Barchester Healthcare Homes Limited

Mount Tryon

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

Mount Tryon is a care home with nursing. It is registered to provide care for up to 59 older people, people with a physical disability, people living with dementia and younger adults. On the first day of inspection there were 30 people living at the home. There were 15 people living in the ground floor nursing unit and 15 people living in the upper floor dementia care unit.

This inspection started on 1 and 2 February 2017. We revisited the home on the evening of 12 March and during the day on 29 March 2017 after we received concerns about insufficient staff on duty, particularly at weekends, whether people could have something to eat during the night and whether people were receiving safe care and support. The first and third days of the inspection were unannounced.

Mount Tryon has been inspected on five occasions since it was rated as requires improvement in all five key questions at the comprehensive inspection undertaken in January 2015. Since that time, CQC has continued to require improvements and/or made recommendations for improvement. In March 2016 CQC issued a warning notice to the provider as they had failed to ensure the nutritional and hydration needs of service users were met.

In May 2016 the provider had met the requirements of the warning notice but was in breach of a number of other regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Mount Tryon was placed in 'special measures' as it had been rated as 'Inadequate' in a key question over two consecutive inspections.

Following the inspection in May 2016 the provider sent us a detailed action plan telling us how they would resolve the issues identified at the inspection.
In September 2016 an unannounced focused inspection took place in response to concerns raised with us about whether the home was monitoring the food and fluid intake of people who may be at risk of not eating and drinking enough to maintain their health. At that inspection we found concerns relating to the monitoring of one person's nutrition and hydration needs to be substantiated but other people's needs in relation to their diet and fluid intake were being reviewed, monitored and met.
You can read the reports from our previous inspections, by selecting the 'all reports' link for Mount Tryon on our website at www.cqc.org.uk.
Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

At our previous inspections we found improvements were required in how the home was being managed. In May 2016 we identified changes to the management and leadership within the home and at regional level and had led to weak and inconsistent management, leadership and ineffective oversight of the service. At this inspection we found improvements had been made to internal management and oversight systems. However, there had been some failing by the nursing staff to fully implement the home's policies and procedures to review and manage risks to people's safety. This had led to one person being left with food that had not been suitably prepared for them to eat safely.

Since coming into post the registered manager had developed an action plan relating to the improvements needed. They had involved staff and relatives in this plan and had ensured each member of staff understood their role in bringing about improvements. By being transparent and honest, the registered manager had been able to involve the whole home in bringing about improvements. In doing so, a culture of kindness, which we saw evidence of throughout our inspection, had been created. The registered manager had further developed the leadership and nursing teams to support them, through training, supervision and oversight to bring about the changes needed. People and their relatives told us of the positive impact this had had on people's experience.

At the previous inspection in May 2016, we found the care plans were bulky documents and it was difficult to find the most up to date information. At this inspection we found improvements had been made to the ease of reference within the care files. Also there were improvements in relation to reducing people's risks of developing pressure ulcers and for those at risk of not eating and drinking enough to maintain their health.

People and their relatives told us there had improvements to the management of the home, including less use of agency staff, as well as improvements to the care and support their relatives received. One person described the registered manager as "excellent" and a relative said the improvements in the home were due to the registered manager's influence. Relatives also told us they "couldn't speak more highly" of the deputy manager and one of the nurses who had worked at the home for some time. People told us they felt listened to and were able to raise any concerns. They said they would recommend the home to others.

Systems to monitor people's well-being and the quality of the service were in place and had contributed to the improvements being made in the home. Robust systems had been introduced to monitor people's clinical care needs. Nursing staff had greater oversight than at previous inspections in monitoring people's well-being and taking action to ensure people's needs were being met. Regular audits and monthly reports about a number of issues relating to people's care and the safety of the environment were being undertaken: these included audits of whether anyone had developed a pressure ulcer, become unwell with an infection or had an accident. The outcome of these audits was reported to the provider's clinical development team who reviewed the results to monitor for any trends, such as people falling more frequently. They also provided guidance and support if necessary in managing people's clinical care needs. People's risks in relation to their nutritional needs were being well managed. Records for three people identified as being at risk of not eating enough showed they had either maintained they weight or had gained weight.

Many of people living at Mount Tryon were unable to share their experiences of living at the home with us. Those people who were able told us they felt safe and well cared for. Relatives also told us they felt their relatives received safe care and staff were knowledgeable about their care needs. People were referred to a variety of healthcare professionals and a relative told us the care staff were observant for changes in people's health and well-being. They gave us an example of when staff had acted promptly to ensure their relative received appropriate care from a specialist.

People were protected from the risk of abuse and poor practice. Staff had received training in safeguarding adults during 2016. They knew who to report concerns to, both in and outside of the home, and said poor practice or neglect of people's care would not be tolerated by the registered manager. Relatives and staff told us staffing levels had improved since our inspection in May 2016 and the home was less reliant upon agency staff. Staff said there were enough staff on duty and they didn't feel rushed when supporting people. During our inspection we saw staff attending to people's call bells promptly and people told us they do not have to wait long for staff to assist them.

Staff received training in a variety of care and health and safety topics including caring for people living with dementia, meeting people's nutritional needs and safe moving and transferring. At the previous inspection in May 2016 we identified staff new to the home had not had been provided with training to introduce them to the home and to people's care needs. Since then the registered manager had ensured all newly employed staff were provided with induction training. This included a number of classroom days for essential health and safety training, shadowing experienced staff and for those new to care, completing the Care Certificate. The registered manager had recently introduced an initiative to provide staff with more insight into the needs of the people living the home and how it felt to be reliant upon staff to meet their care needs. Staff volunteered to be a "resident for the day". They were given a scenario to follow which identified their needs and how they were able to communicate with staff. Staff told us they felt this would provide them with valuable insight in to people's experiences.

The registered manager was aware that as some of the staff were new to their role they lacked confidence in supporting people with complex needs and those who had limited communication abilities. It was an issue they and the nursing staff were addressing through supervision, role modelling and with the 'resident of the day' initiative. During our observations we saw times when staff were not attentive to people. At other times staff showed great interest in, and kindness to, people: this included not just care staff, but the administrative, kitchen and laundry staff. People told us the staff were kind and polite to them. Their comments included, "I'm being taken care of very well" and "the staff were lovely". Relatives were also complimentary about the staff and the way in which they met people's needs. One said, "I don't have any concerns they are not looking after her, they are doing what they can" and another said, "The staff are all so caring."

Many of the people living at Mount Tryon were living with dementia or were living with frail health and were unable to make decisions about their care and how they were supported. Staff demonstrated their support of people to make decisions. During our inspection we saw people were asked by staff for their consent before providing care. Records showed people's capacity to consent to receiving care and support had been assessed and where people lacked capacity the home was working closely with others involved in their care to reach best interests decisions.

At our previous inspections we had identified medicines were not always being managed safely. At this inspection we found improvements had been made. Each member of the nursing team had the responsibility to check the medicine administration records for their accuracy and people were receiving their medicines safely and as prescribed.

In the Provider Information Return, the registered manager recognised that providing meaningful activities for people was an area that required improvement. In February 2017 people and relatives told us there was very little for people to do during the day. One person said, "nothing happens" and another said they were bored. A relative said, "They haven't got many activities going on." When we returned to the home in March 2017, the newly appointed activity co-ordinator had consulted with people and had introduced a planned programme of both group and individual activities to reflect people's interests and preferences.

People said they enjoyed the food. One person said, "The food is marvellous". Throughout the inspection we saw people were offered plenty of hot and cold drinks. A member of the catering staff provided people with a choice of drinks and snacks several times during the day. We looked at the arrangements for people to have something to eat and drink overnight. A variety of sandwiches as well as bread for making toast were available and staff were able to make people hot or cold drinks whenever they wished to have one. The registered manager told us that if people requested something else to eat staff had access to the kitchen and could prepare this for them.

The registered manager said they were keen to gain people's and relatives' views of the care provided at the home and had placed feedback forms in the entrance way. We reviewed a selection of those received by the home in January 2017. The comments praised the staff for their care and support. For example, one said, "My family and I are very satisfied with the care my husband is receiving. (Name) often comments he likes the home and the staff, so we know he is settled which means a lot."

We made one recommendation and identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection an incident occurred involving a person living in the home. This incident is subject to further investigation. The incident indicated potential concerns about the management of risk choking. This inspection examined those risks.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 home was not consistently safe.

People were not always protected from harm. Management plans to reduce identified risks to people's safety were not always clearly communicated within the staff team.

People received their medicines safely and as prescribed.

Sufficient numbers of safely recruited staff were employed to meet people's needs.

Systems were in place to protect people from the risk of abuse. Staff were knowledgeable about their responsibilities to protect people.

The environment was managed safely.

Is the service effective?

Good

The home was effective.

People's rights under the Mental Capacity Act were protected. Care and support was provided with people's consent or in people's best interests.

People were supported by knowledgeable and well trained staff.

People were offered a varied choice of meals. People's nutritional and hydration needs were met.

People's health was monitored and people received appropriate and prompt support from healthcare professionals.

Is the service caring?

Good

The home was caring.

At times people received support from staff who were inexperienced in caring for people with complex needs that was not always person centred.
Supervision and training was supporting staff to gain skills and

confidence.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People were involved in making decisions about their care.

People received compassionate care at the end of their lives.

Is the service responsive?

Good

The home was responsive.

Care plans contained sufficient detail to support people to receive consistent care that promoted their independence and was reflective of their preferences.

People had opportunities to engage in meaningful activities or to follow interests and hobbies of their choice.

Staff knew people well. Routines were flexible and responsive to people's needs and wishes.

The home welcomed comments from people and staff and used these to make improvements to the home. People were listened to and complaints were taken seriously.

Is the service well-led?

Requires Improvement

The home was not completely well-led.

Policies and procedures were in place to inform staff of their responsibilities to review the quality and safety of people's care. However, these had not always been implemented effectively. Risks to people's safety had not been continually monitored.

People benefitted from having a registered manager who was accessible and approachable.

The registered manager demonstrated a good understanding of the needs of the people living at the home. They and the nursing staff had good oversight of people's care needs.

The provider ensured the registered manager had a support network to develop and improve the service.

Mount Tryon

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 1 and 2 February and 12 and 29 March 2017. The first and third days of the inspection were unannounced. Two adult social care inspectors undertook the inspection on the first, third and fourth days and one inspector under took the inspection on the second day. A specialist advisor supported the inspectors on the first day of the inspection. A specialist advisor is a specialist in their field who provides support to CQC inspections. The advisor at this inspection provided support in relation to management and clinical governance.

Before we carried out the inspection we reviewed the information we held about the home. This included statutory notifications the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the home does well and improvements they plan to make. We also used information received during the inspection to look at how people received support.

During the inspection, we spent time with or spoke with 23 of the 30 people living in the home. We spoke to five relatives, the registered manager and deputy manager, three registered nurses, eight care staff, the chef and the kitchen hostess. The provider's area manager was also present during the inspection and we had the opportunity to speak with them as well. Due to some people living with memory loss or being in frail health not everyone was able to share their experiences of living in the home with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the way in which staff supported people over the lunchtime period on the first day as well as their interactions with people throughout the inspection. Following the inspection we received an email from a relative who wished to share their views of the home with us. We also received a copy of a report from Torbay and South Devon NHS Foundation Trust detailing their outcome of a visit to the home in February 2017 by the Trust's Experts through Experience Mystery

Shopping Group.

We looked at eight people's care records as well as the records relating to the management of the home, including systems relating to identifying and managing quality and risk issues. We looked at how the home managed people's medicines and reviewed how the home recruited, trained and supervised staff. We attended a daily 'head of unit' meeting.

Requires Improvement

Is the service safe?

Our findings

At our previous inspections we found improvements were needed to how people were supported safely. Improvements were required with how the home managed people's nutritional needs and their risk of choking; the quality of the documentation to guide staff about people's care; the arrangements to ensure there were sufficient staff on duty; infection control practices and the management of medicines.

At this inspection we found improvements had been made, however, action was still required to ensure all those living at the home received care and support in a safe way.

In January 2015, we found people's risk of choking was not being managed safely. Improvements had been made at the time of our inspection in May 2016. At this inspection in February 2017, we found actions had been taken to support people to eat safely. These included assessments and guidance from the speech and language therapists for those people who had swallowing difficulties and staff were provided with training. However, the systems in place did not always work. Further improvements were required to ensure people's needs were understood by staff to reduce the risk of harm.

During the inspection we saw one person had been placed at risk of choking by staff not following the guidance held within the person's care file. In October 2015 the home had sought advice from the South Devon Healthcare NHS Foundation Trust's Speech and Language Therapy department about how to support this person to eat safely. Their assessment identified this person should have a fork mashable diet. We saw this person had been left alone with a plate of food that was not mashed. There had been no change to this guidance since October 2015 and the home's internal care plan reviews confirmed the person should continue to receive fork mashable food. However the management of this risk had not been clearly communicated within the care staff team or with the catering staff. The care and catering staff we spoke with were not aware of how the person required their food to be prepared for them to be able to eat safely. Records showed that at times this person was given food that could not easily be mashed with a fork. When we bought this to the attention of the registered manager, action was taken immediately to ensure all people identified as being at risk of choking were supported to eat safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other areas of risk management had improved and were being well managed. We had previously identified that guidance for staff in the management of risk was not always clear and records did not demonstrate the care and support people needed to mitigate risks. At this inspection we found improvements had been made in reducing risks to people's well-being, including those of developing pressure ulcers and for those at risk of not eating and drinking enough to maintain their health. Nursing staff had greater oversight of people's care and information was recorded and shared between the care staff and nurses throughout the day.

During the inspection, we received information raising concerns over whether two people were receiving

safe care and support. We looked at the care and support provided for these two people. We spoke to staff about their care and observed staff supporting them. We saw their care was being managed safely.

All of the care files we looked at held risk assessment documents in relation to people's care needs. These included their risk of falls, leaving the home unsupervised, developing pressure ulcers and poor nutritional intake. Management plans provided guidance for staff about how to manage these risks. For example, some people were at risk of falling or were unsafe if they left the home without support. Staff were provided with guidance on how to reduce and manage these risks. Sensor equipment was in use to alert staff to people's movements to allow them to attend to them quickly. External doors were alarmed to alert staff if a person opened these. During our inspection we saw staff respond promptly when the sensor equipment sounded. Where people had fallen, these were recorded and accident forms completed. The forms were reviewed by the registered manger to identify how the accident came about and whether any further action was required to reduce the risk of a reoccurrence. A daily meeting between all 'heads of department' identified if there had been any accidents over the previous 24hours to ensure all staff were aware of this and to be observance for changes in people's well-being. The 'heads of department' meeting included nurses as well as those support staff who would come into contact with people during the course of their work including housekeeping, maintenance, catering and laundry staff. The registered manager said that all staff within the home regardless of their role had a part to play in keeping people safe and supporting their care. Risks to these people were being managed in a way that balanced their rights to make choices and take risks, with the need to keep them safe.

Many of people living at Mount Tryon were unable to share their experiences of living at the home with us. Those people who were able to tell us said they felt safe and well cared for. Relatives also told us they felt their relatives received safe care. One relative told us staff were knowledgeable about their relative's care. They said staff had helped them to understand why certain actions were taken to manage risks. For example, staff had explained to them that it was necessary for their relative to be cared for in bed for periods of time during the day, to protect their skin and prevent pressure damage.

Some of the people living in the home were living with memory loss due to dementia and at times could become confused and anxious. Staff said they were able to identify when people were becoming anxious or upset. This allowed them time to redirect and support people to reduce and prevent an escalation of their anxiety. During the four days of our inspection we saw people were being appropriately supported and staff responded patiently to people who were showing signs of becoming anxious.

People were protected from the risk of abuse and poor practice. Staff told us they had received training in safeguarding adults during 2016. They knew who to report concerns to, both in and outside of the home, and said poor practice or neglect of people's care would not be tolerated by the registered manager. They were confident action would be taken if they raised concerns. We saw evidence the registered manager had made safeguarding referrals to the local authority when they felt people had not received, or were at risk of not receiving, the care and support they required.

At the inspection in May 2016 we found medicines were not always being managed safely. At this inspection we found improvements had been made. We observed people being supported to take their medicines. The nurses took time to tell people what their medicines were for and asked if they were happy to take them. Those medicines that required specific precautions or were to be given in a variable dose were managed safely. Medicines, including those that required refrigeration, were stored securely.

As part of the improvement plan, the registered manager had implemented spot checks, weekly sampling of records and monthly audits to ensure medicine administration records (MARs) were complete and people

had received their medicines as prescribed. Each nurse was responsible for checking the records of the previous medicines round for omissions on the MAR chart. Any omissions in signatures were identified and actions taken to ensure people had received their medicine. The nurse responsible for not signing the MAR was spoken with about how this had come about to prevent a reoccurrence. Nurses had their competence to give medicines reviewed periodically by the registered manager or the deputy manager and we saw records of these checks.

Although we had previously identified issues with staffing levels, at this inspection people's call bells were answered promptly and people told us they did not have to wait for staff to assist them.
Relatives and staff told us staffing levels had improved since the previous inspection in May 2016 and the home was less reliant upon agency staff. Staff said there were enough staff on duty and they didn't feel rushed when supporting people. However, one relative raised concerns with us that there were insufficient staff available at the home at weekends. During this inspection we visited the home in the evening at a weekend. We found the staffing levels to be the same as those during the week which was sufficient to meet people's needs.

The registered manager told us they completed a dependency assessment for each person, the results of which identified how many staff were required on each floor to meet people's needs. We saw evidence of these assessments and the resultant calculation of staffing requirements. This was reflected of the number of staff on duty. The registered manager told us staffing was flexible and could be amended at differing times of needs. On each day of the inspection, in addition to the registered manager, there were four care staff and a nurse on duty in the nursing unit and three care staff and a nurse on duty in the dementia care unit. Overnight there was one registered nurse and one care staff on each unit with an additional member of care staff 'floating' between the two units. We reviewed the duty rota over an eight day period and found the staffing levels were the same as those during the inspection. In addition the home employed catering, housekeeping, laundry and administrative staff. The registered manager told us they felt the home was sufficiently staffed to meet people's care needs.

Staff recruitment processes were in place to ensure only those who were suitable to work in care were employed. References and 'Disclosure and Barring' checks (police checks) were obtained prior to employment. The registered manager told us they had invited people living at the home to become involved in the recruitment of new staff and a number of people had expressed an interest.

People were protected from risks within the environment. For example, cleaning materials were stored in a lockable box within the housekeeper's cleaning trolley and we saw this box was locked when not in use. Equipment, such as hoists, had been serviced to ensure it was maintained in a safe working order. The home employed maintenance staff to ensure any minor repairs were dealt with promptly. The home was clean, tidy and odour free.

Good

Is the service effective?

Our findings

At our previous inspection in May 2016 we found that while the home was following the principles of the MCA, records kept in relation to this required improvement. We recommended the home reviewed all its documentation relating to the MCA. At this inspection, we found improvements have been made.

Many of the people living at Mount Tryon were living with dementia or were living with frail health and were unable to make decisions about their care and how they were supported. In these instances care must be provided in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 interest and as least restrictive as possible.

During this inspection we saw staff were supporting people to make their own decisions, as far as this was possible. Where this was not possible, staff were working in line with the mental capacity act. People were asked by staff for their consent before providing care and were supported, for example, to make choices about what they would like to eat or drink or how to spend their time. We saw staff asking one person if they wished to have a wash and get dressed. The person had said they didn't wish to and the staff member respected this. They told us they or another member of staff would return a little later, and we saw they did this and the person was then ready to receive assistance.

People's capacity to consent to receive care and support had been assessed and the outcome recorded in their care plans. Where the assessment identified people did not have capacity to consent to specific decisions the registered manager and the nursing team were following the process to identify what actions should be taken in people's best interests. For example, one person's records showed a best interest meeting and decision had taken place for the administration of covert (hidden) medicines. The assessment had identified how staff had assessed whether the person was able to consent to taking their medicines; who else was involved in the assessment and decision making processes, and what actions were identified as being necessary to act in the person's best interests.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed applications had been made to the local authority's supervisory body for those people who lacked capacity and required this authorisation. For example, some people were not free to leave the home without support to ensure their safety. We reviewed the conditions of these DoLS authorisations and found the conditions were being adhered to.

At our previous inspection in March 2016 we had identified there had been insufficient clinical oversight by the nursing staff to manage people's nutrition and hydration needs. We issued a warning notice to the

provider to make improvements. At subsequent inspections we found improvements had been made and at this inspection we found these improvements had been sustained.

The registered manager and relatives told us they had seen an improvement in people's well-being since additional monitoring had been implemented. One relative who had previously shared their concerns with us told us the home was "very much better now" and another said the staff frequently offered and supported their relative with drinks and snacks. We reviewed the care records for three people who were identified as being at risk of not eating and drinking enough to maintain their health. These showed they had either maintained their weight or had steadily gained weight over the past few months. Relatives were able to make drinks for themselves and their relatives as tea and coffee making facilities and jugs of squash were available in the lounge areas: they were also able to have a meal with them if they wished.

People said they enjoyed the food. One person said, "The food is marvellous". Throughout the inspection we saw people were offered snacks and hot and cold drinks and people told us they could have drinks and something to eat whenever they wanted. One person told us "I can have a cup of tea whenever I want one" and we saw this person's request for another cup and a piece of chocolate responded to promptly. A member of the catering staff provided people with a choice of drinks and snacks several times during the day. This member of staff demonstrated a good knowledge of people's preferences. We saw them giving one person chocolate buttons and when the person had finished them they made sure they had more available to them. People were offered a choice of drinks including fruit smoothies, and snacks such as yoghurts, chocolates, fruit, biscuits and crisps.

People who required the assistance of staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Staff were provided with written guidance about how much people should be drinking to maintain their hydration and this had been reviewed by the GP. Specialist advice had been sought from the community dietician in relation to nutritional needs. There were systems in place for reviewing how well everyone in the home had been eating and drinking. Staff were aware of their responsibility to review people's diet and fluid intake at various times of the day and report any concerns to the nursing staff.

Nurses and the registered manager had daily oversight into whether people had received enough to eat and drink. Where concerns had been identified and people appeared to be unwell the nurses (after ensuring all measures to help people to remain hydrated had been taken and with the GPs agreement) took a blood sample to check whether people were dehydrated. This monitoring and testing allowed them to make early interventions, and have access to clinical information if needed.

The chef told us it was important to provide meals that people liked and that were well presented to encourage people to eat. They said they felt it was as important as cooking for their own family. This included providing well-presented meals for people who required their food to be cut up or made into a softer texture, such fork-mashable. They said meals weren't cut up or mashed prior to people seeing their meal. A member of care staff would prepare the meal prior to assisting people. During our lunchtime observations were saw people were reminded of the choices available and asked their preference. Meals were well presented and people were offered a choice of drinks with their meals including wine and beer. People were provided with a choice of two starters, two main courses and two desserts for each lunchtime and evening meal. People told us they could also request alternatives if they wished.

Following our visit to the home in February 2017 a relative raised a concern with us that there was no bread available at night should people wish to have something to eat. During our visit to the home in the evening on 12 March 2017, we saw trays of sandwiches had been prepared and bread, butter and cheese were also

available should someone wish to have something to eat. The registered manager told us if people requested something else to eat staff had access to the kitchen and could prepare this for them.

At our previous inspection we had concerns there weren't enough staff available to support people with their meals. At this inspection we observed the lunchtime meal in both the nursing and the dementia care units. Some people required assistance to eat their meal. Staff sat with them and took time to support them at their pace. The meal time was unhurried and staff were attentive to people's needs. The registered manager told us they had reviewed the timing of the meals to ensure staff were better able to support people both in the dining room and in their bedrooms.

Staff told us they received the training they needed to understand and meet people's needs. Training records identified staff had recently received training in caring for people with dementia; managing distress; safeguarding vulnerable adults from abuse; the Mental Capacity Act 2005 (MCA) and deprivation of liberty, as well as health and safety topics such as safe moving and transferring. They also said they could ask for training in issues that interested them or those they felt they required more information about.

Specialist advice and training was provided for the nursing team and they were supported to maintain their professional registration. For example, the nurses had recently received training in the use of a syringe driver used to administer pain relief 24 hours a day. The registered manager confirmed annual checks were made of the nurses' registration status with the Nursing and Midwifery Council. In the Provider Information Return (PIR) the registered manager described their plans to introduce "champions" within the staff team. These champions would receive training in a care topic that interested them. This would enable them to concentrate on ensuring people's needs in relation to these topics were well understood by staff and that the care plans described how these needs should be met. Barchester Healthcare Homes Ltd provided support through their operational training department which included access to clinically trained staff, such as nurses and those trained in providing care and support for people living with dementia.

At the previous inspection in May 2016 we identified staff new to the home had not had been provided with training to introduce them to the home and to people's care needs. Since then the registered manager had ensured all newly employed staff were provided with induction training. This included a number of classroom days for essential health and safety training, shadowing experienced staff and for those new to care, completing the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Two members of staff told us their induction training had been "very good" and they had felt well prepared for their role.

All staff and nurses received regular supervisions. The registered manager provided supervision for each head of department, such as nursing, catering and housekeeping and they in turn provided supervision for their staff teams. We looked at a sample of supervision records for the care and nursing staff as well as support staff such as housekeeping. Topics discussed included the improvements required within the home, such as to the quality of documentation, as well as performance issues where necessary. Staff told us they felt well supported by the nurses and the registered manager. A plan was in place to ensure all staff members had regular supervision sessions to discuss how they felt about working in the home as well as their training and development needs. The registered manager's supervision was provided by the provider's area manager who visited the home regularly.

People were referred to a variety of healthcare professionals as needed. The registered manager told us they emailed the GP with information about people's care needs prior to them making a visit to the home to provide them with as much information as possible in preparation for their visit. We saw from the records

people had been supported by specialist health and social care professionals. For example, the tissue viability nurses for management of pressure ulcers, community nurses to periodically review people's care and by physiotherapist and occupational therapist, for guidance with mobility and adapted equipment. A relative told us the care staff were observant for changes in people's health and well-being. They gave us an example of when staff had acted promptly to ensure their relative received appropriate care from a specialist.

The home was purpose built and each unit designed to meet the needs of those receiving care. For example, the dementia care unit was a secure environment where people were free to walk around without risk of them leaving the home without staff knowledge or support. There were pictures on bathroom and toilet doors to help people identify their purpose: these doors were painted in contrasting colours to the walls to stand out to people. Hand rails were also painted in contrasting colours to walls to support people to be more independent. Hallways had themed areas of interest. One area had war memorabilia with pictures of planes, ships and books about the war. Other areas had a seaside theme with baskets of seashells, buckets and spades and pictures of the sea and seaside, and another, a gardening theme. Some of the areas had a list of questions staff might use to encourage people to talk about the objects and reminisce about their lives. For example, there was a vintage wedding dress with vintage shoes, jewellery and fashion items. The prompt card had questions for people about their wedding, what they wore, how they met their partner and their memories. During our inspection we saw staff talking to people about these items of interest. In both areas of the home people were encouraged to personalise their rooms. We saw people's rooms were pleasantly decorated and had displays of personal items important to them such as photographs and ornaments.

Good

Is the service caring?

Our findings

Those people who were able to share their experiences with us told us they were cared for by kind and caring staff. One person said the staff were caring, knew them well and were always polite. Other people's comments included, "I'm being taken care of very well" and "the staff were lovely". For those people who weren't able to tell us their views about living in the home, we saw them smiling and laughing with staff and giving and receiving hugs, indicating they were comfortable in the staff's presence.
Relatives were complimentary about the staff and the way in which they met people's needs. One said, "I don't have any concerns they are not looking after her, they are doing what they can". Another told us their relative was happy living at Mount Tryon. They said "The staff are all so caring" and staff took a pride in their relative's appearance. Relatives also told us they were regularly involved with their relative's care planning and were consulted and kept up to date by the staff.

During our inspection we saw and heard staff showing great interest in and kindness to people. This included care staff, administrative, kitchen and laundry staff. One member of care staff acknowledged people as soon as they came into the room and introduced themselves to a person newly admitted to the home. Another member of staff sat with people talking and holding their hands and showing an interest in one person's empathy doll. (Empathy dolls have been identified as beneficial to some people living with dementia as they provide people with the opportunity to nurture a 'baby' and to remember happy memories of parenthood.) People responded happily and smiled at the staff. We heard one member of the laundry staff saying to a person before entering their room, "Hello (name), it's only me with your laundry, is it OK if I come in?" They told the person what laundry they had brought back and checked with them they were putting it in the right place.

There had been staff changes and some staff were new. Some of these staff were less confident in their interactions with people. For example, one member of staff sat with a group of three people at a table for a short time but did not have a conversation with those people. However, when the member of staff got up to go, one person said "Don't go, stay with me, I'm afraid" and the member of staff then sat with them, talking to them and holding their hand.

Relatives told us that although many of the staff were new to the home, they felt the quality of care provided at the home had improved since the previous comprehensive inspection in May 2016. One said "It's picked up and got so much better" and another said, "It's far better than it was."

The registered manager was aware that some of the staff were new to their role and lacked confidence in supporting people with complex needs and those who had limited communication abilities. As such they knew there were variable degrees of how staff demonstrated their caring approach and interactions with people. It was an issue they and the nursing staff were addressing through supervision, role modelling and with the 'resident of the day' initiative. They recognised some staff were anxious not to cause anxiety to people who did not know them well. However, they were confident all staff were kind and caring towards people. We saw more experienced staff working alongside those less experienced to guide them with suggestions about how to interact with people who they found more difficult to engage with due to their

level of memory loss, confusion and communication abilities.

In the PIR, the registered manager confirmed all staff received training in treating people with respect and protecting their dignity and this topic was discussed at staff supervision meetings. We reviewed a sample of the supervision records which showed staff discussed person centred care and how to support people with complex needs.

The registered manager said they were keen to gain people's and relatives' views of the care provided at the home and had placed feedback forms in the entrance way. We reviewed a selection of those received by the home in January 2017. The comments praised the staff for their care and support. For example, one said, "My family and I are very satisfied with the care my husband is receiving. (Name) often comments he likes the home and the staff, so we know he is settled which means a lot."

Mount Tryon provided end of life care for people and all nurses and care staff attended end of life training with the local hospice. The registered manager said the home had purchased equipment, such as syringe drivers, to be able to respond to people's care needs without delay and ensure their comfort. A letter from a family whose relative had received end of life care at the home said, "Sincere thanks for the care and compassion you showed to mum and each of us. Please do not underestimate what you do." However, one relative told us a nurse had not been caring towards them. The registered manager confirmed the conduct of the nurse was being looked into separately from this inspection.

Good

Is the service responsive?

Our findings

At our previous inspections we identified improvements were required to the quality of the information provided to staff about people's care needs and the support required to meet those needs. At that time care plans were bulky documents and it was difficult to find the most up to date information. In addition, there was limited opportunity for people to engage in meaningful interaction and activities.

At this inspection in February and March 2017 we found improvements had been made to the ease of reference within the care files and to the information guiding staff about how to meet people's care needs. Shortly after the start of our inspection in February 2017 the home had appointed an activity co-ordinator and in March 2017 we saw people were being provided with more opportunities to engage in activities of interest. The registered manager and the activities co-ordinator recognised this type of engagement was not just the responsibility of the activities co-ordinator, but of all the staff and they were developing a plan to support this.

Over the course of this inspection we looked at the care plans for eight people with a variety of care needs. In February we found some care plans required more detail about how staff should support people to receive personal care. For example, one person's care plan stated they required the support of two members of staff to assist them with their personal care. However, there was no guidance for staff about how they should support this person other than to say they had a shower twice a week. The manager explained this was an area of improvement that had been identified and was ongoing. The registered manager told us that now the home had a stable nursing team, the responsibility to maintain and review people's care plans had been delegated to named nursing staff. Each person's care plan was reviewed once a month or more frequently if their needs changed and relatives were invited to attend their relative's care plan review. When we returned to the home in March 2017, we saw further improvements had been made to care plans, to the information about people's care needs and the guidance for staff about how to support people's independence and meet their needs.

One relative told us how they had been involved in discussing their relative's care. They said the staff were very responsive to their relative's needs and were interested in trying new ideas to improve their well-being. They said staff had tried a new way to support their relative's verbal communication and this had proved beneficial in bringing about an improvement. They described their relative as being "very much happier" as a result. Written feedback recently received by the home from another relative also demonstrated the positive impact the staff support had on people's well-being. The relative wrote, "My mother has made a huge improvement in the time she has been here. I'm extremely pleased with the care provided."

Care staff were knowledgeable about people's needs. They knew people's preferences and how they wished to be supported. They said the routines within the home were flexible and people could choose when they wished to get up and go to bed and what they wished to do each day. A relative told us the staff cared for their relative well and confirmed routines were flexible. They said, "She chooses what she wants to do, if she wants to stay in bed then she does".

Staff said the home had a good system for keeping staff informed of changes to people's care needs. At each handover meeting between shifts, changes were identified and discussed. A 'resident of the day' was discussed at the handover meetings to ensure staff had the opportunity to discuss and share information about each person's care needs. Staff also received a written summary of people's care needs each day.

Staff told us the registered manager had introduced hourly checks for everyone living in the home. They said this was to ensure each person was seen, spoken with and asked if there was anything they needed. This ensured for those people who didn't or were unable to ask for assistance would not be left for long periods of time without staff assessing their well-being.

In the PIR, the registered manager recognised that providing meaningful activity for people was an area that required improvement. Feedback given to us by people we spoke with also indicated this was an area that required improvement. We met with the activity co-ordination who described the consultation they had undertaken with people and their relatives. Records showed information about people's life histories and their social interests had been recorded, as well as a summary of their physical and mental health care needs. From this they had planned a programme of activities that not only included group activities but time spent with individually with people in activities of their choice. They said were aware of the needs of those people at risk of social isolation due to living with memory loss or those being nursed in their rooms due to frail health. We saw them spending time with one person who was being nursed in bed in quiet conversation while holding their hand.

A weekly timetable of events was displayed in each of the care units showing the daily activities on offer in picture format to help people understand these. Activities included arts and craft, flower arranging, quizzes and puzzles, gardening, baking and music. A notice board in the entrance way displayed photographs of recent activities and gave people information about forthcoming events. People's involvement in group and individual activities was recorded and we saw people had a enjoyed spending time in the garden, playing board games, baking and decorating cakes and trips out of the home using the home's minibus. In the PIR the registered manager said they were arranging for a number of volunteers to become involved with people at the home. This would provide people and their relatives with opportunities to engage with people independent from the home.

At our previous inspection in May 2016, we identified improvements were required in the way the home handled complaints. During February and March 2017 people told us they had no complaints about the home and the way in which they were being cared for. Relatives also told us they were happy with the care and support provided. All those we spoke with said they felt they could raise any issues of concern with the nurses or the registered manager. Feedback forms were available in the entrance hallway to allow people and visitors to share their views about the home.

The home had received one complaint since the previous inspection and we saw detailed records were kept of how the registered manager was looking into the matter and working with others to resolve the concern. The home had received several letters of thanks and positive feedback from relatives using the feedback forms.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections we found improvements were required to how the home was being managed. In May 2016 we identified changes to the management within the home and at regional level had led to weak and inconsistent management and leadership and ineffective oversight of the service. The current registered manager had been appointed one week before the inspection in May 2016. We rated this key question inadequate as monitoring systems were ineffective and the provider could not be assured people received a safe, effective, responsive and well led service.

At this inspection we found the registered manager had worked with the nurses and staff team to improve oversight and governance systems which had brought about improvements to the quality of care and to the management of risk. The provider had clear policies and procedures regarding reviewing people's care and managing risks to their health and safety. However, these had not been consistently implemented by the nursing staff when reviewing people's care and managing ongoing risks to their health and safety.

We recommend the home reviews staff's understanding of their policies and procedures in relation to monitoring people's care and risk management.

Barchester Healthcare Homes Ltd provided a regional manager who was available to offer guidance and support to its care homes. However, there had been a number of changes to this position over the past year. The registered manager was confident the current regional manager was now in a position to provide more consistent guidance.

Positive feedback about the changes in the home from people and relatives demonstrated that people were experiencing good care and an improved quality of life. People told us the home was well managed and they had seen improvements since the previous inspections. One person described the registered manager as "excellent". A relative said the improvements in the home were due to the registered manager's influence and another described them as being "Brilliant from day one." Relatives also told us they "couldn't speak more highly" of the deputy manager and one of the nurses who had worked at the home for some time. People told us they would recommend the home to others.

In the Provider Information Return the registered manager sent us clear information about the improvements that had been made and those they still wished to make. They told us they had concentrated on recruiting new care staff and registered nurses, ensuring those staff had a clear understanding of the home's values and expectations. They had introduced more comprehensive induction training for all newly employed staff and had introduced a regular programme of staff training to ensure staff were being supported to care for people effectively. Their plan to introduce "champions" within the staff team would lead to a shared responsibility of providing care and support in line with current best practice. They had also recognised the importance of providing people with opportunities to become engaged in meaningful activities and to continue with their hobbies and interests. The appointment of an activity co-ordinator had provided beneficial in improving people's experiences.

The registered manager had implemented changes to the management systems within the home. Each unit had its own head nurse and the registered manager was supported by a deputy manager who was also a nurse. The home had placed a voluntary suspension on admissions for several months while staff and nurses were being recruited. The registered manager told us the home was now accepting new admissions in a staged process to ensure each person was supported to settle into the home. A named nurse was identified for each new admission to introduce them to the home, undertake assessments and develop their care plan.

People and their relatives, as well as the nurses and staff told us the registered manager included them in discussions about the improvements required in the home. Minutes of relatives meetings showed the findings of the previous inspections had been discussed and actions for improvement identified. The action plans were discussed at each meeting and the minutes of the meetings from October 2016 and January 2017 showed the registered manager received positive feedback about how these were progressing. Staff and relatives were asked to share their views for continued improvements and to provide feedback about the impact the changes were having upon people's experiences.

Systems to monitor people's care and well-being had improved. Nurses and the registered manager had daily oversight into whether people were receiving the care and support they required. Daily 'head of department' meetings and monthly meetings provided staff from all departments within the home an opportunity to discuss topics important to people's welfare. These meetings also ensured those staff not directly involved in providing care had a good understanding of people's needs and how their role contributed to people's wellbeing. Monthly clinical governance meetings provided the nursing staff with the opportunity to discuss people's nursing and medical needs to ensure best practice was being followed consistently.

The registered manager said they had an "open door" policy for people, their relatives and staff to discuss any issues of concern or to make suggestions about improvements in the home. They had moved their office to the entrance way which made them more accessible to people. Relatives had the opportunity to meet formally and informally with the registered manager. Relatives were invited to monthly meetings and care plan reviews, as well as being able to meet with the registered manager on an individual basis. The registered manager said they wanted themselves and the families to work together to support people's care. They said they were providing information to people and relatives about specific care issues to enable them to better understand these and how care and support should be provided. For example, they had arranged for the speech and language therapist to visit the home to discuss how to support people with swallowing difficulties who were at risk of choking. Feedback forms encouraged people and relatives to share their views, anonymously if wished, and to contribute to the improvements of the home.

The home had established more stable management, nursing and care staff teams. All the staff we spoke with told us they felt well supported and had a good relationship with the registered manager and the management team. They said the registered manager demonstrated a commitment to high standards of care and worked alongside staff to review their practice and to act as a role model. Staff were aware of the culture the registered manager was promoting within the home, that of kindness and skilled care. We saw this demonstrated by through the staff team during our inspection. The registered manager met regularly with the night staff to ensure they were included in the home's improvement plans.

The deputy manager told us they had specific management responsibilities to support the registered manager with improvements. These included observations around the home for health and safety issues, observations of staff performance and interaction with people and audits of care records. In addition to the internal management and support structure, the provider had clinical and management support teams

external to the home who were able to provide guidance and advise to the registered manager. For example a clinical development team provided best practice advice about nursing care needs and a dementia support team about supporting people living with dementia. The area manager's position was now more firmly established and the registered manager was able to discuss, review and seek advice about the progress the home was making.

Staff were knowledgeable of the home's action plan for improvement and their own role in supporting these improvements. They were confident the changes made would ensure people received the care and support they required. Nurses and care staff newly appointed to the home told us the findings of the previous inspection report had been shared with them before they were appointed and they were fully aware the home had improvements to make. They said in the short time they had been at the home, they had seen continued improvements in the way the home managed the day-to-day staff team and oversaw people's care needs. Staff told us they were pleased and excited about the future of the home. A newly appointed nurse and a member of care staff told us they would not have stayed at the home if it had not been improving. Barchester Healthcare Homes Ltd recognised the commitment of the staff to make improvements through a reward scheme and identified an employee of the month.

The registered manager had recently introduced an initiative to provide staff with more insight into the needs of the people living the home and how it felt to be reliant upon staff to meet their care needs. Staff volunteered to be a "resident for the day". They were given a scenario to follow which identified their needs and how they were able to communicate with staff. Relatives had been informed of this initiative and were invited to share experiences they felt were important for staff to know. Staff told us they thought this was very beneficial and were supportive of this initiative. One told us they had volunteered to be a resident for the day.

Robust systems to monitor people's clinical care needs were in place. Regular audits and monthly reports about a number of issues relating to people's care and the safety of the environment were being undertaken. These included audits of whether there had been any accidents; that people had received their medicines as prescribed; whether anyone had developed a pressure ulcer; that care plan reviews had taken places, as well as infection control practices and the safety of the environment. As a result of these audits new equipment has been purchased such as hoists and mattresses. In addition monthly meetings were undertaken to review people's nutrition needs and ensure appropriate support was in place for those at risk of not eating or drinking well. The results of these audits were reported to the provider's clinical development team who reviewed the results to monitor for any trends, such as people falling more frequently. They also visited the home frequently and provided guidance and support in managing people's clinical care needs.

The area manager visited the home at least weekly and they and the registered manager had developed a support plan which identified their responsibilities in supporting the improvements within Mount Tryon. The plan was kept under review at each meeting with the area manager as well as when the registered manager met with the home's nurses and heads of departments. The action plan identified the areas they wished to keep under review. These included staffing levels and staff skills and competence; record keeping and the quality of the information recorded; improving communication with people who may no longer be able to communicate verbally and providing meaningful engagement and activities.

In addition to the home's feedback forms, the provider used the public website www.carehome.co.uk. to review the home's performance. We looked at this website and saw there had been four postings in 2017. These reviews gave very positive feedback about the home and rated the home as "excellent". The reviews said the home was well-led and the staff were caring, knowledgeable and courteous and treated their

relatives with dignity. All reviews said they were "extremely likely" to recommend the home to others.

In February 2017 Torbay and South Devon NHS Foundation Trust's Experts through Experience Mystery Shopping Group made an unannounced visit to the home. They provided us with a copy of their findings which gave very positive feedback about the information provided by the registered manager, including the outcomes of the CQC reports, and the attitude and caring approach of the staff. The outcome of the visit was to recommend the home to others.

In the PIR, the registered manager said their action plan for future improvements included training and networking with other healthcare professionals and providers to ensure care was delivered in line with recognised best practice. They also wanted to develop closer links with the local community by attending and providing organised events. The registered manager met each month with other registered managers within the Barchester Healthcare Homes Ltd group to share good practice and discuss developments within the care profession. They were aware of their responsibility regarding duty of candour, that is, their honesty in reporting important events within the service, and their need to keep CQC up to date with important events within the service.