Care Quality Commission

Frannan International Limited

Truscott Manor Care Home

Inspection report

Hectors Lane, Lewes Road, Ashurst Wood
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Tel: 01342 314458

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Ratings

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

Overall summary

Truscott Manor is a large detached property set within extensive grounds. Truscott Manor Care Home is registered to provide care, nursing and respite for up to 39 older people. Accommodation is provided over two floors, with a passenger lift providing access between floors. On the day of our inspection 32 people were using the service.

The home 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 experiences of people were positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One person told us "This is a safe place to live". We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken

Summary of findings

and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's individual care needs. When new staff were employed at the home the registered manager followed safe recruitment practices.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed.

Staff supported people to eat and they were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable social activities in line with their individual interests and hobbies. One person told us "I enjoy a sing song when an entertainer visits and someone brought some little dogs in which was nice".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people. One staff member told us "We get the opportunity to do lots of training, it is always displayed on the staff notice board what is available".

Resident and staff meetings took place which provided an opportunity to feedback on the quality of the service. Feedback was sought by the registered manager via surveys. Surveys results were positive and any issues identified acted upon. People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The registered manager responded to complaints in a timely manner with details of any action taken.

People and relatives spoke highly of the registered manager. One person told us "The manager always comes and talks to me with a smile". Staff we spoke with told us they found the management and staff at the home to be approachable and very supportive. One person told us, "The registered manager is always available and approachable, she's a very good listener, and she runs the home well".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

Summary of findings

The registered manager carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager was available to support staff, relatives and people using the service.

Truscott Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection team consisted of three inspectors and took place on the 9 November 2015 and was unannounced.

The provider had completed a Provider Information Return (PIR). 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people and three relatives, four care staff, one activity coordinator, laundry assistant, chef, housekeeper, two nurses, the registered manager and provider.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

After the inspection we contacted three health care professionals who worked with people at the service who all gave positive feedback.

The service was last inspected in February 2014 and found compliant.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us "This is a safe place to live" and another said "Staff make sure I am safe". A relative told us "Yes my relative is very safe". Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

A health professional said 'I have never had any concerns about the safety of this service. A signing in book is consistently used when visiting. The service ensures that no one is admitted who they feel has needs that could not be met. They also do not admit to the interim service without agreement from the designated GP. Where there have been concerns that a person's behaviour poses a risk to others in the service they have also proved to be quick to ensure that issues are resolved'.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were also booked on a course provided by the local authority to update their safeguarding knowledge. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concerns I have I report straight away". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively.

Each person had individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required checks every few hours or changing of position to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly.

Medicines were stored in appropriate lockable medicine trolley and also chained to the wall for security, when not in use. The registered nurses had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse. They took care to ensure that the correct medicine was administered to the correct person. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. The registered manager undertook audits of people's medicine records. The audit records examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered manager explained that any concerns were investigated and raised with the member of staff. Registered nurses had undertaken medicine competencies which were carried out annually.

People and relatives felt there was enough staff to meet their needs. One person told us "Staff are always around to help me, I never feel rushed". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they had not used agency staff for a while and had a good supportive team of permanent staff. The registered manager continually assessed peoples support needs. This enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in

Good

Is the service safe?

the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. We observed a staff handover where people's well-being was discussed. The registered manager discussed a person who had recently had an accident and what had been put in place to ensure the person was safe. This ensured staff were aware and up to date on people's care and support needs.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. Records confirmed these checks had been completed.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and spoke positively about the care and support. One person told us "Staff are good and respectful, the staff don't rush me. They know I have to take my time". A relative told us "They look after my relative very well".

A health professional was complimentary about the effectiveness of the service, they said 'I have worked with four services with the consistent goal of supporting early discharge from hospital with a view to providing an opportunity for further rehab and facilitating a multidisciplinary approach to achieving support outcomes for people. To these ends Truscott Manor are most highly regarded by both health and social care professions, and quantitative evidences supports this'.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest decision considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff observed the key principles of the MCA in their day to day work. Staff members understood the importance of gaining consent from people before providing any care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "We always ask someone if they are happy to do something, this is their home and their life and everyone has a choice". Staff members also recognised that people had the right to refuse consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. We found that the provider and the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People told us that they liked the food. They told us that they had choices and regularly had their favourite food. One person told us "Food is all good. I sometimes like to have my main meal in the evening and it's not a problem". Another person told us that the chef and staff were very flexible and did everything to accommodate individual choice. They told us, "You can change your mind at the table after you have ordered if you see that the alternative looks really good". A relative told us the food was very good at the home. They said the quality of the food was very important to their relative and they were very happy with it. We spent time observing the lunchtime experience people had in the communal lounge and dining room. Although it was a busy time, staff were able to respond to requests for support immediately. We saw that people were supported to be as independent as they could be. Cold drinks were also provided. People chose where to eat their meals and if they needed the support of staff this was provided. People were not rushed whether eating in their rooms or the dining areas. Staff chatted amiably with them, encouraging them to eat and drink.

People at risk of malnutrition or dehydration were monitored. People's weights were recorded regularly and a 'MUST' malnutrition screening tool was used. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It includes management guidelines which can be used to develop a care plan. People received support from specialised healthcare professionals when required. A GP also visited the home on a regular basis. The manager confirmed that staff liaised with GP's, dieticians and speech and language therapists in supporting people to maintain good health.

Staff records showed they were up to date with their essential training in topics such as moving and handling, safeguarding and infection control. The training plan documented when training had been completed and when it would expire. The registered manager told us how they ensured staff were up to date and skilled in their role which also included the registered manager working alongside staff and completing competency assessments. These were

Good

Is the service effective?

completed on the staff to ensure understanding and best practice. The manager told us they used the local authority training for staff and delivered training internally. On the staff notice board was a display of additional and update training for staff to attend which included wound management and safeguarding. One member of staff told us “We get the opportunity to do lots of training, it is always displayed on the staff notice board what is available”. Staff were knowledgeable and skilled in their role and meant people were cared for by skilled staff who met their care needs. A health professional told us ‘All staff members at Truscott have the opportunity to take part in quarterly meetings we hold and to contribute and learn relevant clinical information and practise’.

Staff had supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. We spoke with the registered manager who told us how they worked closely with the staff every day and always gave them time to discuss any concerns or best practice. Staff we spoke with consistently said how they felt supported by the manager and deputy manager. One member of staff told us “The manager is supportive and offers us training opportunities. If we are short staffed or really busy they will always come and support us”.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person told us "Staff are definitely caring. I have no worries". Another person told us "Staff are nice to me. They talk to me about my children". A relative told us "They are very attentive".

A health professional told us 'I have found the service to be very caring with a genuine positive regard to the people that they provide a service to. Each interim client is discussed weekly at the multidisciplinary meeting where this concern is most in evidence to me. Apart from making the group aware of the physical needs and the progress of individuals, staff take an active interest in the individuals they serve, expressing holistic concern about issues such as the lack of family engagement and more general issues of wellbeing'. Another professional told us 'My experience of the staff is that they are all very friendly, caring, helpful and conscientious in their duties. If the door is answered by anyone from the cook, to the cleaner you are always met with a friendly smile'.

We saw staff were caring throughout the inspection and this had a positive impact as we saw people smile, reach out and thank staff regularly. We heard people give praise to staff during interactions and some people singled out named staff for particular praise. For example one person pointed out a staff member and told us "She is just great". Another person spoke about a named staff member who they had been especially happy with. They told us "[Staff member] is like an angel. She is ever so gentle". Other people commented on staff kindness and people we spoke with thought staff were gentle and kind when supporting them.

We saw staff responded to people when they showed signs of distress or discomfort. One member of staff spent time to reassure a person who appeared anxious and ensured that they were ok. They used gentle touch to reassure the person. We also saw when one person who shouted at a member of staff they responded gently and positively to the situation. When we spoke with staff they demonstrated a caring and understanding attitude to their roles. They told us that they treated people how they would like their family members to be treated. They spoke with empathy and understanding. We heard one member of staff say to a person "Don't worry, I'll help you" and another staff member said to a person, "It's okay, we are here to help you".

On one occasion we observed one person who was in the dining room and appeared to be in pain. A nurse responded to the person straight away by going up to them in a calm and caring manner and asking if they had pain from their arthritis in their hand. The nurse administered pain relief to the person and comforted them and then assisted them back into a more comfortable chair in the lounge.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they required. Mechanisms were also in place to involve people in the running of the home. Resident and relative meetings were held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Where people made suggestions, the registered manager acted upon these. People's rooms were personalised with their belongings and memorabilia. One person wanted to show us their room and told us how they liked their room with all their personal items in and enjoyed the views from the window. People were supported to maintain their personal and physical appearance. Ladies were seen wearing jewellery and makeup which represented their identity.

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. Staff could articulate how they respected people's privacy and dignity. For example, they described how they used a towel to assist with covering the person while providing personal care. They also told us how they ensured that a person's dignity was maintained when moving them in a hoist. We observed staff using a hoist to move a person from a wheelchair to a chair in the lounge. Staff explained what they were doing to the person before they started to move them and throughout the move, continued to speak to them and when needed reassure them. This showed what could potentially be a stressful experience was carried out in a professional,

Good

Is the service caring?

respectful and sympathetic way. We also saw staff make discreet adjustments to people's clothing while supporting them to move positions ensuring their dignity was maintained.

Staff told us how they assisted people to remain independent. One member of staff told us "You have to let people do things for themselves to remain independent which can be important to them. We offer assistance when required and support them". Throughout the inspection we saw staff encourage and support people to walk around the service and eat and drink independently. People told us that their families and friends could visit whenever they wanted to and the relatives we spoke with confirmed this. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

There was a visible person centred culture and the service responsive to people's needs. Staff we spoke with were passionate about their approach to each person. One person told us "I never feel rushed, the staff help me with what I need". A relative told us "They have really got to know my relative well and I find them supportive and meet their needs".

A health professional told us 'I have always found the service responsive. I am always kept well informed about the people placed at the service and I am aware that the service will go to great lengths to ensure they are meeting the needs of the individuals they serve to the best of their ability. The service discusses issues at regular meetings and were receptive to ideas for supporting people with particular problems and care needs'.

We spoke with the activities coordinator who explained how important it was knowing people's life history or likes and dislikes when organising activities for them. A plan of activities was produced each week and displayed on a board for people to see. They told us they undertook group activities and 1:1 and small group activities, including visiting people in their rooms. On the day of the inspection the activities coordinator collected articles of interest from newspapers and created a news board and took it around the home entering into discussions with people on articles which were of interest to them. Other activities included quizzes, reminiscence groups, music for health and arts and crafts. One person told us "I enjoy a sing song when an entertainer visits and someone brought some little dogs in which was nice". Another person told us "We have a Christmas party coming up with singers I think".

Care plans were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to assist staff to provide personalised care. For example one person did not like a lot of noise and the plan detailed what staff needed to be aware of and how to relieve their anxiety. Moving and handling assessments, included information around specific equipment to be used, and how staff should encourage the person to aid their mobility. For example, one person was nervous of being hoisted and the care record detailed how two staff must carry out the manoeuvre and ensure that the person felt ready to be hoisted and maintain a conversation with them to try and relax them through the procedure.

The records were easy to access, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Care plans also contained a life history which was completed for all people and included lifestyle preferences of likes and dislikes and daily routines. For example one care plan detailed a person liked their breakfast in an armchair and enjoyed a glass of red wine with their dinner each day.

Staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home and communication was key. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any new issues that had arisen during the previous shift. We observed the afternoon handover meeting led by the registered manager. They spoke in detail of each person's well-being and key points staff needed to be aware of. An example of this was a person who had declined their lunch, the manager made sure staff knew this and suggested the person was offered a meal later on in the afternoon as sometimes this is what they preferred.

People's and relatives feedback was regularly sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a recent survey and any suggestions made were taken on board by the registered manger and acted on.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "Any problems I have are dealt with straight away, never have to complain".

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager. One person told us "The manager always comes and talks to me with a smile". A relative told us "The manager does whatever is needed and helps out. Always welcoming and offers a cup of tea".

A health professional told us 'I believe that the service is very well led. The manager generally attends meetings and is very clear with the group about her responsibilities to the service, as the registered manager, with the result that all referrals to the service are given very careful consideration. Actions agreed at the meetings are always acted upon in good time and the manager always appears to have a very good knowledge of the resident's needs. In the time that I have been visiting I have noted that they also appear to have very good staff retention, which has a positive impact on residents'.

The registered manager was approachable and supportive and took a proactive role in the day to day running of the service. People and staff appeared very comfortable and relaxed while talking with her. We observed people and staff approaching the registered manager throughout the day asking questions or just having a chat with them. The registered manager took time to listen to people and provided support where needed. The registered manager told us "We have a very homely home which is resident led. Everyone is treated as an individual and encouraged to voice their ideas and opinions".

Staff we spoke with told us they found the management and staff at the home to be approachable and very supportive. One person told us, "The registered manager is always available and approachable, she's a very good listener, and she runs the home well". Members of staff consistently said how they felt supported by the manager and the deputy manager. One member of staff told us "If we are short staffed or really busy they will always come and help us". Another told us "They (registered manager and deputy manager) are not afraid to roll up their sleeves and help us out on the floor". Another staff member said "The morale is so good here because everyone pulls together like a team especially the manager and her deputy".

There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One member of staff told us "The management are so helpful, I can approach them about any issue and they will support me".

Regular audits of the quality and safety of the home were carried out by the registered manager. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought by the provider via surveys which were sent to people at the home, relatives and staff. Surveys results were positive and any issues identified were acted upon. The registered manager told us recent improvements included introduction of the care certificate into the induction programme. They also told us the provider was responsive to the needs of the home and improvements. Recent improvements included work on bathrooms being converted into walk in shower rooms and the plan to replace carpets in areas of the home.

We were also told how staff had worked closely with health care professionals such as GP's and nurses when required. The registered manager told us "I have great long term supportive staff who enjoy supporting people. They work closely with external professionals to ensure people receive the correct care and support required. We work closely with many healthcare teams including the community nurses and social services".

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.