaxed in the company of staff. One person told us "I couldn't fault the staff, they are a wonderful lot… they try to please everyone". Another explained "you can't have a better staff and they'll do anything for you". A relative explained that staff "seem so kind here, chat with (name), (they are) kind and caring in their approach". Another relative told us that staff "treat people as individuals" and said "I can't wait to come here myself" and described a warm, happy atmosphere. This was also echoed by a visiting health professional who told us that they had visited when the service had arranged a party for someone's birthday. They spoke about the lovely atmosphere and said "I feel like it's a happy place to be".

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. People told us that they made choices about how they spent their time at the service. One person explained that they liked to go to bed late and that they used their call bell to ask for support at a time which suited them. We saw a member of staff asking a person whether they wanted to have their meal in their room or come into the communal area and they chose to have their meal in their room. A staff member explained that they offered visual choices for one person because they could become confused and if they were able to see the choices, this helped them. A relative explained that their loved one "likes staying in bed and has porridge in bed which (name) enjoys". We also saw that when staff administered the morning medicines, some people had chosen to stay in bed and these medicines were put back until the people chose to get up before being administered.

People told us that staff knew what their preferences were and how they liked to be supported. One person explained that "you couldn't have a better staff and they'll do anything for you. I talk about experiences and things I've done in my life with them". Another person said that staff knew them well and explained "I think the staff are very good, we can be an awkward lot". Staff spoke confidently about people they supported and their likes and dislikes. For example, one staff member told us that a person liked to have their hair done as this was important to them.

People were supported to maintain their privacy and dignity. The home used a system to show on people's room doors if they were being supported with intimate care and this worked well. People told us that staff were respectful and always knocked and sought consent before entering their rooms. One person explained "staff respect my privacy and dignity when they help me to get up". The home had a dignity board where staff and people had written about what they felt dignity meant to them. Statements included 'respect my personal items', 'respecting privacy' and 'helping with what I need'.

People were supported to be as independent as possible and one person told us how they liked to help out in the kitchen area of their cottage. Staff told us that they encouraged the person to assist as they enjoyed this and it enabled them to retain some independent living skills. Another person told us that staff didn't do things for them, but encouraged them to do what they could for themselves and offered support when this was needed. A relative explained that "staff understand how to support and enable (name) to regain their independence".

The service had achieved beacon status with the Gold Standards Framework in 2015, which sets out high standards for end of life care for people. The registered manager explained that senior staff met to discuss end of life support for people regularly and where people chose to receive end of life care at The Hayes, the staff implemented a separate care plan to ensure that their needs and wishes were met. People had advance care plans in place which included preferences about where they wished to receive end of life care and preferences for music and those important to them. The service had produced a small booklet for families who lost a loved one at the home to provide them with useful contact numbers and explanations of what needed to happen following the death of a person. The registered manager also explained how they ensured that the death of a person was discreetly communicated to staff and that there were plans to develop a memory garden within the grounds of the home. The service had also held a balloon release in memory of people who had passed away; people were able to write messages and release these. Feedback from people was that this had been positive and there were plans for this to be arranged again.

Good

Is the service responsive?

Our findings

People had person centred care plans which reflected their individual needs and how they wished to be supported. Information was included about people's histories and what was important to them. For example, one person's care plan identified that it was important to the person to keep in contact with their friends and family and staff supported with this by assisting them to make and receive phone calls regularly. Another care plan identified that it was important to the person to have their own privacy and that they liked their own company. Staff were aware of this and respected the persons choice. Care plans were reviewed monthly and a summary of any changes made was included in people's care plan records. For example, one person had a review in January 2017 and the summary clearly showed that there had been updates to their risk assessment as a result of this. This demonstrated that the service was responsive to people's changing needs.

Visitors and relatives all told us that they felt welcomed at the service and visited whenever they chose. They spoke with warmth and affection about the staff and atmosphere and were positive about the support their loved ones received. One person explained "family feel staff are never too busy or that they are a nuisance". Another explained staff were "always friendly to my family and that makes a difference". One relative told us "we have peace of mind that (name) is supported well". Another relative explained that when they visited the service, staff always come and find me and update me" about how their loved one had been. They also said that the service had been prompt when their loved one had been unwell and had kept in contact with them. One relative we spoke with was not able to visit often and explained that the service had arranged for their loved one to have headphones and arranged weekly contact using and online system so that they could keep in regular contact. This was greatly valued by both the relative and person living at The Hayes. We observed that visitors were greeted warmly by staff and chatted about their loved one and any updates.

People enjoyed a range of activities and had input into planning opportunities to go into the local community. The Hayes had two activity co-ordinators who worked together to plan and provide social opportunities for people which met their individual needs. Some activities were held in the main concourse area of the home, but there were also activities held in each of the five cottages. Some people had expressed a preference for 1:1 time and this was provided. One person explained that in their 1:1 time with staff "I talk about my experiences and things I've done in my life". Activities included reminiscence, memory café's, trips to local areas of interest and social events including bingo and quizzes which were open to peoples families and loved ones. One of the activity co-ordinators explained how they knew what activities people liked and were able to confidently show how they engaged with people. For example, one person preferred to spend 1:1 time with staff who read to them and provided hand massages which they enjoyed.

We observed some people attending the memory café which was led by one of the activity co-ordinators. They were engaged and chatting about their childhoods, people were engaging with each other as well as the staff member and talking about childhood games they used to enjoy and some of the companies and shops that used to be in their local area when they were growing up. The Hayes had a gardening club and some people were engaged in meeting regularly, planting and growing in raised beds. There was an activity

corner in the main concourse which included lots of puzzles, colouring and other activities that general staff could use with people. The Hayes produced a monthly newsletter for people. These included trivia about dates each month and news/updates about the home. They also included puzzles and quizzes for people to complete.

People and relatives were confident about how to raise concerns if they had any and the service had a complaints policy in place. One relative told us "I'd be happy to raise a concern if I needed to". Another said "We would speak to the person in charge if we had any issues". One relative explained that their loved one had not been happy with the food options. They said that they raised this and that the cook had come and spoken with them and sorted out different options which had been helpful. The service had not received any formal complaints in the previous year, but there were clear processes in place to record the detail of complaints, investigations carried out and actions taken as a result.

Good

Is the service well-led?

Our findings

There were regular quality assurance checks which covered various areas of the service including analysis of falls data which was also collated by Tricuro to identify trends and patterns. The registered manager completed monthly checks of areas including fire safety, staffing levels and care plans. Although there were checks in place to identify whether medicines were securely stored and recorded, these had not highlighted the gaps in administering prescribed medicines 'as required'. The registered manager told us that this would be implemented into quality assurance checks. The service completed a nutritional care audit which included observations of mealtimes, knowledge of catering as well as care staff and checks on whether people had received their choice of food. Tricuro also held regular accommodation services audits where a registered manager from another service visited and spoke with people, staff and relatives, alongside auditing records. This system enabled further quality monitoring and also provided the registered manager to pick up ideas and suggestions from other local services.

People, relatives and staff all spoke positively about the management of the home. We were told that someone was available to speak with when needed and that the manager was visible and approachable. One person told us "it's very nice here, it's well managed…if they say that they will do something, they usually do it". A relative told us that the "registered manager will listen, pretty good and will take my concerns on board". People felt able to speak with the registered manager if they needed to and staff felt supported by the management team.

Staff were clear about their roles and responsibilities and there was a core group of five senior staff who each held responsibility for one of the cottages within the home. This provided continuity for people and other staff. Senior staff had some oversight responsibility for the care plans for people in their cottage and carried out audits which were then monitored by the registered manager. The registered manager explained that the care and community officers determined which cottage staff were working in each day and handovers were in place twice daily to ensure that information about people was effectively shared.

The home held regular staff meetings which were used to drive best practice and to discuss any changes or issues. We observed some of a staff meeting which had a focus on what could be considered acceptable practice. Staff were given statements and asked to agree whether they felt they were acceptable or not. Examples included: 'crying with a bereaved service user' and 'giving a service user an affectionate hug'. The exercise prompted lots of discussion from staff about what the possible concerns might be and the registered manager gave a clear message about whether each statement was acceptable or not and the reasons for this. This demonstrated that there were effective systems in place to drive high quality care.

The registered manager was supported through regular supervisions with the operations manager and bi-monthly meetings with the service director. They attended quarterly meetings with other managers from Tricuro services which provided opportunities to discuss practice and also used other local managers for support by phone when they needed advice or to discuss best practice. They explained that they had introduced regular walk rounds of the home where they visited each cottage and this provided additional opportunities to observe practice and communicate with both people and staff.

Feedback was sought from people through the use of surveys which were sent out annually to relatives, staff and involved professionals as well as people who used the service. Responses were overwhelmingly positive and where areas for improvement were highlighted, these were included on an action plan with dated for assigned actions to be completed. For example, where feedback from relatives indicated that outside areas could be improved, there were actions in place which were led by the activities co-ordinators. One explained that there were plans for a beach themed area in one of the gardens. Where staff highlighted that they did not have sufficient time to spend with people, additional hours had been made available to improve this. This demonstrated that the service gathered and used feedback to drive improvements at the home.