

Trust Care Ltd

# Town Moor House

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 16 February 2016 and was unannounced. The home was previously inspected in June 2014 and the service was meeting the regulations we looked at.

Town Moor House is a care home which provides care and support for up to 28 older people. It is situated in Doncaster within easy reach of bus stops, shops and other amenities. At the time of our inspection there were 25 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a policy to protect people from abuse. Staff had received training in this area and were knowledgeable about how to recognise and respond to abuse.

We saw that people received their medicines in a safe manner. We looked at records in relation to medicine management and found each person had a medication administration record (MAR) in place. This clearly evidenced when people had been given their medicines.

Care plans we looked at contained risk assessments, highlighting any risks associated with the persons care and how best to manage the risk presented.

We saw that there were enough staff around to ensure people's needs were met. Staff worked well as a team and were able to respond to people's needs.

Staff we spoke with told us training was of a good standard and it assisted them to carry out their role. We saw a training matrix which highlighted what training staff required and when it needed to be completed.

People were supported to make decisions about their care and their choice was respected. Care plans included information about people's likes and dislikes.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

We observed staff supporting people and found they were kind and caring and knew the people very well. We saw staff asked people what they would like and only proceeded with the persons consent. Staff we spoke with knew how to maintain dignity and respect. One care worker said, "It is important to involve

people in their care. It is all about the person."

We saw staff interacting with people and found this was mainly in line with their care plan. Care plans were reviewed on a monthly basis and we saw that where appropriate changes had been made to reflect the person's current needs.

The provider had a complaints procedure displayed in the entrance area of the home. We spoke with people who used the service and their relatives and they told us they did not need to complain. People felt able to talk with staff if they needed to raise a concern and felt it would be dealt with appropriately.

During our inspection we saw the registered manager interacted well with staff and people who used the service.

We saw audits took place to ensure policies and procedures were being followed.

People who used the service were involved in the development of the home and were able to contribute ideas.

## 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 knew how to respond and recognise abuse. The provider had a policy in place to guide staff.

The provider supported people to take their medicines in a safe and appropriate manner.

The provider had a recruitment policy which was correctly followed when employing a member of staff.

There were enough staff to meet people's needs. We saw staff worked well as a team.

### Is the service effective?

Good ●

The service was effective.

Staff we spoke with told us they received training relevant to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were given a nutritious diet based on their dietary requirements. We saw drinks and snack were offered throughout the day.

We looked at peoples care plans and found that relevant healthcare professionals were involved in their care when required. For example, falls team and speech and language therapist.

### Is the service caring?

Good ●

The service was caring.

Throughout our inspection we observed staff supporting people who used the service with consideration and respect.

Staff we spoke with knew how to maintain dignity and respect.

### Is the service responsive?

The service was not always responsive.

Care plans we looked at contained an assessment of the persons needs and a series of care plans which set out how to assist the person. However, this was not always followed.

The provider had a complaints procedure and people felt able to talk to staff if they had a problem.

Activities on the day of the inspection were limited.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

People we spoke with felt the home had a friendly atmosphere.

The manager completed a series of audits on a regular basis to ensure the policies and procedures were being followed.

People were able to give feedback about the service at meetings, or by an annual survey.

**Good** ●

# Town Moor House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with four people who used the service and four relatives, and spent time observing staff supporting people.

We spoke with two care workers, the cook, the registered manager and both directors of the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One relative said, "We feel our relative is safe here, we have every confidence that the staff make sure they are well at all times." Another relative said, "Our relative is safe here and staff look after her well." People who used the service said they liked living at the home. One person said, "I am very happy here." Another person said, "I do feel safe, I have a key to my bedroom to stop people coming in. I also have a buzzer in my room so that I can call staff if I need to."

We spoke with staff about how they would safeguard people from abuse and they knew what signs to look for and how to report abuse if it happened. They told us they had completed training in this area and this was repeated on an annual basis to ensure they were kept up to date.

The service had policies and procedures in place to ensure people received their medicines in a safe manner. We asked people if they received their medicines in a safe way, one person said, "I always get my medicine on time." We observed the senior care worker administering medicines and noted the medicine trolley was left open while the care worker went to administer medicines. We spoke with the registered manager about this as it did not appear to be a safe practice. We were told that the registered manager would look in to this and resolve the situation.

We looked at the procedure in place for storing medicines and found they were stored safely. The medicine trolley and other medicines were kept in a locked room. The service had appropriate storage for controlled medicines and for items requiring cool storage. Temperatures were taken on a daily basis of the medicine room and fridge. We checked the controlled medication stored on site and found this was recorded correctly and the stock was correct.

We looked at records in relation to medicine management and found each person had a medication administration record (MAR) in place. This clearly evidenced when people had been given their medicines. People had a care plan in place to indicate what their needs were and how they preferred to take their medicines. For example, one care plan said the person liked to drink water or juice with their tablets.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

Through our observations and talking with people we found there were enough staff available to meet people's needs. One relative said, "Staff always seem to be busy, but they are always available to care for people." Another relative said, "There always seems to be a lot of staff and they are always the same faces, so you get to know them."

We looked at care plans and found risks associated with a person's care had been assessed. We saw risks assessments in place for weight loss, choking, falls and pressure area care. For example one person had a risk assessment in place as they were unable to manage and identify risks associated with leaving the home.

Measures had been put in place to help manage the situation in the person's best interest.

We looked at recruitment files belonging to four staff and found the provider had a safe and effective system in place for employing new staff. Files we looked at contained pre-employment checks which had been obtained prior to new staff commencing employment at the service. These included two satisfactory references and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.



## Is the service effective?

### Our findings

People we spoke with and their relatives told us they felt their needs and their relative's needs were fully met by the staff. People told us they had been involved in initial care planning and had regular, informal reviews with staff. Relatives told us they felt confident that staff knew their relative well and if they were concerned about the person's health they would quickly take action. One relative said, "The staff keep us well informed and I don't have to prise information out of them."

Staff we spoke with felt they received training which supported them to carry out their role effectively. One care worker said, "Training and support has been given to me and it has given me confidence to do my job well." Training was delivered face to face and staff were also able to access e-learning. Mandatory subjects included first aid, safeguarding, moving and handling, health and safety, and food hygiene. Other subjects were covered where staff had a training need identified.

Staff we spoke with felt supported by the management team and felt they were approachable. We saw records belonging to staff which evidenced they received supervision sessions on a regular basis. Supervision sessions were individual meetings with their line manager to discuss their performance. Annual appraisals were also completed and looked at personal and business objectives. Staff we spoke with found these sessions valuable and supportive.

All the people we spoke with told us they enjoyed their meals. They were given choice and if they didn't like something or changed their minds, they could have something else. One person said, "The meals are very good. We can have choices; the staff ask us the day before what we would like."

We observed lunch being served and found people were offered a nutritious meal of their choice. Care plans we saw included a section on nutritional requirements. This included what type of diet was required, what assistance the person needed and likes and dislikes.

People were also offered drinks and snacks throughout the day which were available from the kitchen area in the dining room. We spoke with the cook who told us they fill a snack box each day so that staff can offer snacks to people. The cook was knowledgeable about the different types of diet people required and prepared snacks and meals to suit them.

We noted that there was no menu displayed around the home to inform people of the meal choices available. We spoke with the cook and the registered manager about this and were told this was usually displayed but had been taken down to be updated.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People

can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service to be meeting the requirements of the MCA and DoLS. We saw people had care plans in place which stated if the person had capacity and if so in what areas. One care plan stated that the person could make decisions but staff were required to avoid using multiple choices as this confused the person and they became anxious.

We saw evidence that other professionals were involved in a person's care and treatment when required. Care records showed where referrals had been made to people such as district nursing service, speech and language therapist and the falls team.

## Is the service caring?

### Our findings

Throughout our inspection we observed staff supporting people who used the service with consideration and respect. We spoke with people and they were happy with the care provided. One person said, "The staff are nice to me." Another person said, "The staff always speak very nicely to me, I don't think they could be any better." A relative said, "When I leave the home I feel I am leaving my relative somewhere where they will be looked after and cared for properly." Another relative said, "The staff are very welcoming and know me and always ask me if I would like a drink."

We observed staff supporting people and found they were kind and caring and knew the people very well. We saw staff asked people what they would like and only proceeded with the persons consent. Staff we spoke with knew how to maintain dignity and respect. One care worker said, "It is important to involve people in their care. It is all about the person."

We saw relatives visited throughout the day and care workers ensured they were made feel welcome. They greeted them and offered them a drink. One relative said, "The staff are very welcoming and know me. They always ask if I would like a drink." Another relative said, "Staff here are very nice. They always find time to talk to us."

We saw people chose where they spent their day for example, the lounge, dining room or their bedroom. We saw families and other visitors were made welcome at the home and quite a few people liked to spend time in the dining area when their relatives visited. There was a homely atmosphere.

Care plans we looked at included information about the person's life which assisted staff in understanding how they would like to be supported and what their likes and dislikes were. A life story book was in place indicating the person's history, where they lived, important places that mattered to them, hobbies and interests, beliefs and favourite things.

The service had a key worker system in place where each care worker was allocated a person to support and get to know them well. People we spoke with told us they valued their keyworker and welcomed the opportunity to have someone in this role.

## Is the service responsive?

### Our findings

People we spoke with were happy with the support they received and felt involved in their plan of care. People we spoke with told us they had been involved in the initial care planning, but were not involved in formal reviews. However, people felt they were kept up to date by the staff. People also told us that they felt the care they received was as they wished it to be.

We looked at people's care plans and found they reflected the care and support given. In the main, people were supported in line with their individual plan of care. However, we did see one occasion where the support given was not in line with the person's care plan. We spoke with the registered manager about this and were assured that this would be resolved.

Care plans included information about how the person would like to be supported and took in to consideration the person's likes and dislikes. Care plans were reviewed on a regular basis to ensure they still met the person's needs.

During our inspection we noted that there were no meaningful activities taking place at the home. Apart from visitors to the home and music playing and the television being on, there were no other activities available. We spoke with the registered manager who told us there was no activity schedule, but staff arranged ad hoc activities whenever possible such as summer fetes, sports days and outings. The registered manager also told us that they had someone visit the home on a weekly basis to provide armchair fitness and sometimes outside organisations visited the home.

One person who used the service said, "The television is put on in the morning and it stays on all day." One person told us they enjoyed painting, but this had not been offered to her.

We saw people had access to newspapers and there were some books available throughout the home. However, there was nothing available to provide memory stimulation for people living with dementia.

The service had a complaints procedure and people who used the service and their relatives knew who to speak with if they had a concern. The procedure was displayed in the entrance area of the home. The service was committed to providing a good level of care, comfort and safety and used any complaints to improve. Complaints were acknowledged within seven working days and responded to within 28 working days. We spoke with the registered manager about complaints received and she showed us a log which clearly showed what actions had been taken to resolve concerns.

People we spoke with told us they had no reason to complain as they were happy with the service and what was available.

## Is the service well-led?

### Our findings

Everyone we spoke with felt the registered manager was approachable. One relative said, "The manager is welcoming and caring, always has time for you."

Staff we spoke with said they felt supported by the management team which included the two directors, registered manager, a deputy manager and senior staff. Staff told us they could approach any one of the managers and they would listen to them. One care worker said, "It doesn't matter which manager is around they are all very supportive." The registered manager told us she worked some shifts including night shifts to understand the service and the needs of people living at the home. She also told us that she completed spot checks on a night to ensure quality is maintained throughout the whole day and night. There was a good sense of leadership in the home and staff knew who to approach if they required assistance.

We saw monthly audits took place to ensure policies, procedures and systems were being monitored. These included audits on subjects such as medication, weight monitoring, care plans, and quality of care. Action plans were set up to address any areas that needed improvement.

In addition to the audits carried out by the registered manager, there was a monthly quality audit which was completed by the directors. This covered finance, human resources, quality, health and safety and environmental issues. The last quality audit was completed in January 2016.

We saw evidence that people's views were welcomed and acted up on. We saw evidence that residents and relatives meetings took place frequently and agenda items included meals, activities and suggestions for Easter and trips out in 2016.

Quality assurance questionnaires were also sent out to people who used the service and their relatives on an annual basis. The last questionnaire had recently been sent out. We spoke with the registered manager who told us that any actions would be identified and the survey results would be displayed throughout the home.

Staff meetings also took place to ensure staff had a forum to discuss issues pertinent to them. Staff felt they could have a say in how the home was run and were confident that their views would be listened to.