

Bupa Care Homes (CFChomes) Limited

Trowbridge Oaks Care Home

Inspection report

West Ashton Road
Trowbridge
Wiltshire
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Date of inspection visit:
28 August 2019
30 August 2019

Date of publication:
10 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trowbridge Oaks is a residential care home providing personal and nursing care to 45 people at the time of the inspection. The service can support up to 52 people.

The home accommodated people across two floors and had been fully refurbished in 2019. There were communal spaces, including a lounge, dining room and garden.

People's experience of using this service and what we found

Where people lacked capacity to consent to aspects of their care, the assessments in place needed improvements. Records about consent were inconsistent and needed to be reviewed.

There were some inconsistencies in people's care plans where information was not updated as the person's needs changed. Records about people's day to day care did not consistently document the choices they were supported to make, or observations of their wellbeing. Instead, the records were often task focussed.

People had access to a range of activities taking place in the home. There were social events where community groups or people's relatives could join in. Events were also based around celebrating people, their life history and successes.

People were supported by staff who knew them well. People and their relatives commented how friendly and kind the staff team were. People told us staff respected their privacy and cared for them with dignity.

People and their relatives told us they had a consistent staff team working at the home. The home was fully staffed and there were safe recruitment processes in place.

Staff received an induction, and ongoing training and supervision to meet the requirements of their role. Staff told us they felt they had received enough training and knew they could ask for more if needed.

Medicines were managed, stored and administered safely. There were weekly and monthly medicines audits.

People told us they felt safe. Staff understood their responsibility to identify and report any safeguarding concerns.

Staff felt supported by the registered manager. The registered manager promoted a culture of person-centred care and continuous learning.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

The last rating for this service was Good (published 8 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Trowbridge Oaks Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Trowbridge Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three people's relatives about their experience of the care provided. We spoke with 10 members of staff. These included the registered manager, area manager, registered nurses, senior care assistants, care assistants, the chef and activities staff. We 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 a range of records. This included seven people's care plans and records, as well as medicine administration records for each person who had prescribed medicines administered. A variety of records relating to the management of the service were viewed, including audits, meeting minutes and staff recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to identify and report any concerns of abuse or harm.
- Staff felt confident if they reported concerns to the registered manager or staff in senior positions in the home, their concerns would be acted upon and taken seriously.
- The registered manager promoted discussions around safeguarding at staff team meetings, to ensure staff had a good understanding of how to identify and report concerns.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People and their relatives told us staff helped them to feel safe. One person told us, "I feel very safe living here, there is always someone around if I need help. They will come quickly if I call them." One person's relative explained, "I have peace of mind when I go home, I know [my relative] is safe and cared for. I really value that feeling."
- Risks to people's safety had been identified and assessed. We saw a range of risk assessments in place, including assessments for falls, moving and handling, and choking.
- Where accidents and incidents occurred, these were reported by nursing or senior staff and reviewed by the registered manager. Records showed the reports were analysed to identify if any improvements were needed, or any learning outcomes to reduce the likelihood of recurrence.
- The home had a maintenance staff member who ensured the home was maintained to a safe standard. Records showed checks of fire, gas, electrical and water systems were up to date, as well as checks of the equipment. Records could be overseen electronically by the registered and area managers.

Staffing and recruitment

- The home was fully staffed in accordance with the dependency calculations. The registered manager calculated how many staff were needed to meet people's needs.
- People, their relatives and staff told us they felt there were usually enough staff to meet people's needs and to provide timely support.
- Staff were recruited following safe recruitment processes. These included seeking references of staff character and employment, as well as disclosure and barring service checks (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Using medicines safely

- Medicine administration records were up to date, however there were gaps in the records for the application of prescribed creams and lotions. We discussed this with the registered manager and area

manager who explained they identified this in their quality audits and were looking at ways this could be improved.

- We saw the nursing staff following best practice guidance to ensure safe medicines administration. The nurses explained to people what their medicines were for and sought their consent before administering.
- Medicines were stored securely, and stock checks took place.
- There were protocols in place for the administration of medicines which were given on an 'as required' (PRN) basis. These included guidance for staff as to whether the person could tell them they needed medicines such as pain relief, or how staff could tell if the medicines were required.
- Where people required their medicines to be given covertly, the appropriate health care professionals had been consulted with. We saw assessments of the person's mental capacity to consent to having their medicines covertly.

Preventing and controlling infection

- There were no lingering odours in the home. The home was kept clean throughout.
- Staff had access to personal protective equipment to reduce the likelihood of cross-contamination. This included gloves, aprons, and antibacterial hand gel.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Assessments of people's mental capacity to consent to decisions relating to their care were inconsistent in quality. For one person we found they did not have a mental capacity assessment and best interest decision, however a DoLS application had been made. This meant the person could potentially be deprived of their liberty without appropriate assessment to do so.
- DoLS applications were generic and did not follow publicised legislative guidance around documenting all forms of supervision and restriction the person was subject to.
- The process for seeking people's consent to share photographs on social media needed improvement to evidence people had been supported to make an informed decision. For one person we saw their photograph showed on the social media page twice, but their consent form had not been completed.
- People's consent forms for storing care plan documentation in their bedrooms were not consistently completed. However, their care plans were stored in their bedroom regardless. This meant information about people's care was at risk of being accessed by other people or visitors.
- We raised our concerns about the quality of the mental capacity documentation and consent form completion with the registered manager, regional manager and quality manager. They advised us their audits had identified improvements were needed and plans were in place to address these areas.
- Staff understood how to apply the principles of the MCA to their role and the support they provide to people. They explained the types of decisions they would support people to make and how they would seek people's consent. We observed staff asking people for their consent prior to providing care and support.

We recommend the home reviews regulatory guidance about the completion of mental capacity assessments, best interest decisions and DoLS applications.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records documenting observations of one person's behaviours were not consistently maintained. The records were out of sync and had gaps, making it difficult to gain an overview of the person's behavioural support needs. We discussed this with the regional and registered managers and they implemented a more concise record keeping process with immediate effect.
- People with diabetes who did not have insulin administered, did not have specific care plans in place to collate their diabetic care needs. For example, including details of their diabetic nurse and appointments, and their expected blood sugar levels and how often these should be monitored. We found for one person there had been changes in how their diabetes was to be monitored, but this had not been updated in their care plan. Updating this information had been missed as it was recorded in a section of the care plan not directly linked to their diabetes. We raised this feedback with the nurse in charge and they informed us the person would have a diabetic care plan created. Although there could be improvements with care planning, we found the staff and nursing knowledge to be up to date. Records for one person who had insulin administered were well-maintained.
- People's needs were assessed prior to moving into the home. In these assessments, people's medical history was recorded, as well as details of the support they require. Where people had local authority assessments of their support needs, these were included in their care plans.

Adapting service, design, decoration to meet people's needs

- The home had been refurbished throughout in 2019. People's relatives said they felt this had been beneficial, however it had been difficult at times during the refurbishment process. One person's relative explained people could choose from two different colour schemes.
- People could furnish their bedrooms with additional items of their choosing. We saw people had items they had brought with them, such as ornaments, pictures and photographs.

Staff support: induction, training, skills and experience

- New staff received an induction into their role at the home. This included receiving introductory training and shadowing more experienced staff. New staff also had regular one-to-one meetings to discuss their progress. Staff one-to-one meetings after the induction continued with regular appraisals and reviews. Staff told us these were a formal opportunity to review their performance, successes and put in place plans for their development.
- People were supported by staff who received training to meet their needs. Staff told us they felt they had received a good standard of training and they could ask for additional training if needed.
- Staff training was overseen and delivered by a regional training manager who delivered training sessions in-house. These sessions could be based around supporting the needs of people who lived at the home. Staff told us they had received bespoke training workshops around supporting people with challenging behaviours.
- Staff received mandatory training in a range of areas. These included first aid, safeguarding, fire safety, and dementia awareness.
- Nursing staff were supported with mentoring from colleagues and study days, arranged with the community tissue viability nurse. The study days included training and support around wound care and supporting people's skin care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us they felt the way people were supported to choose their meal could be improved. People

were not offered visual choices and menus did not include a pictorial option. This had been feedback to the provider. The regional manager advised us this was a work in progress to make this improvement.

- People and their relatives gave us positive feedback about the food. Their comments included, "Lunch was lovely", "The food is so well presented", "There is such a good choice of food, the menu always has something good on it", "If you don't want what is on the menu, an alternative option can be requested."
- People were offered snacks and drinks throughout the day. The kitchen staff went around the home mid-morning and mid-afternoon offering a range of drinks.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People had access to health care professionals who visited and worked with the home. These included the community and mental health care teams, and the GP.
- Referrals were made to health and social care professionals in a timely manner.
- People and their relatives told us when people's health needs changed, these were identified and supported promptly by the care and nursing staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions between staff and people. Staff were attentive to people's needs. When staff greeted people in their bedrooms, they were friendly and cheerful. We heard staff asking people how they were or checking if they slept well.
- Every relative we spoke with was positive about the staff approach. Their comments included, "The staff are so friendly here. They are genuinely happy and seem to enjoy their jobs." "Everyone here is so kind and friendly, it feels like a family."
- Staff were complimentary to people and told them if they looked well or recognising when they had their hair styled.
- Staff engaged in conversations with people about day to day life. We observed conversations where people spoke about their family and plans for the day.
- Staff also engaged people in conversations about their experiences prior to moving to the home. One staff member told us, "Getting to know the people who live here is my favourite part of the job. I like to hear their stories, find out more about them."
- People's equality and diversity was respected. The staff had experience of supporting people who were lesbian, gay, bisexual or transgender (LGBT). The registered manager explained at staff meetings they had openly discussed the importance of supporting people without prejudice and understanding people's individual needs.
- The home had received thank-you cards from people or relatives of people who had received care at the home. The cards praised the staff team for their kind and caring approach.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were invited to attend regular meetings where they could share feedback and be kept up to date of events happening in the home.
- People and their relatives told us they were kept up to date of any decisions they needed to be involved in, or opportunities to express their views.
- The home had received positive feedback which was published online. The home had a feedback score of 9.5 out of 10, based on 32 entirely positive reviews.
- People's relatives told us there was a consistent staff team and this meant staff knew their family member well and they felt confident to tell staff their views.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were respectful of their privacy and supported them with dignity. One person explained they felt comfortable being supported with their personal care, because the staff were respectful.
- People's relatives could visit the home at any time. People's relatives told us they were welcomed to join their family member for meal times and activities.
- There were examples of people's independence being promoted. These included people being supported to access the community and to rehabilitate from injuries.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records of people's day to day care and support were task focussed. This meant it was not always possible to gauge how the person was, or if there were any changes in their wellbeing. Records also did not reflect the choices people had made or been supported to make, such as how they spent their time, or what they chose to eat. We observed positive care practice and the records did not consistently reflect the good care people received.
- Reviews of people's care plans were completed by a nurse each month. Of the seven care plans we reviewed, we found three plans where information was not consistently updated to reflect people's up to date needs.
- Of the relatives we spoke with, they knew what information was held in the family member's care plan. They confirmed with us the care plan reflected people's needs and wishes. One person's relative said, "I think it the care plan is very detailed."
- Where people had their care funded by a local authority or health service, they were invited to attend reviews of their care needs. They told us these meetings were to ensure the home continued to meet the person's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were some creative and person-centred activities and events at the home. These included a Salvation Army celebration for a person at the home who was a long-standing member. The Salvation Army band came in to entertain people at a party, a certificate of commendation was presented, and a celebration cake was given. The person and their relative shared with us their happiness about the celebrations and how these had made them feel. The person's relative said, "It was wonderful, so well organised."
- The kitchen staff worked closely with the activities team to contribute to events. These included providing different foods for in-house Notting Hill Carnival celebrations. The head chef told us they had offered a range of Caribbean spiced meats and snacks. People and their relatives gave us positive feedback about trying the different foods and flavours.
- There was involvement with the local community to help celebrate people and their achievements. The activities coordinator was planning a celebratory event for a person who had served in the Air Force. They were in contact with local cadets to plan the occasion.
- The community involvement included working with local schools and services. A school group had been invited in for national picnic day. A teddy bear's picnic was held in the home's garden, with people, their relatives, children and their parents. People and their relatives told us they enjoyed the children visiting the

home. The home had also arranged visits from the local police and fire service.

- People's families and the community were invited to attend some events throughout the year. This had previously included a fete and more recently a barbeque. People, their relatives and the staff gave positive feedback about how enjoyable this had been.
- There was a mix of scheduled activities and flexible time throughout the week. One person said, "There is always something going on." There were activities such as games, entertainers and exercises sessions. There was time given to the activities coordinators to spend one-to-one time with people in their bedrooms if they were nursed in bed.
- People were supported to practice their religious beliefs. There were services held at the home and visiting members of the clergy.
- There were outings to places of interest. This had recently included a trip to the seaside. For the people who were unable to attend, the home had arranged for celebrations in the home. These included an ice-cream van? visiting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained details about their communication needs, such as whether they wore visual or hearing aids.
- Staff told us they knew information could be adapted if needed into a larger print. They said they would ask the reception staff to adjust information as needed.
- People were supported to access an audio books service.

Improving care quality in response to complaints or concerns

- Where complaints were received, these were investigated thoroughly and responded to in a transparent manner. The complaint responses were detailed and reflected information found through investigations.
- People and their relatives told us they felt confident their complaints or concerns would be acted upon if raised with any of the staff and management team. They told us if they had raised concerns at any point, these had been resolved with immediate effect where possible.

End of life care and support

- People's future wishes were recorded in their care plans. This included where people had wishes for who they would like to have with them when they pass away and if they had funeral preferences.
- Where people were receiving end of life care, they had been seen by the GP and had their care reviewed to meet their present needs.
- Staff spoke with pride about providing a high standard of end of life care. They could explain how they would provide end of life mouth care and nutritional support.
- The home worked with a local hospice. The nurses attended the hospice for training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Staff spoke positively about the culture of continuous learning at the home. Their comments included, "I know if I want to learn more about something I can ask. I am visiting another home to see how they do their care planning, as it is an area I was to learn more about." "Training is an ongoing process, I believe we can never know everything, so you are always learning."
- A range of audits were completed by the nurses and management team. These included daily audits of each floor, to identify any day to day actions needed. Also, audits of areas such as care planning and medicines. We found where audits identified actions which could be resolved quickly, these were worked upon in a timely manner.
- During this inspection we raised feedback with the registered manager, area manager and quality manager about areas for improvement. There were plans in place to address these areas and these were either already being implemented or were addressed when we returned. We have made a recommendation regarding the quality of assessments about people's mental capacity and consent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received consistently good feedback from people and their relatives about the person-centred care they received.
- There were staff engagement champions, who were responsible for the distribution of a staff survey. The staff survey results were discussed at staff meetings. Where areas of concern were identified, these were then followed up to promote improvements.
- The registered manager maintained an understanding of the culture in the home by spending time in the home and out of their office where possible. Staff told us the registered manager knew people, their relatives and the staff team well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was due to take a period of extended leave. There were plans in place to ensure consistency in the management of the home in their absence. The deputy manager had worked at the home for over 20 years and would be supported by the area manager and quality manager.
- People, their relatives and the staff team told us they felt the home was well-run. Comments from people and their relatives included, "[The registered manager] is very approachable. I feel confident in how they run the home." "It is very well managed here. I'd recommend the home to anyone."

- Staff told us they felt well supported by the management team at all levels. One staff member told us, "We have a brilliant manager, she is really good, she interacts and gets involved, she is an all-round personality, she is the life and soul. You know the home is run well."
- The registered manager understood their regulatory requirements. They submitted notifications to CQC and the local authority about important events as needed.
- The registered manager promoted staff understanding of risk and regulatory requirements through handover and team meetings. They used safeguarding scenarios to promote learning and to help further staff understanding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us there were regular meetings for them to share their views and to find out about any planned events at the home.
- There were meetings for different staff teams to discuss communication updates, areas for learning and to share feedback.
- People and their relatives felt they were communicated with in a timely manner, in the event of any updates. For example, people's relatives felt they were kept informed if their family member had fallen or had become unwell. One person's relative said, "They call me, but they also talk to me when I visit. All the staff know [family member] well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to act upon the duty of candour.
- Correspondence seen showed open and honest communication with people and their relatives.
- There was engagement with the local community. The activities coordinator promoted opportunities for different groups to work with the home. This had included youth groups for work experience and the Duke of Edinburgh Award. One youth group had completed works on the garden and painted the fences. Other groups came in and read to people.