Tricuro Ltd

Sidney Gale House

Inspection report

Flood Lane
Bridport
Dorset
DT6 3QG

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26 January 2017

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Sidney gale provides Accommodation for persons who require nursing or personal care for up to 44 people. This was the first inspection of the service since Tricuro had taken over responsibility for the service

The service had 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.

The provider had systems for monitoring the quality of care provided but these needed to be used more robustly. Whilst there were systems in place to review peoples individual needs there was little recorded evidence to state that people had been consulted about their ongoing support needs. Where needs had changed the reasons for the change were not always recorded so that you could accurately assess if people's needs were being consistently met.

The home was experiencing problems recruiting new permanent staff members and relied on agency staff. The provider had plans in place to minimise the impact to the delivery of care and was actively trying to resolve this issue. However the induction of agency staff into meeting people's needs required to be improved.

Care records were individualised and gave clear guidance about people's health and support needs. Staff were able to tell us about the care and support they were providing. One healthcare professional told us the staff were "very good" at following recommendations and guidance.

People were able to raise concerns with the staff who took action to resolve the presenting issues. People told us they had confidence in the staff to care for them in a professional and empathetic manner. People told us they felt safe. Relatives told us how caring the staff were.

People were treated kindly and respectfully. Their individual needs, likes, dislikes and preferences were respected by staff and people were offered choice.

People and their relatives were given information about the running of the home and how they could comment on areas for improvement. There were regular documented meetings between staff and people living at the home where information could be shared and improvements discussed.

People received their medicines safely. All staff responsible for administration of medicines had received training and had their competencies assessed by senior staff.

Managers and staff were motivated to improve the service they provided. There were systems in place to monitor the quality of the service and ensure people were satisfied with the care they received.

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

People were safe but some improvements were required. The arrangements for agency staff to receive a useful induction into the home needed to be improved.

People were protected from harm and abuse because there were processes in place for recognising and reporting abuse

People received their medicine safely. Medicines were administered and stored safely.

Staff were recruited safely

Is the service effective?

Good

People received effective care. Staff received appropriate training and were able to talk with us about their responsibilities.

People's rights were upheld by staff. Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People received sufficient food and drink.

Is the service caring?

Good

People received kind and compassionate care. Relatives told us staff were caring and professional. We saw staff communicate with people in a friendly and warm manner.

People were treated with dignity and respect and their privacy was protected.

Is the service responsive?

Good

People received care that was responsive to their individual needs. There was a system in place to keep people's needs under review but this did not evidence that they had been consulted or their opinions sought.

People knew how to complain and were consulted about the running of the home

Is the service well-led?

Requires Improvement

The manager was committed to providing a good quality service but improvements were required. Quality assurance checks were not consistently robust to ensure people had been consulted about their care needs.
Staff were knew what was expected of them and worked hard to provide a service to the people living at the home

Sidney Gale House

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 24 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. A Provider Information Record (PIR) had been requested and returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In order to gain further information about the service we spoke with six people living at the home and five visiting relatives. We also spoke with seven members of staff and management.

We looked around the home and observed care practices throughout the inspection. We looked at five people's care records and the care they received. We reviewed records relating to the running of the service such as staffing records, environmental risk assessments and quality monitoring audits.

We contacted a representative of the local authority's contract monitoring team involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations. 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.

Requires Improvement

Is the service safe?

Our findings

The levels of permanent staff employed at the home was having an impact on those people who use the service. Despite a recruitment drive and an increase in staffing hours there was not always enough permanently employed staff, usefully deployed to ensure people received safe care. The registered manager told us that although extra staff hours had been approved by the provider, and that they had an open recruitment plan where they continued to advertise for staff, they were having problems filling vacant positions. As such there was a reliance on agency carers. People told us there were generally enough staff but two people and a visiting relative told us that at times people had to wait for staff support.

The staff we spoke with told us about the lack of staff and the impact this had on their work and the support they gave to people. One staff member told us "sometimes we don't get time to give people their shower if we spend more than the usual with another person". Another staff member told us "we don't get any time to talk with people, its very task centred at the moment".

Staff told us that agency carers provided support but they required supervision and guidance, some staff did not feel they had enough time to do this. We asked agency staff how they got to know people's needs. One agency staff member told us "I learn from the permanent staff, and attend hand overs". The agency staff we spoke with told us they did not have time to read peoples care records or support plans before coming on shift. Agency staff did not describe a thorough induction to the home with the exception of fire exits and health and safety issues. We asked permanent staff about having time to read peoples care plans. They told us they did not feel they had time to do this but reassured us that they had known the people they were supporting for years.

The impact of having insufficient permanent staff, usefully deployed at key times of the day meant an over reliance on permanent's staffs knowledge of peoples individual needs.

It is recommended that the provider ensures that all staff new to the home, permanent or otherwise have the opportunity for an induction that providers them with sufficient information to meet the needs of the people they support.

People told us they felt safe living in the home, one person said "I have lived here for years, I have always felt safe, nothing to worry about". Another person said "The staff treat us all well, never too much trouble when you ask for help, yes I feel safe". Staff told us how they made sure people who lived at the home were safe and protected.

All the staff we spoke with had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse may have happened. For example one member of staff told us "If I was worried about someone I would report it straight away." Another member of staff told us they would talk with senior staff if they were unsure and needed advice. There were arrangements in place to ensure all staff received training in safeguarding adults. Staff knew how to report concerns about poor practice and were

aware of whistleblowing procedures. Staff told us and records confirmed that safeguarding was an issue that was always discussed at formal supervision sessions. We looked at the records in relation to concerns that had been raised. These evidenced that the home had worked with the local authority to resolve any issues.

People had the individual risks they faced assessed. There were specific risk assessments for example, nutrition, pressure areas and mobility. When a risk was identified, for example a risk of skin damage, there was a plan to minimise the risk. This included use of pressure relieving equipment, regular repositioning, mobilising and use of medicines such as creams. Risk assessments were reviewed monthly or sooner if there was a change in care needs. For example when a person had an increase in falls there was a review and update of the risk assessment and care plan. Additional measures to reduce people's risks were carried out daily. For example pressure mattress settings were checked each day.

People were supported by staff that had been recruited safely. The service carried out checks on staff before they started work which included criminal records checks, identity checks and obtaining references in relation to their previous employment. There was also a system in place to verify agency workers where the agency provided the service with a profile of the agency staff including their training and experience.

People received their medication safely. The Medication Administration Records (MAR) were dated and signed correctly and medication was administered and stored safely. A senior member of staff carried out weekly checks to monitor this. People received their medicines from experienced senior staff who had completed medication training and had a competency assessment. Records evidenced that where concerns over staff practice had been identified, such as failing to sign when administering a medicine, the provider had taken steps to address this through further staff training and ongoing support.

Good

Is the service effective?

Our findings

People were supported by staff with sufficient experience and training. People told us staff were very good and one family member told us staff had the right skills to do their jobs. There was an on-going staff training programme covering areas the provider had identified as essential. For example training in infection control and health and safety practice. Some training required face to face teaching, for example moving and handling and fire safety, and this was provided.

We spoke with staff about their training needs and if they felt they were met. Staff at all levels identified that they needed to have training on managing challenging behaviour and more training on supporting people with dementia. One member of staff told us about having distance learning in dementia care awareness but they felt this was not enough to manage the complex behaviours associated with enduring mental health illness.

We looked at the training staff members had received. These records evidenced that some staff had received training in dementia as part of the provider's refresher training. We noted that no staff had received training in managing behaviours that challenged. The registered manager told us that two staff would be attending behavioural management training soon with a view to cascading this to the other staff.

Staff received regular supervision which was recorded in agreement with them. The manager also carried out group supervision as necessary. Senior staff supervised care workers practice, to ensure they were competent, for example when supporting people with personal care.

Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. 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).

The provider had made arrangements for people's capacity to make decisions to be assessed when there were concerns identified. Applications to deprive people of their liberty, through the use of the Deprivation of Liberty safeguards, had been consistently made. The provider had made arrangements for Best Interest Decisions (BID's) to be made and people important to the person had been consulted as appropriate. We noted that when an application had been granted any conditions on the granting of the application was understood by staff and carried out. For example one person had a DOLs in place with a condition that they spend time away from the care home attending functions they had previously enjoyed. The person's family had made arrangements to ensure this condition was met and the person continued to have some

involvement in the outside community.

Staff were aware of the MCA and what that meant for people living at the home. Staff told us about how they offer choices to people who cannot retain information such as offering choice about how they spent their time, joined in activities or what they ate or drank.

People received sufficient food and drink. Some people told us the food was good and there was enough choice. Menus were planned over a four week period and there was a choice of two meals with a vegetarian option. The daily menu was displayed in the communal areas on all three floors. The chef told us they always spoke with staff about people's needs and special diets. Senior staff confirmed that they gave kitchen staff recorded information in relation to peoples individual dietary needs.

People had drinks within easy reach and there were snacks available throughout the day. There was equipment available to support people to eat independently such as plate guards and adapted cutlery. People had their nutritional needs assessed. If a risk was identified, for example insufficient fluid intake, people had a fluid chart. Senior staff were responsible for monitoring and totalling chart record entries for fluid intake to ensure people had sufficient quantities to drinks. . One senior staff member told us there were targets for each person and if these were not met, they would continue to encourage the person to drink more and contact their GP. One visiting relative told us about their concern that their loved one was not receiving enough fluids. We looked at their care records and established they had their fluid intake monitored in the past but were not having this monitored currently. There was no recorded reason why this monitoring had stopped. We shared this observation with senior staff who agreed to look into this.

People had access to healthcare. The district nursing team attended daily and there was contact with the GP as required. A healthcare professional told us communication with the home was "very good". There was input from a range of healthcare professionals.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People spoke positively about staff; one person told us "staff are very kind." One relative told us about how staff had built up positive relationships with their loved one. One person told us they were very happy living there. They told us "the girls (care staff) are very good and kind." They described staff as "wonderful, very caring."

One person told us they were in hospital prior to moving into the home, they told us about how they valued having their own room that gave them privacy,

Families felt welcome and were offered drinks or sometimes a meal when they came to the home. One relative told us they have had meals with their loved one and told us the staff were "friendly and look after our relative well."

Staff were friendly and used appropriate humour with people. They approached people warmly and used their names and ensured they had eye contact gaining people's attention before offering support. For example when staff asked people if they would like to go to lunch or if they required personal care support

The home had been awarded the Gold standard award. This is a national training award which aims to ensure 'a gold standard of care for all people nearing the end of life' (Gold Standards Framework, Education and Training for Quality Care). The manager told us they felt strongly about ensuring people were supported with kindness and dignity when receiving end of life care.

People told us they were treated with dignity and respect. All the people we spoke with told us the care workers were respectful when they were supported with personal care and felt their privacy was maintained. Staff described to us how they ensured they maintained people's privacy and dignity such as by only using the person's preferred name, allowing people to 'do things' at their pace and taking time to ensure people understood what was being said to them.

People told us how staff encouraged them to be independent, for example one person told us staff supported them to move around the home independently but were never far away should they need assistance. They told us about feeling more independent because of this.

Good

Is the service responsive?

Our findings

Care plans were kept under review, the usual time period was monthly or sooner if required. We looked at these reviews which evidenced that senior staff had considered individual's plans of care. We noted that in many reviews it stated that minor amendments had been made and a new plan generated. We asked how we could tell what had been amended and was told there was a document in the person's records that listed what had changed. Unfortunately the tool was not used appropriately and only stated 'minor amendments'. This meant it was not possible to easily understand what had changed in the person's care plan and when.

We noted that the reviews did not evidence that the person, who the review was about, had been consulted on any changes. We spoke with people living in the home about their involvement in planning their care. One person told us about their care records and confirmed they had been asked about their needs. However two other people told us that they thought there must be some guidance for staff but were not aware of any reviews. One person told us "I would like to be at my own home but I understand I can't". We asked if staff talked to them about their plan of support. They told us "when I first came here I think they did but not recently". We spoke with a visiting relative who told us they had concerns over their loved ones health. We asked if they had talked about this in a review; they told us they had not been to a review for quite some time and would like to. They did however agree that they could talk with staff about their concerns and felt that they took notice of them, but they were not sure these had been recorded.

We spoke with the registered manager about our concerns. They told us that people are always consulted about their support needs and felt that staff were not recording these conversations. This meant that the provider was not keeping a contemporaneous record of peoples' changing needs which would have demonstrated people, or those important to them, had been consulted and agreed to the support they received. The registered manager agreed to remind staff of their responsibilities.

People had a comprehensive pre assessment before they moved into the home. This gave the provider the opportunity to find out about the person's individual needs, likes and dislikes as well as assessing if the home was an appropriate environment for them. We looked at peoples' care records that evidenced an initial assessment of need had taken place.

People told us, "if I want anything staff help me." People used their call bell, which we heard frequently during our inspection. Staff responded promptly to requests for help and support. People had confidence in the staff for example one person told us "I've got a bell to call staff it makes me feel safe, they come when I ring"

There was a program of activities provided by activity staff. There was a range of activities on offer including group activities and individually supported activities for those who were not able to join in or chose not to be involved with group activities.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. They talked to us about the difficulties that the home was facing and actions that were being taken to improve. The staff at the home told us about low morale. Staff told us about changes in pay and conditions and an uncertain future regarding the possible relocation of the service. Three staff linked these uncertainties to problems with staff recruitment. We observed that the provider had introduced systems of consultation and staff meetings to ensure staff were kept up to date and supported during this period. Some staff told us that they felt supported by management, but others did not. We spoke with the register manager about these concerns. They acknowledged it was a difficult time and agreed recruitment into outstanding posts was difficult.

The provider had systems to ensure the quality of the service offered was monitored but some areas required to be improved. Managers from the provider' other homes came to Sidney Gale to carry out quality audits of the care and services provided. To complement these audits the management carried out a range of audits on a monthly basis ranging from medicines administration records, health and safety audits and peoples individual care records. Any issues identified through these systems were discussed at staff hand overs or individual staff supervisions if appropriate. However these audits did not identify issues such as ensuring people were consulted and their views recorded about their individual support needs. Where individual needs had changed (such as fluid intake monitoring) these changes had not been adequately recorded and explained.

There were systems in place to allow people and staff to comment on the service and to be informed of issues that affected them on a group basis. These systems included regular meetings between staff and people living at the home so that forthcoming events could be discussed and any areas of improvements or suggestions could be made. There was a newsletter produced to keep people and families and staff updated and informed about the home. Staff told us that they also have regular staff meetings to discuss the "day to day business" of Sidney Gale House.

There was a management structure in place. The registered manager was supported by a senior care staff team who were responsible for the day to day running of the home such as peoples care reviews, dispensing medication and organising and supporting care staff. We spoke with staff at all levels within the service and they were clear about their roles and responsibilities.

There was an accident and incident policy and staff were aware of their responsibilities to report. There was a process for monitoring accidents and incidents and actions were taken to ensure that learning took place following an incident or accident. For example a pattern of falls was recognised following an increase in one person's falls, and their care plan was then updated to try and reduce the falls that the person was experiencing.