

Tricuro Ltd

# Anglebury Court

## Inspection report

21 Bonnets Lane  
Wareham  
Dorset  
BH20 4HB

Date of inspection visit:  
23 October 2019  
05 November 2019

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Anglebury Court is registered to provide accommodation and personal care for up to 32 older people. At the time of the inspection there were 30 people living at the home. The home was divided into four distinct areas, each had its own kitchen, dining room / lounge area. The home has a designated 'memory lane' area, which had items to promote reminiscence.

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

The service had improved the arrangements for managing medicines safely. We saw medicines were managed and administered safely by trained staff.

Staff were deployed more effectively than at the last inspection. An additional three members of staff were rostered at busy times of the day to help people during meal times, activities and peoples' evening routines. There were sufficient numbers of trained, experienced staff to meet people's needs.

People told us they were happy and felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm.

People, professionals and their families described the staff as being friendly, cheerful, helpful and caring. The atmosphere of the home was relaxed and engaging.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Care plans were personalised and updated in response to people's changing needs. Staff listened to what people wanted and acted quickly to support them.

The service supported people to access healthcare services and were encouraged to be involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People, and where appropriate their relatives, were involved in decisions about their care.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about

the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was ongoing and the registered manager was keen to make changes that would impact positively on people's lives.

Governance systems and oversight of the service ensured any issues were identified, and actions taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 29 April 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Anglebury Court

## 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 completed by one inspector.

#### Service and service type

Anglebury Court 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. Tricuro (the provider) is owned by the Local Authority (BCP & DCC).

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We walked around the home and observed care practice and interactions between support staff and people. We met with five people who used the service and two relatives. We spoke with the registered manager, a senior carer, the chef, a housekeeper and two support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety and quality audits.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended that the auditing of administration recording was more frequent. The provider had made improvements.

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine administration records were completed and audited appropriately.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

### Staffing levels; Learning lessons when things go wrong

- Staff were deployed more effectively than at the last inspection. An additional three members of staff were rostered at busy times of the day to help people during meal times, activities and peoples' evening routines.
- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yes, there is always someone around". A staff member commented, "There are enough staff to meet people's needs. If their needs change staff numbers would increase". The registered manager said they monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions and staff meetings. Staff told us that learning was discussed openly, without blame which was important to them. Audits had identified further training was needed to ensure the computerised care planning system was being used to its full potential. Some areas included too much information whereas others not enough. This could lead to confusion for staff. Further training dates would be arranged for November 2019.

### Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- We asked people if they felt safe with staff. People's comments included; "I like living here, nice staff and I feel safe". A relative told us, "[Person's name] is safe, there are always staff around to reassure and guide, that gives me confidence that [person's name] is safe".
- Staff described how they would recognise signs of abuse, and who they would report concerns to both internal and external to the home.
- There were posters displayed in communal areas informing people and staff how they could report any

allegations of abuse. These were supported by pictures to make the information easier to understand.

- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm.

Assessments covered areas such as; mobility, nutrition and hydration.

- Regular fire and health and safety checks were completed.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.

Preventing and controlling infection.

- The home had dedicated housekeeping staff who followed cleaning schedules to ensure the home was cleaned effectively. A housekeeper explained they had tasks they did each day and less frequently such as deep cleaning certain areas. The housekeepers record the tasks they did to ensure everything was cleaned thoroughly. A housekeeper said they were "Proud to make sure the home is clean and tidy for people living here." A relative told us, "The home is always clean and tidy when I visit".
- There was an infection control policy to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment such as disposable gloves and aprons.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some people at Anglebury Court were living with dementia, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as personal care, restrictions in place to keep people safe, such as sensor mats and key coded front door.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.
- The registered manager worked effectively with the local authority and multi-disciplinary teams to gather appropriate information about people before they moved into Anglebury Court. A healthcare professional person told us they had a, "Good working relationship with all of the staff, they are good with families too".

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We get lots of varied training which is relevant to people, which means I can support people according to their individual need".
- Two staff were encouraged and supported to achieve 'Train the trainer' status to enable them to provide training to other staff.
- The registered manager provided opportunities for staff to 'act up' in more senior roles to pursue their career development.
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us they felt supported and could request supervision should they need to. Meeting and appraisal records were kept in staff files.

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

- People told us they enjoyed the food at Anglebury Court. One person told us, "I like the food here, it's always presented well and there are different choices".
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place.
- The chef was aware of people who required a specialist diet. Pureed food was presented using moulds matching the food type. For example, pureed carrot was presented in the shape of a carrot. This made the food look appetising. We heard staff explaining the food types whilst they were supporting people to eat. Staff engaged in conversation and encouraged people to eat their meal. This promoted a positive dining experience for people.
- Menus were displayed in each of the dining areas. The chef said there were always choices and options for people to request snacks or alternatives to the menu options.

#### Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; GP and district nurses.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People and relatives told us the home felt homely and had a, "Settled atmosphere."
- The registered manager explained the hallways had been painted since the last inspection, and some carpets and flooring replaced in people's bedrooms. The colour scheme and flooring was specific for people living with dementia.
- Some people's bedroom doors had photographs or items which were important to them, this helped people to know the door led to their bedroom.

# 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

- People, professionals and relatives told us staff were kind and caring. People's comments included; "The staff are very good" and, "Staff are nice, they have time to sit and chat with me and make sure I'm ok". A relative said, "Staff are very friendly, they tell me everything that happens. I can't speak highly enough of the staff".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- The service has a dedicated 'welfare officer' available for anyone to talk with in private.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- People told us they were supported to make choices and decisions for themselves. A person said, "I make choices and decisions, like what to wear and what to do".
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "During personal care we close doors and curtains".
- Care plans described how the person wished to have their independence promoted, such as staff encouraging people to do as much for themselves as possible.

# 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

- Care plans were personalised and updated in response to people's changing needs. However, not all Malnutrition Universal Screening Tool (MUST) scores had been recorded correctly. For example, the MUST score was not correct on the care plan for three people. The registered manager corrected this immediately and arranged for all care plans and MUST scores to be reviewed, and for staff to receive further training.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment.
- The registered manager told us regular review meetings took place with the local authorities, families and people. A social care professional confirmed reviews were regular and included the person's relatives where appropriate.

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

- Anglebury Court had two part time activities co-ordinators. They arranged daily activities Monday to Friday according to people's interests and preferences. Photographs were displayed throughout the home showing examples of events. These included days out, fundraising events, Rotary Club family bingo at the day centre and activities within the home such as Poppy making and bingo, which people said they enjoyed.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. A relative said, "I am always made to feel welcome. I can come at any time".
- The provider had a day centre which was next door to Anglebury Court, which people could attend monthly for activities if they wished. People attended local churches and events such as recent carnival. Local schools / church visit the home, especially during the festive season for carols. One person said they "Love seeing the children and hearing them sing, even if a few aren't always in tune."
- A visitor from the local Lions Club said they offered a variety of events to celebrate, including Remembrance. They brought a poppy wreath to show people living at the home, which would be placed by the Lions Club during the forthcoming Remembrance Sunday event in the town.

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 communication needs were identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met. People were provided with audio books to enable their passion for reading.

Improving care quality in response to complaints or concerns

- The registered manager described how they welcomed complaints as an opportunity to learn and improve.
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "If I wasn't happy I would speak to [registered manager's name] or staff".

End of life care and support

- At the time of our inspection the service was providing end of life care to some people. The registered manager explained the service had achieved a nationally recognised end of life framework award for their systems, staff skill and compassionate and support given to people and their relatives.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care.
- We read several 'Thank You' cards and letters from family members of people who received end of life care at Anglebury Court. Comments made included; "I couldn't have asked for any more and wouldn't have wanted Mum to be anywhere else" , "[Person's name] was very happy, couldn't have wished for better place in her last few months" and "I can't express how grateful for the support, compassion and friendship extended to me." Relatives told us they felt the staff provided support and care for them as well as their loved one.

# 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 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.

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

- The registered manager promoted an open, person-centred culture and had a passion for inclusion and making a difference to people.
- The registered manager felt it important to be visible in the home. On several occasions we observed them interacting with people, relatives and visiting healthcare professionals. A staff member said, "The registered manager is very hands on, and wouldn't expect us to do anything they wouldn't, which makes me feel valued and appreciated".
- Everyone we spoke with was positive about the management of the home. A person told us, "I like [registered manager's name]. A relative said, "[Registered manager's name] is a very good manager and leader." A housekeeper said, "I love working here, good team work, support and training". Staff comments included, "The registered manager is very kind and supportive, this is the best place I have ever worked." And, "Good guidance from management team and strong teamwork for all of us; housekeeper, activities staff and office staff, we are all one team".

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 the requirements of duty of candour. The registered manager said, "This means; being honest, talking things through, informing families if things happen, own up to, and accept when mistakes happen and apologise".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was clear about their responsibilities of reporting incidents to CQC as required by law. This included reporting any concerns to the local authority safeguarding teams.
- The management and staff were clear about their roles and responsibilities. Duties were detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff are kept well informed and involved in changes. For example, we are asked for our views and opinions and people are asked for theirs too".
- The management team demonstrated a commitment to ensuring the service was safe. Regular checks were completed by the registered manager to make sure people were safe and that they were happy with

the service they received.

- Monthly audits included; care files, health and safety, medicines and infection control. The operations manager carried out regular visits which included checking audits and speaking with people, staff, visitors as well as making observations. The provider quality assurance manager recently completed an annual audit which showed overall positive outcomes with areas for improvement being actioned.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.

#### Working in partnership with others

- Anglebury Court worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the district nurse, community psychiatric team and speech and language therapists.
- Professionals fed back positively about partnership working with the home. The registered manager participated in a research project in conjunction with a local university looking into how to enhance the lives of people living with dementia.
- The registered manager attended meetings arranged by Dorset Care Homes Association, and dementia learning and support events.
- The service had good links with the local community and key organisations, such as Dementia Friends, who have received funding for a Dementia garden that people living at the home can be involved in.