Morleigh Limited

Tregertha Court Care Home

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

Overall summary

We carried out this unannounced inspection of Tregertha Court Care Home on 3 March 2015. Tregertha Court Care Home is a care home that provides care for up to 38 older people. On the day of the inspection there were 22 people living in the home. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia. The service was last inspected in July 2014 and was found to be compliant

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall charge of the day-to-day running of the home had started the process to make an application to the Care Quality Commission (CQC) to become the registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

There were not sufficient numbers of staff on duty to keep people safe and meet their needs. People and their

Summary of findings

relatives all told us they did not feel there were enough staff on duty. People told us about staffing levels, "I had an accident the other morning and I had to wait 10 minutes for a carer", "you start talking to staff, they get called away and leave you", "staff are good … when they have the time" and "there are only three staff on duty during the day and at weekends there are only two".

Staff told us they were always busy especially when getting people up in the morning and helping people to bed in the evening. One care worker told us they regularly got 11 people up in the morning by 10.15am. Another care worker told us, "It worries me that you don't have enough time to talk to people for a proper conversation".

Care plans reflected people's individual care needs. However, there were no assessments of how people's social and emotional needs could be met. People did not have sufficient access to meaningful activities in line with their interests and preferences.

The actions we have asked the provider to take are detailed at the back of the full version of the report.

On the day of the inspection there was a calm atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People told us they felt safe living at the home and with the staff who supported them. One person told us, "I've been here for a few years now, it's very good".

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff were well trained and there were good opportunities for on-going training and for them to achieve additional qualifications.

We observed the support people received during the lunchtime period. People had a choice of eating their meals in the dining room, their bedroom or the lounge. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the manager acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us staff treated them with care and compassion. One person told us, "staff are good, marvellous". Relatives told us many staff in the service go 'above and beyond the call of duty' in the way they cared for people. The relative of one person told us, "my mother's care is excellent".

Staff were able to tell us how people liked to be supported and what was important to them. People's privacy was respected. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People told us they knew how to complain and would be happy to speak with the manager if they had any concerns. New systems to monitor the quality of the service provided had recently been implemented.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. There were not sufficient numbers of staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People's privacy was respected

Is the service responsive?

Requires Improvement

The service was not responsive. People did not have sufficient access to meaningful activities inline with their interests and preferences.

Care plans reflected people's individual care needs. However, there were no assessments of how people's social and emotional needs could be met.

People told us they knew how to complain and would be happy to speak with the manager if they had any concerns.

Is the service well-led?

Requires Improvement

The service was mostly well led. Systems to monitor the quality of the service were in place. However, these systems had only recently been implemented and would require a longer term track record of consistent good practice.

Staff said they were supported by the management and worked together as a team. Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Tregertha Court Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 3 March 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views of living in the home and seven visiting relatives. We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. After our visit we spoke with a district nurse and a healthcare professional from the Early Intervention Team (EIS) by telephone.

We also spoke with four care staff, the cook, the manager, the quality lead and the provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

We found there were not enough staff on duty to meet people's needs. On the day of our inspection there were three care workers working until 2pm and two care workers and a senior care worker from 2.00pm until 8.00pm to meet the needs of 22 people. Some people had high dependency needs due to their physical frailty or level of dementia. The manager worked from 8.00am to 5.00pm and spent at least 50% of the day providing care and support for people. This included administering people's medication during three separate periods of the day and assisting people at lunchtime. At weekends, when the manager was not working, the service had two care workers and a senior care worker from 8.00am until 8.00pm. The manager told us that, at their request, the provider had just increased the staffing levels in the morning at the weekends. An additional care worker would be on duty from 8.00 until 11.00am on Saturdays and Sundays.

People, their relatives and healthcare professionals all told us they did not feel there were enough staff on duty. People told us about staffing levels, "I had an accident the other morning and I had to wait 10 minutes for a carer", "you start talking to staff, they get called away and leave you", "staff are good … when they have the time" and "there are only three staff on duty during the day and at weekends there are only two". Relatives told us it was often difficult to find a member of staff to open the main door for them when they wanted to leave. One relative told us, "I waited 15 minutes one day for a member of staff to unlock the door to let me out". A healthcare professional told us, "I have trouble finding staff when I visit the home".

Staff told us they were always busy especially when getting people up in the morning and helping people to bed in the evening. One care worker told us they regularly got 11 people up in the morning by 10.15am.

On the day of our inspection there were times when people called for assistance and there was a delay in staff being available to help. For example one person was in the dining room finishing their breakfast when we arrived and they asked for a cardigan because they were cold. There were no staff in the dining room and when the person went into the lounge there were still no staff in sight to help. It was another 10 minutes before staff were available to assist the person with their cardigan. Another person asked for pain relief and was clearly in pain and discomfort. They waited 20 minutes before they were given their pain relieving medicine, during which time they became more distressed.

For most of the time during our visit there were up to 16 people sitting in the communal lounge and adjoining conservatory. There were several periods of day when there were no staff visible to attend to people sitting in these areas when they called for assistance. These periods of time varied from one or two minutes to 12 minutes. There were four people who spent their time in the communal lounge who needed regular assistance from staff. This was either because of their high level of physical needs or because they could become distressed and disorientated. For example, one person required help from three care workers when being hoisted from their chair to go to the bathroom or another area of the building. Two other people walked around the communal areas and regularly become distressed and staff had to frequently support them. This meant that when staff were available in the communal areas their time was spent assisting a few people with higher needs leaving little time to attend to other people.

Staffing numbers were determined by using a dependency tool, which took into consideration the number of residents living at the service and their level of needs. The numbers of staff on duty were in line with the completed assessments and adjustments were made if people's needs changed. For example, as mentioned above, the service had adjusted staffing levels at the weekend after the manager had identified there were not enough staff to meet people's needs. However, from our observations and feedback from people, their relatives and staff we concluded that the dependency tool used had not assessed staffing levels at a rate that was sufficient to safely meet people's needs.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People told us they felt safe living at the home and with the staff who supported them. One person told us, "I've been here for a few years now, it's very good". Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Requires Improvement

Is the service safe?

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were stored and administered safely. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Medicines were securely stored in a metal cabinet which was kept in a locked room specifically used for the storage of medicines. A dedicated fridge was available for medicines that needed refrigeration and the temperature was checked each day to ensure it stayed within the acceptable range. Controlled drugs were stored correctly and records kept in line with relevant legislation. We checked stock levels of some people's medicines during our inspection and found these matched the records completed by staff.

Risks were identified and assessments of how risks could be minimised were recorded. For example how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This provided a clear summary of how staff should assist people and how many staff would be required for each activity. Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Incidents and accidents were recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, the manager reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

The environment was clean and reasonably well maintained, although some bathrooms and bedrooms were in need of re-decoration. The provider told us plans were in place to carry out the necessary re-furbishments. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment was in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Good

Is the service effective?

Our findings

Staff demonstrated a good knowledge of people's needs and told us about how they cared for each individual to ensure they received effective care and support. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. Staff had received training identified by the provider as necessary for the service. For example moving and handling, infection control, mental capacity and safeguarding. One care worker told us, "I have been here since June 2014, I have had manual handling training and am doing e-learning. I am also doing an NVQ in health and social care". Records showed staff had completed, or were in the process of completing, dementia awareness training. This training was relevant to the needs of people who used the service.

Staff told us they had completed an induction when they commenced employment. The training was in line with Skills for Care Common Induction Standards (a recognised training and induction programme widely used within the care industry). A senior member of staff explained the home's working practices, policies and procedures to new employees when they started working at the home. New staff completed shadow shifts with a more experienced member of staff before they started to work on their own.

Staff told us they felt supported by the manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. In addition staff had annual appraisals where they discussed their personal development.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the home as well as working closely with the community nurses. Healthcare professionals told us staff worked with them to manage people's health needs, such as pressure areas. For example, records for one person showed staff had updated the way the person was 'turned' each day in line with instructions from the community nurses.

The home monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. People's individual records detailed an ideal amount of food and fluid intake and a minimum intake each day. These records were checked weekly by the manager to ensure people were appropriately nourished and hydrated. A relative told us their family member was at risk of losing weight, this was being monitored by staff and they had put on weight.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and staff were attentive to people's individual needs. People told us the dining room was not as pleasant to sit in as it used to be, there used to be flowers on the dining tables and this no longer happened. We observed that several tables were not being used and these had been left empty without cutlery or table cloths. This resulted in the room not having a 'restaurant type' atmosphere and therefore did not create as pleasant an experience for people. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, we observed people were asked to verbally consent to taking their medicines. One person said they did not wish to have any pain relief and the manager respected their decision.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal

Good

Is the service effective?

requirements. A best interest meeting had taken place for one person to discuss their end of life care. Records showed the person's family and appropriate health professionals had been involved in this decision.

The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for where someone may be considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. As a result of this the manager told us they had made 10 DoLS applications to the local authority recently and were waiting to hear if these would be authorised.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with care and compassion. One person told us, "staff are good, marvellous". Relatives told us many staff in the service go 'above and beyond the call of duty' in the way they cared for people. The relative of one person told us, "my mother's care is excellent". People were smartly dressed and looked physically well cared for. Staff ensured people's clothing was arranged properly to promote their dignity.

Throughout our inspection we saw people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. We also observed staff were respectful about how they served people's meals and cleared dishes away at lunchtime. Staff asked people if they had finished their meals before they took away their plates, waiting for an acknowledgement rather than just clearing the tables. However, as detailed in the responsive section staff did not have the time to interact with people other than when they were carrying out tasks.

The care we saw provided throughout the inspection was appropriate to people's needs. Two staff used a hoist to move one person out of their armchair and into a wheelchair so they could go into the dining room for lunch. It was clear the person did not understand what was going to happen, even though this was a regular event. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their day to day lives. Some people used communal areas of the home and others chose to spend time in their own rooms. People told us they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living.

Some people living in the home had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

All the staff we spoke with said they thought people were well cared for. They said they would challenge their colleagues if they observed any poor practice and report their concerns to the manager. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in their own room.

Requires Improvement

Is the service responsive?

Our findings

We spent six hours observing and speaking with people in the communal areas of the home. We found there was little social interaction with people from staff, apart from when staff spoke with people while carrying out a task with them. For a few people there were frequent interactions, because of their need for regular assistance from staff for personal care. However, for most other people meaningful interaction with staff did not happen at all during this period.

People told us, "I can't get out, my key workers used to come with me to the craft club. Can't get hold of my key workers as they are too busy", "you don't know who you are going to get to bath you…can't even have a chat with staff now", "we had an activities organiser….. we do need activities, I like to get involved" and "we can only choose what to do if we have something ourselves to do". A relative told us, "Last year I did suggest that I start a 'Friends of Tregertha' to organise activities but nothing has been done".

Staff expressed their concerns to us about the lack of opportunities to spend time talking with people. One care worker told us, "it worries me that you don't have enough time to talk to people for a proper conversation".

The service had not had an activities co-ordinator since December 2014. The manager told us the previous co-ordinator worked three days a week and a new post for nine hours a week had been advertised, which they hoped would soon be filled. Since the activities co-ordinator post had been vacant a care worker was allocated each afternoon to facilitate an activity. On the day of our visit a care worker carried out a crossword activity with six people in the main lounge. An activities log was in place for staff to complete when activities took place. The log had not been completed daily, as the instructions on the front cover stated, and the entries lacked any detailed information to indicate how people had spent their time. We were unable to establish if there was any agreed programme of activities, either group or individual, or how often, if at all, any meaningful activities took place.

Care plans gave some information about how people would like to spend their time, for example, '[name of person] likes to spend time watching television in their room'. However, there were no in-depth assessments of how people's social and emotional needs could be met. We found people did not have access to meaningful activities that met their individual social and emotional needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People who wished to move into the home had their needs assessed to help ensure the home was able to meet their needs and expectations. The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the home.

Care plans were personalised to the individual and detailed each person's specific care and health needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. There was evidence in some care plans that people, who were able to, were involved in planning and reviewing their care. However, some people told us there were not aware of their care plans and what they contained.

The service had received three complaints in the last 12 months. We looked at the complaints log and saw that all complaints had been responded to in the agreed timescale and had been resolved to the complainant's satisfaction. People told us they knew how to complain and would be happy to speak with the manager if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

The service is required to have a registered manager and, at the time of the inspection, there had not been a registered manager in post for over ten months. However, the current manager was appointed as manager in August 2014 and they were in the process of submitting an application to the Care Quality Commission to apply to become the registered manager.

The manager had worked in the service for many years before they took on the role as manager. This meant they were familiar with the service and the people who used it. They told us it had taken them some time to understand the role of manager and until recently they had not been given a clear understanding of what the provider expected of them in that role. This fitted with our findings from inspections across the Morleigh group's care homes where we have found a lack of standardised systems and ways of working to help ensure a consistent quality of service. However, some recent changes in the organisational structure had provided the manager with guidance and support that had previously been lacking. The month before our visit the manager had met with the newly appointed quality lead and discussed all aspects of the running of the service and received supervision and support.

Until recently the manager had completed regular audits to monitor the quality of the service provided by using a system put in place by a previous manager. These included a sample check of care plans and staff files as well as audits of medicines, the environment, catering and health and safety. Each month three people and their families were asked to complete a questionnaire to give their feedback about the service. Since the organisational changes a new quality monitoring system was being introduced into the service which was also being implemented across all the care homes in the group. A new 'managers report' had been developed, which was to be completed monthly to produce evidence for the provider of how the service was being managed and audited. We saw details of the first 'managers report' for this service, which was completed by the manager and quality lead at the managers first supervision. This had an action plan detailing areas for improvement in the service as well as defining the manager's role and what was expected from them. The quality lead told us they would be carrying out at least monthly visits to this location both to support the manager and to monitor the quality of the service provided.

The manager recognised that there were areas for improvement and we could see that processes to understand these had just begun. The areas for improvement identified from our inspection were staffing levels and the lack of meaningful activities to meet people's individual social and emotional needs. We discussed this with the provider and they assured us these areas for improvement were being looked at as part of their overall quality monitoring processes.

One of the areas for improvement identified in the 'managers report' was for staff and residents meetings to take place. People and relatives told us there had not been a residents and relatives meeting for 18 months. One relative told us, "my daughter wrote to the owner to ask for a residents and relatives meeting several months ago, but she has still not received a reply" However, the action plan set a date for meeting to take place by the end of March 2015. A healthcare professional told us, "the manager is fantastic. No major concerns about the service, although there is room for improvement".

Staff told us they enjoyed working in the home and felt supported by the manager, who they said was very approachable and spoke with them each day as they regularly worked alongside them. It was clear staff worked together as a team putting the needs of the people who used the service first.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **How the regulation was not being met:** The registered person had not taken proper steps to ensure that each person was protected against the risks of receiving care that was inappropriate or unsafe. Care and treatment was not planned and delivered in such a way as to meet people's individual needs. Regulation 9 (1) (b) (i) and (ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **How the regulation was not being met:** In order to safeguard the health , safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons, employed for the purposes of carrying on the regulated activity. Regulation 22