Tricuro Ltd

Anglebury Court

Inspection report

21 Bonnets Lane
Wareham
Dorset
BH20 4HB

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was the first inspection of Anglebury Court since it became registered under the ownership of Tricuro Limited. At the time of the inspection a registered manager was in post but they were taking up secondment opportunities within Tricuro. The organisation had informed us of this and we were supported to carry out the inspection by the acting 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.

Anglebury Court is registered to provide accommodation and personal care for up to 32 older people. At the time of the inspection there were 26 people in residence.

The provider had systems in place for the storage, recording and dispensing of medication which required some improvement. Not all of the recording of medicines administered had been recorded in line with the expectations of the provider. The acting manager acknowledged that improvements were required and talked to us about how they would implement these.

There were sufficient staff employed at the home but the way they were deployed at key times of the day required further consideration. We observed the lunch period in one area and noted that one staff member supported six people with a variety of needs from just being served their dinner to providing full support with assisting a person to eat. The registered manager agreed to talk with staff to look at different ways of working during these times to ensure people and staff had a better experience of the social time.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made but the provider needed to ensure that the assessment records were accurate. Staff understood some of the concepts of the Act, such as allowing people to make decisions. Staff demonstrated that they could apply this to everyday life.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made. The care and support people received were regularly audited and areas for improvement recognised. Staff knew people's needs and the records relating to people's care and support were kept up to date.

People told us that the staff met their care needs well. One person told us "The staff look after me well and I have plenty of friends here. Others talked about being treated well and with kindness". We observed this to be the case. The relatives we spoke with talked about the home being embedded in the community and enjoyed support from the community.

Staff knew people's routines and respected them. Staff knew how to support people when they became

anxious and had effective ways of addressing this. Staff understood people's unique communication styles and took time to listen carefully to what they were being told.

Staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. The provider had a system to offer choice of what to eat during mealtimes that was effective.

People told us they felt supported at the home and safe in the company of staff. The staff told us they worked well as a team and enjoyed working at the home. They told us they sometimes had time to sit and talk with people and to do things with them that they knew interested them. We observed this to be the case during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but some improvements were required. People received their medicine safely but some areas of recording need to be improved.

There were sufficient numbers of staff on duty to meet people's needs but the way they were deployed at key times of the day needed to be considered..

People were protected from harm and abuse because there were processes in place for recognising and reporting abuse. Staff received training in protecting people and were able to talk with us about their responsibilities.

Is the service effective?

Good

The service was effective. Staff received some training to ensure they could meet people's needs but further training in dementia care and the Mental Capacity Act would be helpful.

The provider had effective systems to ensure people's rights were upheld. Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

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

People received sufficient food and drink.

Is the service caring?

Good

The service was caring. People were at ease with staff. They received support in a caring and empathic manner. Staff communicated with people in a friendly manner.

People were treated with dignity and respect and were consulted about their needs.

Is the service responsive?

Good

The service was responsive. People were consulted about the care they received and the provider responded to changes in

individual needs.

People and their families were involved in decisions about their care.

The provider had a system to respond to complaints.

Is the service well-led?

Good

The service was well led. The staff felt involved with the decisions regarding the running of the home.

The provider was committed to providing a good quality service and there was a system to ensure ongoing improvements in care and support were made.

Staff were keen and motivated and knew what was expected of them.

Anglebury Court

Detailed findings

Background to this inspection

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

This inspection took place on 6 February 2017 and was unannounced. The inspection was carried out by one inspector who was supported by their manager.

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

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

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

Observations, where they took place, were from general observations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

The recording of medicines administered required improvement. We looked at the Medication Administration Record (MAR) for five people. We found that when medication was opened the staff had recorded an expiry date and a date of opening had been recorded on liquid medicines. However handwritten entries on a number of MAR had not been duel signed to confirm accuracy. In one person's MAR it was not clear what the symbols used on the MAR meant, as they symbols used were mot on the key, and one person had not received their medication because they had been asleep. We spoke with the acting manager who told us that the recording of medicines had been discussed at staff meeting in November 2015 and that they will again remind staff of their responsibilities.

The arrangements for the storage of medicines was safer. Medicines were stored behind a key coded locked door. Medicines that required to be refrigerated were kept in a locked fridge in the room and controlled drugs were also locked in a suitable cupboard.

It is recommended that the auditing of administration recording is more frequent.

We asked people living at the home if there were enough staff to meet their needs. One person told us. The staff are lovely. They rush around. If they had one more they would be able to spend more time." Another said "They don't have enough people (staff)". We spoke with relatives who told us about some of their observations. One relative considered that whilst the staff work hard they cannot meet their loved ones needs as they now require one to one support which cannot be provided at present. Another relative told us "Its ok if people don't require a lot of reassurance, but when people require more support there are not enough staff around to support the others."

The home was divided into four distinct areas. In each area there was provision to support eight people. There was one member of staff deployed into each area to support these eight people, these four staff were supported by one other member of staff who was available in any of the four areas as and when required. To further support these staff were senior staff who were responsible for organising the staffs shifts, dispense medicines, take responsibility for care planning and support the staff team. We were told there was also an activities coordinator but they were not present during the inspection.

We asked staff if they considered there were enough of them to meet people's needs safely. The staff talked to us about how at times it can be a struggle depending on the persons needs for example. One staff member talked about two staff needing to support one person out of bed. They told us that if it was only one person that would be fine but when they have three people this can be difficult. Two members of staff talked to us about key times of the day and how difficult it could be identifying dinnertime.

We carried out a SOFI during the dinnertime period. We observed a staff member work hard to support six people during this period. We observed the staff member, serve the food, encouraging people to eat, supervising people who were at risk of falls when they left the area and supporting one person with their meal. Whilst they completed the tasks that were required peoples experience of meal time may have been

improved if the staff member had received the support of other staff members during this period.

We spoke with the acting manager about our observations and what we had been told. They agreed to look how staff are deployed at key times of the day. They further agreed to give this matter further thought and discuss with the staff team with regards to how best they could improve people's experiences.

It is recommended that the provider review the staffing levels and deployment at key times of the day to ensure peoples experience of care and support is improved.

People told us they felt safe living at the home. One person told us "you can trust the staff here, they helped me sort out problems" another person told us "we all get along like one big family, I have never seen anyone (staff) raise their voice in anger or been impatient, we are safe here". People and staff were relaxed in each other's company.

Staff told us, and records confirmed that they had received training in safeguarding adults. We spoke with three members of staff who told us how they would respond to allegations or incidents of abuse should they arise.

People who were at risk of harm had documented risk assessments in their care records. We spoke to one relative who told us about how the staff had worked with them and their mother and said "Mum was jumping out of bed. We talked about bed rails, but they (staff) thought that would increase the risks. They moved her room and put her on a different bed lower to the ground with a mat on the floor."

One staff member told us about people's risks and how they were managed for example. They told us about people who were at risk of falls and what was being done to minimise these risks. We looked at some of these people's care records that reflected what we had been told. We noted in peoples care records there were systems in place to assess a number of risks such as skin damage and malnutrition. These were in use and there was sufficient evidence to consider these risks were kept under review.

Good

Is the service effective?

Our findings

The provider needed to ensure that staff had opportunities to continue to develop their skills and knowledge through training. Staff told us about the training they had undertaken and how they accessed training. They told us the training was mainly available was through distance learning materials with some face to face training. Some staff told us they had received training in areas such as medicines administration, control of substances hazardous to health, health and safety and moving and handling.

We looked at the training matrix that tracked what training staff had undertaken. We noted that it was not recorded that staff had not taken specific training in dementia care or the provisions of mental capacity act training and managing challenging behaviour. One staff member told us that they needed to have further training in managing challenging behaviour and that this had been arranged. The acting manager confirmed that staff will be trained in relation to managing challenging behaviour. They further acknowledged that staff would benefit from more training with regards to Mental Capacity act.

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

People who were able to make decisions about their care told us that they did so on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They always talk about it." Staff described how they responded to people's wishes and how they promoted choice making. They were also able to describe what they would do if people refused care
The records relating to MCA and subsequent Best Interest Decisions (BIDs) required improvements. We looked at the recording for three BIDs that had been made. One decision related to the provision of a pressure alarm as the person was at risk of falls and entering others rooms. A MCA assessment had concluded that the person did not have capacity for this decision (to install the pressure mat to monitor their movements) The BID detailed a consultation with the persons relative that indicated they are in agreement with the introduction of a pressure mat and that this action was the least restrictive option. However the recorded decision to be made was in relation to the person use of a call bell and not the use of a pressure mat. Another example related to the provision and administration of covert medicines which concluded that the person did not have capacity. However the BID refers to an alarm mat rather than to medicines. This means that although staff appeared to be acting in the best interests of the people they support the documentation was not accurate.
We spoke with the acting manager that acknowledged our observations and told us they would make arrangements to have all of the MCA and BID's recording checked for accuracy and make the required improvements as soon as possible.

Staff were aware of the MCA and what that meant for people living at the home. Staff told us about how they offer choices to people who cannot retain information such as offering two different sets of clothes to wear or by showing people choices of what to drink.

We spoke to people about the food and drink at the home. One person told us, "the food here is good," Another person told us that snacks and biscuits are available throughout the day. One person confirmed they had choices at meal times stating ", if I don't like anything on offer, I staff will always get me something different". We spoke with a relative who told us "the food here looks good" We looked at the menus for the last two weeks. These evidenced that a choice was offered and when required further alternatives had been made available.

We spoke with kitchen staff about people's nutritional needs. They told us they are regularly informed of people's changing needs. They told us that there was currently no one was at risk of unplanned weight loss. We noted that where people needed assistance to eat this was provided in a discreet manner. Staff told us about the systems they had in place to monitor people's weight to ensure people's care plans could be altered to support their needs as required. People's care records showed an effective recording system was used to monitor what people ate and drank.

We observed the lunch time experience. We noted that people were offered a choice of drinks. People told what was on their plates when these were brought to them. We further noted that when people needed specialised equipment to assist them in eating independently, eg- lipped plates, double handled cups this was provided. In one area we observed that when a person required assistance to eat they were supported by a staff member who sat beside them and waited until they hand finished their mouthful of food before offering further food.

People told us that if they needed to see a health care professional such as a doctor or specialist, staff made the necessary arrangements on their behalf. People gave examples of when they had felt unwell and staff had called the GP 'just in case'. A relative told us that staff always let them know if their relative was unwell or 'off colour' and the action they had taken to support their relative. Care records showed that when a person's needs had changed a range of services had been considered, such as advice from a dietician or advice from an occupational therapist.

Good

Is the service caring?

Our findings

We observed that people were well cared for. We spoke with people about how they experienced care and what was their opinions on the service offered. People told us "I think it's lovely. They are (staff) lovely to me". Another person said "everyone is very good to me". Other people told us about how staff made them feel. One person told us "They make me feel wanted and loved". We spoke with relatives to find out there views, one relative told us "Mum is a very warm person and the staff let her hug them, another said "It is really good. There is not a nasty member of staff. They can't do enough for you."

We observed that people and staff were relaxed in each other's company. Staff sat and spoke with people about things that interested them, when people became anxious staff supported them in a professional unhurried manner. One relative told us "They talk to my mother in the most delightful way." Another relative told us "It's quite a community here."

We noted that there were many relatives visiting throughout the day, staff told us it was normal to have relatives about the home. One relative told us "I can make a cup of team for me and mum, no restrictions, another relative told us "I can come anytime I want." There was a relaxed atmosphere during our inspection.

People's needs were understood by the staff. One relative told us "They know my mum very well." Where people had individual communication styles these were recorded in peoples care records.. We spoke to staff about people's needs and the support they required. From our discussions it was clear that the staff knew people's routines well, such as when they liked to go to bed and how they used their time.

We looked at people's care records that illustrated how to support people and some of the things that were important to them. In one person's care records their personal history was recorded, including their family composition, their preferred name and some personal history such as accidents. One accident had resulted in some sensory impairment. As a result of this the importance of not moving items in their room had been noted as this could cause them to become disorientated.

People told us about how staff gained their views about their care needs. One person told us "staff sit and talk with me about what support I need" Another person told us about meetings with the manager to find out how things were going and if "I needed anything".

One visiting relative told us "They don't mind me asking questions. They see it as my right to know." Another person told us "the experience (of care provided) has been very good, I am always asked if there is anything they (staff) can do to help" They also told us about being invited to care reviews for their family member and felt they could contribute to ensuring their family member's needs were being met.

Good

Is the service responsive?

Our findings

People's care records evidenced that they, or people important to them, had been consulted about their needs and how they wanted them met. We spoke with the relative of one person who had come in for respite stay. They told us that although their relative had come into the home before, the senior staff had again asked questions about their current support needs and care required,. We looked at the person's care records which evidenced that a continuing assessment had taken place and their relatives had been involved in the consultation process.

People's care records illustrated people's daily routines. Staff told us about people's routines and how people liked to spend their time, for example they knew what time people liked to get up, if they wanted a nap after dinner or if they enjoyed certain activities. Peoples care records contained a personal profile of each individual including, personal history, people important to them, daily routines, likes and dislikes of food and drink, activities and aspirations. This information gave staff guidance with which to provide a personalised service.

Staff described how they ensured people could choose how they were supported. They told us about people's right to have choice in respect of who should care for them and how to ensure people had choices about what to wear and how the person wished to look. The people we spoke with confirmed that they felt staff respected their individual rights. We also observed that one person chose to carry an outdoor coat around and walk from area to area waiting to go out. We noted that staff did not try to suggest that this was wrong and offered them a cup of tea and suggested they maybe sit awhile and talk while they waited. The person was relaxed with this approach but never stayed too long in one area. This demonstrated that staff understood how to respond positively to this person and had built up positive relations with them.

Staff told us about how people chose to spend their time and what activities they enjoyed. An activities coordinator was employed by the provider to help meet some of the wishes of the people living at the home. Although there were no activities carried out while we carried out the inspection some people were able to tell us about activities such as creative arts and that some they joined in, and some they did not, although people agreed there were things to do if they wanted to.

People knew how to make a complaint if they wished to. One person told us, "if I don't like something staff sort it out. A relative told us, "They are always looking for solutions. I've made comments. They talk with me, the managers door is always open. I've had loads of conversations with them. They are very open. They will talk to me about everything, it couldn't be better." Another person told us, "They don't mind me asking questions. They see it as my right to know." This demonstrated that the provider was open to suggestions and actively canvassed the views of those living at the home and those important to them.

The provider had a complaints procedure which informed people what they needed to do to make a complaint and the time scales for the complaint to be rectified.

Good

Is the service well-led?

Our findings

The registered manager was not present during the inspection as they had taken up a temporary position with another service within Tricuro Limited. The provider had informed us of a temporary t arrangements. During this period a temporary manager had been in post supported by senior members of the provider's management team. The acting manager demonstrated an open and inclusive approach to their work. The people who we spoke with could identify who was managing the home and considered them as someone who would put things right if required .The staff talked to us about the manager always being approachable and how they would often be seen in the areas where they work. .

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

The staff meetings where they could discuss issues and make suggestions for improvement. They also told us that they felt their opinions were valued and they felt listened too. Meetings took place between the people who used the service, their relatives and other professionals involved in their care to ensure people's views of the service was gained and improvements made when necessary. Staff told us that the provider's values were clearly explained to them through their induction programme and training.

The performance of the service was kept under review. The management of the home had systems in place to audit the quality of the care being given and received at the home. There was also a system of peer review which involved managers from the providers other homes coming to Anglebury Court to carry out quality audits of the care and services provided. Senior staff also carried out auditing within the home to ensure people's support was provided in a way they wished.

The provider had systems in place to ensure the home was kept clean, that fire safety regulations were being met and risk assessments in relation to health and safety of the building were reviewed.