

Trafalgar Care Limited

Trafalgar Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Trafalgar Care Home is a detached home on a main road in the seaside town of Weymouth. The care home provides personal care for up to 29 people, many of whom have dementia type illnesses. At the time of the inspection there were 20 people living at the home and one person on a respite stay. Accommodation at the home is provided over two floors which can be accessed by a lift. It is not registered for nursing.

People's experience of using this service:

People felt safe living at Trafalgar Care Home. Their relatives were confident their family members were well cared for. Staff understood how to keep people safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice. Actions were taken with people's involvement to reduce their individual risks to a minimum.

People received their medicines on time from staff with the relevant training and competency checks. The home was visibly clean and free from malodours. Staff understood their responsibility to help protect people from infection.

Staff received mandatory and ongoing training that enabled them to meet people's current and emerging needs with confidence. Care plans were person centred and regularly reviewed. They reflected people's needs, abilities and desired outcomes.

People's dietary requirements and support needs at meal times were known and met. People were given assistance in a way that upheld their dignity and respected their wishes. Staff supported people to access health care services in a timely way and followed up on any advice given. This helped people to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to enjoy the company of other people at the home and visitors. Relatives told us they were made to feel welcome and involved. Staff interacted with people in a consistently kind, caring and respectful way. Staff knew people well which helped them provide reassurance at times they were feeling anxious or upset.

People had the opportunity to participate in a range of activities both in the home and community. People could also choose to occupy themselves if they preferred including time spent alone. People at risk of social isolation were offered 1:1 sessions.

Staff felt supported by the management and enjoyed working at the home. The staff got on well as a team and were dedicated to providing people with good quality care. The registered manager was proud of the

staff and shared positive feedback with them to ensure they knew they had done a good job. People and relatives were encouraged to share their views and feedback about the care they received via an annual survey. This was used to help improve the service that people received. A relative had feedback, 'Trafalgar, luckily for us, is a lovely home that no doubt stems from good management.'

Rating at last inspection:

At our last inspection we rated the home Good (published 14/12/2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Trafalgar Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was older people with dementia.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a planned inspection and was unannounced. The inspection took place on 4 and 5 June 2019.

What we did:

Before the inspection we looked at notifications we had received about the service. A notification is how providers tell us important information that affects the running of the service and the care people receive. We also spoke with the local authority to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with seven people and five relatives. We also spoke with the registered manager, operations manager, senior carer, three care staff, the cook, domestic assistant and maintenance worker. We spoke with two health care professionals during the inspection and received email feedback from one health care professional following the inspection.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including three care plans, four staff files, staffing rotas, training records, body maps and other information about the management of the service. This included accidents and incidents information, three Medicine Administration Records (MAR), temperature records, equipment checks and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who knew how to keep people safe from harm and abuse. Staff told us they would feel confident whistleblowing if they observed poor practice. They felt they would be listened to by senior staff and management with any required action taken in a timely way.
- People told us they felt safe. Their comments included: "Yes I do feel safe here because someone is always here, not like when I was at home and had a fall, plus I can lock my door", "Yes I do feel safe here because of the caring staff around" and, "I feel safe because there are other people around to help me." A relative expressed, "This home was chosen mainly because of the standard of staff here and we know that [family member] will always be safe living here." A health professional said, "I do believe [name] is very safe here, and she has plenty of space to walk around in safety."
- People had personalised risk assessments in place. Identified risks included falls, nutritional intake and vulnerable skin. One person who was at risk of falls had a falls diary in place, so staff could track the frequency, possible causes and put preventative measures in place.
- Although general environmental risk assessments had been completed to help ensure the safety of the home and equipment, during a walk around of the enclosed outside space we observed loose pieces of timber which were a tripping hazard and a disposable glove which was a choking hazard. We raised this with the registered manager and maintenance worker and these items were immediately removed. Risks were reduced as staff accompanied people in the garden.
- By the end of day one of the inspection an action plan was in place to drive improvement of the outside space. The registered manager told us that uneven paving slabs that we observed would be lifted and realigned to ensure that they did not present a tripping hazard. The registered manager also ordered new outside tables and arranged for a covered seating area in the garden to be steam cleaned to ensure moss that had built up on the seating surface over the winter would not damage people's clothes and impact on their dignity.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Fire procedures were displayed around the home. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- Staff recorded accidents and incidents appropriately. The registered manager reviewed all accidents and incidents forms to investigate what had happened, determine the root cause, identify potential trends and develop an action plan to help reduce the risk of a re-occurrence.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. People and relatives told us that staff responded in a reasonable time when they requested help either verbally or using their call bell. We also observed this. One person said, "Yes I think there are enough staff to look after us on a daily basis"

while another person said, "Yes I believe there are quite a few staff to support me when I need it." A relative told us, "We have always felt there is enough staff around to support [family member]. That's why we chose this home." A health professional commented, "Whenever I have visited the home there appears to be plenty of staff about to be of assistance to residents."

- The rota was planned in a way that supported staff to have meaningful interactions with people. Our observations confirmed this.
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people at the home. This included verified references from previous employers and criminal record checks.

Using medicines safely

- Medicines were managed safely and those requiring additional security, were held securely. People received their medicines as prescribed, including those that needed to be administered at specific times. One relative said that staff were "spot on" with giving her family member their time specific medicine.
- Medicines were only administered by staff with the relevant training and competency checks. One person told us, "Yes I have my medication twice a day, always at the same time."
- Dosage information was sufficiently detailed which helped ensure staff knew how often and how much of a particular medicine or topical cream was required. Medicine Administration Records (MAR) contained a recent photo of the relevant person and any known allergies. MAR were completed and legible.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- People were supported in decisions around their medicines. For example, one person who was nervous about needles had been supported to have their medicine in tablet form instead.

Preventing and controlling infection

- The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons and used these appropriately. Hand sanitisers were available throughout the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. One person said, "I'm very well looked after. I wouldn't want to live anywhere else."

Staff support: induction, training, skills and experience

- New staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines administration and moving and repositioning. A staff member told us, "I feel well trained."

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles and reflect on their practice. One person said, "I really don't know what training staff have had, but they seem very efficient in what they do" while another person said, "Staff here, I think are very knowledgeable and skilled to support us. So they must have been trained." A relative commented, "We know that staff are very well trained and have the knowledge and skills to do an excellent job supporting all the residents, including [family member]." A health professional expressed, "During the weeks that I have been visiting my client, I am aware that the staff have had training in the mandatory and specific skills to support people with dementia."

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Where people required support from staff to eat and drink this was provided in a calm and sensitive way that helped maintain the person's dignity. This included checking if people wished to have an apron placed over their clothes for protection.

- People's views about the food included: "The food is very good and quite varied. Most times the portion size is enough for me", "Yes, the food here is good and I enjoy them. The menu is good" and, "I liked the chicken today. Each day we have a good freshly cooked meal."

- People's dietary needs and preferences were known and met. People at risk of malnutrition and dehydration had their weight checked regularly and their intake monitored. Records showed input from dietitians and speech and language therapists where required. The atmosphere in the dining room was cheerful and engaging. People chose where they preferred to sit.

- People were asked each morning what they would like for their meals. Alternative options were made available if people preferred something different. One person said, "I like the cook because [cook's name]"

comes out of the kitchen to chat to us and ask our opinion on the meals."

- The menu was displayed prominently in the dining area using pictures. This was next to the kitchen which meant the aroma from the cooking helped encourage people's appetite. Relatives and friends were given the opportunity to stay for meals.
- Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service understood the importance of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from health professionals including GPs, dentists and district nurses. People told us, "My [relative] is taking me to [town name] hospital tomorrow after staff contacted my GP to look at the marks on my face and a lump that has appeared" and, "I have had a dental appointment and a GP appointment made whilst I have been here due to a couple of problems I have had." One person's relative said, "[Family member] has had a couple of chest infections whilst [family member] has been in here and the staff have arranged for a GP to come in when [family member] has needed extra support for [family member's] health."
- People had grab files which contained relevant and up to date information about their needs and preferences. This meant, when required, it could be easily shared with health care services such as hospitals.
- People lived in an environment that had been adapted to meet their needs. Signage around the home helped people understand what each room was used for. Clocks and calendars around the home were set to the correct time, day and month which helped people who experienced memory problems. People had their photo on their door alongside a picture indicating an event or activity that they enjoyed. Staff were supporting people to choose the colour of their room doors with some resembling the front door of a house or flat. A working passenger lift gave people access to the first floor if they were unable or did not wish to use the stairs.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Staff were able to tell us when and who they would involve if a person lacked capacity to make complex decisions. People's care plans noted when they had representatives with the legal authority to make decisions on their behalf should they lack capacity. This detailed the scope of the authority these representatives had for example for decisions around property and finance and/or health and welfare.

- Staff understood the principles of the MCA and how to apply this when supporting people living there. Staff were observed asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices.
- The home had applied to the local authority for each person that required DoLS. Three people's DoLS had been authorised. There was evidence the management had sent reminder emails to the local authority in relation to the applications awaiting assessment.
- People were living with dementia which affected their capacity to make some decisions about their care and support. Where people had been assessed as lacking capacity mental capacity assessments and decision specific best interest paperwork was in place. These had been completed for areas of people's lives including: support with personal care, support with medicines, and the use of bed rails.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke with people in a kind and respectful way and knew how to support them if they were anxious or upset. A relative said staff were "tremendous at that."
- Staff demonstrated that they knew people well. People spoke positively about the approach staff took when supporting them. Their comments included: "It's not like your own home, but staff are very kind and friendly and when I am feeling low and down they can always find some time to sit and chat with me" and, "It's never too much trouble to help me when I need it." A relative said, "[Family member] receives a good level of caring support and all the staff are really kind and respectful." A health professional told us, "Whenever I visit my client, I am very impressed with the kind and caring nature of all the staff towards each resident."
- The service kept a record of compliments and shared these with staff. Comments included: 'You kept our [family member] warm and safe and we are ever grateful' and, 'Thank you for taking such good care of [family member] and making [family member] feel so loved and cared for in [family member's] last few months. [Family member] couldn't have had better care or kinder support.'
- People's cultural and spiritual needs were recorded and respected. Our observations confirmed staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

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

- People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. People said this made them feel settled and at home. One person's relative said, "I like this home. It's like [family member's] house. That's why we wanted [family member] to move here."
- People told us they could express their views about the care and support they received and live their lives how they wanted to. For example, one person said, "I get very tired during the day, so I have a nap or a rest after lunch, as I'm doing today, and I go to bed quite early at night and get up at 8am" and another person told us, "You can do what you like here. It's like a home from home. It will do me for the rest of my days."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy. We observed staff knocking on people's doors before entering their rooms. All staff waited for the person to respond and invite them into their room, before greeting them with their preferred name. People told us staff supported their dignity when helping them with personal care or getting dressed. We observed a person being supported in a discreet and person-centred way after they experienced an episode of incontinence in a communal area.
- People were encouraged to remain as independent as possible with care plans documenting the level of assistance people required. People told us staff supported their independence and records confirmed it.

One person said, "I can wash and dress myself and I often make my own bed. Staff help me to be as independent as I can." Another person said, "I potter around in my room dusting keeping it tidy. I like that. I'm going into town later to see my friends."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
Improving care quality in response to complaints or concerns

- People received personalised care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. People's care needs were regularly reviewed. We saw evidence that, where appropriate, people's relatives had been involved in these reviews. A relative told us, "[Family member] has regular care planning reviews and we are invited mainly to these meetings as [family member] would not understand what is being discussed."
- The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- People had choice and control over how they spent their time. For example, people were given the option to participate in group activities, 1:1 sessions, or to spend time doing something else. We observed people being left to enjoy an uninterrupted snooze after taking part in activities or having their lunch. One person told us, "I tend to like remaining in my room most days as I like reading and completing large jigsaw puzzles. Often, I will stay in the lounge after lunch and read the paper or watch a bit of TV. I am not a fan of the group activities on offer or the singalongs."
- On day one of the inspection we observed eight people taking part in an organised drumming and singing session with a visiting entertainer. People were observed laughing and smiling while participating in this energetic, staff supported activity. One person commented, "The activities are quite good... I do like the exercises, bingo and the music or sing songs. Sometimes we have a craft morning which I like. It all keeps the mind and body young."
- The home had an up to date complaints policy which was displayed in the home. Complaints were logged, tracked and resolved in line with this policy. People told us that if they were unhappy with anything and had to make a complaint they would speak to staff or the registered manager.

End of life care and support

- Although no people living at the home at the time of the inspection had end of life care needs staff had received training in this. A visiting health professional feedback their view via email about the support people received at this time – "Their (staff) approach has always been very person centred and they are able and willing to provide a high standard of end of life care within the home to enable patients to die in their preferred place of care."
- People who had decided they did not wish to receive emergency care including resuscitation had the necessary documents in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Our observations provided a picture of a relaxed, happy atmosphere, where staff were approached by people, relatives or visitors with confidence and a sense of wellbeing.
- Staff were valued by the registered manager. The registered manager told us, "My staff have great values. They are a wonderful group of people." A staff member said, "I definitely feel supported by the management. I like the atmosphere. It's lovely here." Another staff member said, "I do like [name of registered manager]. [Name of registered manager] is very professional and seems to know what [name of registered manager]'s doing."
- There was an open and transparent culture at the home. The registered manager understood and met the requirements of Duty of Candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse serious injury or death of a person. The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.
- The home received a positive unannounced visit from the local authority in April 2019. The local authority commented, 'The Manager and team continue to show dedication to providing a good service to their service users...the manager was responsive to feedback and suggestions.'
- The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. Monthly audits covered areas including medicines, daily records, nutrition and hydration, infection control and care plans. The home had an improvement plan in place with required actions noted and tracked until resolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular team meetings were held with staff telling us they could raise anything which was then followed up by the management and provider. One staff member said, "Team meetings are quite informative." Minutes showed that staff had used one of their meetings to increase their understanding of the Duty of Candour.

- Relatives and people were encouraged to provide feedback on the service via an annual survey; the most recent in July 2018. Feedback had included, 'Thank you for all your wonderful care of [family member]', 'I know my [family member] is in fantastic hands' and, 'Staff all seem to be happy and get on well together. Trafalgar, luckily for us, is a lovely home that no doubt stems from good management.'
- The service had developed and maintained good working relationships with GPs, a local college, community mental health nurses and district nurses. A visiting health professional fed back to us via email, 'Their manager is excellent. [Name of registered manager] has a good understanding of all their residents, listens to carer concerns and flags up issues appropriately to the weekly visiting clinician. The communication has always been good with the surgeries and with myself when previously visiting.' Another health professional said, "Of all the homes I visit this is one of the nicest to come into. They are more welcoming, helpful and easier to approach."