

## 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 caring?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Mount Tryon is a care home. It is registered to provide personal and nursing care for up to 59 people across two floors, each of which has separate adapted facilities. At the time of our inspection 48 people were living at the service.

### People's experience of using this service and what we found

People were at risk because the providers quality assurance systems were not fully effective. They had not identified issues we found during the inspection relating to gaps in medicines records; the setting for a pressure mattress; emergency evacuation plans and staff wearing PPE correctly. The registered manager responded immediately during and after the inspection to address the concerns raised.

The registered manager had been managing another of the providers locations, in addition to Mount Tryon. The deputy manager, who was also the clinical lead, had additional responsibilities during this period to support the management of the home. The registered manager had now returned to Mount Tryon full time.

There were processes in place to keep people safe from the spread of COVID-19, although improvements were needed to ensure staff were wearing personal protective equipment (PPE) correctly.

There had been difficulties with staffing and recruitment which the provider was working to address. A dependency tool was used to calculate staffing numbers. Staff from all roles worked across both floors to cover any shortfalls. Staff told us they were able to meet people's basic needs at these times. The provider was clear this had not impacted on the quality and safety of the support provided.

Measures were in place to mitigate the risk of deteriorating mental health due to a lack of stimulation and activities. The providers dementia specialist was reviewing the support for people living with dementia, and two 'dementia champions' had been appointed. A new activities co-ordinator was due to start. Environmental improvements were about to begin in the Memory Lane community, the providers specialist resource for people living with dementia. This had been delayed for 18 months by the restrictions of lockdown.

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions and their privacy and independence promoted. The care provided was sensitive to people's diverse needs.

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

Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care

plans were detailed, person centred and reviewed regularly. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team.

People were supported by suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. Overall external professionals were complimentary about how the service worked in partnership with them, although this had been more challenging with the restrictions of lockdown.

There were effective systems in place to protect people from the risk of abuse. Concerns were escalated appropriately to the local authority, and investigations completed as required. Lessons learnt from accidents and incidents were used to prevent reoccurrences. Staff were recruited safely.

The management team led an open, transparent and person-centred service which helped people and staff feel valued and supported. They were committed to continuing to learn and improve, responding immediately to feedback given during the inspection and undertaking to address any concerns raised.

People, staff and relatives spoke positively about the registered manager and the management of the service. Relatives commented; "The manager is the best they have had in ten years "and, "He is really nice and capable. They went through three or four managers; he certainly turned the home through a bad patch."

We have made a recommendation about the safe administration of topical medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 27 July 2021) and there were breaches of regulation related to dignity and respect; safe care and treatment and good governance. At this inspection improvements had been made and the provider was no longer in breach of the regulations.

#### Why we inspected

We received concerns in relation to staffing and the management of risk. As a result, we undertook a focused inspection to review the key questions of Safe, Caring and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount

Tryon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 always safe.

Details are in our safe findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well led findings below.

# Mount Tryon

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors; a specialist advisor, whose specialism was nursing care; 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.

#### Service and service type

Mount Tryon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with 17 members of staff including the provider, registered manager, deputy manager, nursing staff, care staff, maintenance and housekeeping staff, dementia care specialist and cook. 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 reviewed a range of records. This included 17 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly work with the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure risks associated with people's care needs were reduced. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection risks had been identified related to the support of people with diabetes and people at risk of choking. These risks were now being managed.
- We identified an issue during the inspection related to pressure mattress settings for one person, although, there had been no impact on the person's health. We raised this concern with the registered manager who acted immediately to address it.
- There were systems and processes in place to manage risks related to the environment. However, the current emergency evacuation plans did not contain the information necessary to evacuate people safely. This was updated during the inspection in response to our feedback.
- People were at risk of deteriorating mental health due to a lack of stimulation and activities. Staff told us they were waiting for a new activities co-ordinator to start, but in the meantime, staff were working to increase the amount of interaction they had with people. The provider's dementia specialist was reviewing the support for people living with dementia and two 'dementia champions' had been appointed to drive forward the recommended changes. Environmental improvements, delayed for 18 months due to the pandemic, were about to start.
- Comprehensive risk assessments were in place and reviewed regularly to ensure they remained up to date.
- People told us they were happy at the service and well supported by staff.
- Relatives confirmed, and we observed, staff had a good understanding of the support people needed and how to mitigate any risks. One relative told us, "Her speech has improved since the staff sing with her, when they give her personal care. She has a way of indicating when she is in pain and the staff know her and help her."
- Staff received training in supporting people living with dementia. They were skilled at anticipating if someone needed assistance. They knew how to support people if they were distressed and putting themselves or others at risk.
- People were supported effectively with nutrition and hydration. The chef had detailed current knowledge of people's dietary needs and people spoke very highly about the quality of the food. Food and fluid intake were monitored, people weighed regularly, and referrals made to dieticians and the speech and language therapist if required.



- Staff told us they did not have enough time to read risk assessments and care plans but were positive about the effectiveness of handovers and the daily 'stand up' meeting in keeping them informed about changes to people's needs. This was observed during the inspection.
- Staff received the training they needed to maintain their knowledge. We observed they were skilful in the way they supported people and anticipated their needs. They told us, "We have all the training. We had the moving and handling refresh last week and yes we have had falls and pressure care training – we have a trainer who does the clinical training."
- Relatives told us, and records showed, people were referred appropriately for support from external health professionals.

#### Using medicines safely

- We reviewed four people's topical medicines records and found there were gaps in recording. This suggested staff had not administered creams as prescribed to minimise the risk of skin damage. One person required cream to be administered to dry skin at least twice daily, but records showed this had only happened very occasionally over the previous 3 weeks and on some days not at all.
- This issue had not been identified by the provider's medication audits. This meant no action had been taken to address it. Due to the pandemic, an external pharmacy audit had not been completed since February 2019. This meant spotting medicine recording errors was even more crucial within the provider's own systems.
- We discussed this concern with the registered manager and provider's representative. They advised the health of people's skin showed creams were being administered as prescribed, however staff were not consistently documenting this. The registered manager responded immediately after the inspection, carrying out an audit of topical medicines administration and addressing the concerns with staff.

We recommend the provider consider current guidance to ensure the safe administration of topical medicines at the service.

- Staff received the necessary training to administer medicines safely, and their competency was checked.
- Records showed, and the registered manager confirmed, that where medicines errors had been identified, action had been taken to minimise the risk of recurrence.
- Medicines were stored safely and securely

#### Staffing and recruitment

- The home was fully staffed on the day of inspection and staff were visible throughout the time we were there. However, relatives told us there were not enough staff at times. Comments included, "I think there seem to be less staff, than there used to be. I have found it difficult to find staff, when I have been there" and, "There are not enough staff because of sickness."
- Staff confirmed they were short staffed on occasions. This prevented them from supporting people in the way they would want, although they worked hard to meet basic needs. One member of staff told us, "When we are not enough, we are doing our best and ensuring people are comfortable and ensure they eat and drink but it's not having that extra time to sit with people and hold their hand. It's not their physical needs that are impacted. There is so much to do your brain goes into overdrive."
- We discussed these concerns with the registered manager and provider's representative, who said there had been recruitment challenges and finding agency staff to cover staff sickness. They were clear this had not impacted on the safety and quality of support provided. There was always a nurse working on each floor, even if the number of care staff was reduced. A 'whole home' approach was used to cover any staffing shortfalls. This meant all staff, from a range of roles, working together across the two floors to support people.

- A dependency tool was used to calculate staffing levels. There was evidence staff were providing the support necessary to minimise risks to people. For example, records showed there had been a decrease in the number of falls over the last three months.
- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was using PPE effectively and safely.

Not all staff were wearing PPE correctly. We discussed this with the registered manager who advised they were proactive in prompting staff to do so.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had safeguarding training and knew about the different types of abuse.
- Staff told us they felt confident to report any concerns and were confident knew that action would be taken.
- The provider had effective safeguarding systems in place. Concerns were escalated appropriately to the local authority, and investigations completed as required.

#### Learning lessons when things go wrong

- Staff were supported and given time to reflect if they had been involved in an incident. This was an opportunity to learn and consider what went well, and what might have been done differently.
- Staff were clear about the process for reporting and recording accidents and incidents.
- The provider had systems in place for reviewing accidents and incidents, and safeguarding concerns. An analysis of this information was completed to identify any patterns and trends.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to ensure people were treated with dignity and their lifestyle choices respected. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff treated people with dignity and respect. They knocked on doors before entering people's rooms and asked for consent before supporting them. They established and acted on the preferences of a person who did not communicate verbally, asking clear questions and responding to their facial expressions.
- We observed staff assisting a person with breakfast while the person was in bed. They sat down on a chair facing the person. They gave the person small amounts of food at a time and didn't rush them. They gave positive feedback and used the person's name a lot to encourage them to eat.

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

- Staff were committed to providing person centred care. A member of staff said, "Every resident is an individual and they can go to bed whenever they want." They told us the care they gave was person centred, not task orientated. "Every resident has their own routine and you have to follow them."
- Staff promoted meaningful choice for people living with dementia. For example, at mealtimes they showed them the choice of dishes plated up, explaining the components of the meal. This meant people could also see and smell the food.

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

- We observed warm interactions between people and staff. People and relatives told us staff were kind and caring. A relative told us, "They are good at giving her reassurance. They talk to her and calm her down, they are really good when she gets anxious. They are always kind and caring."
- A member of staff told us, "I try and ensure people have a good quality of life. I make it my goal most days to put a smile on their faces. One of our new ladies had been very quiet and then I put some music on for her and she looked so happy and her foot was tapping and she got-up and we were dancing for about hour and a half."
- Staff were committed to continuing to engage and involve people as their dementia progressed. A 'This is

Me' document was completed for each person to inform staff about the person and what they were interested in. Staff told us, "You have to get into their world" because people's interests often changed over time.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

.At our last inspection the provider had failed to ensure systems to monitor the quality of the service were effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had comprehensive governance arrangements in place to monitor the quality and safety of the service. They had not identified the issues we found during this inspection however, related to medicines administration, pressure mattress settings, evacuation plans and staff wearing PPE correctly.
- We found no evidence people had been harmed, The registered manager responded immediately during and after the inspection. They investigated the concerns raised, acting promptly to improve governance arrangements.
- The registered manager had been managing another of the providers locations, in addition to Mount Tryon. The deputy manager, who was also the clinical lead, had additional responsibilities during this period to support the management of the home. The registered manager had now returned to Mount Tryon full time. The deputy manager had moved to a new post and recruitment to this role was in progress.
- The management team were proactive in promoting effective monitoring and accountability. They spent a lot of time 'on the floor' and completed a daily 'walk around'. This gave them the opportunity to observe staff practice and review staffing levels.
- A 'stand up meeting' was held every morning with the heads of departments. This was an information sharing forum. Issues discussed included housekeeping and maintenance; changes in people's needs; new admissions; accidents and incidents; appointments and activities. This information was then shared across the staff team.
- Relatives spoke highly of the registered manager. Comments included; "The manager is the best they have had in ten years. ", "He is really nice and capable. They went through three or four managers; he certainly turned the home through a bad patch "and, "It seems to be running extremely well."
- Staff felt well supported by the management team and structure. They told us, "We have had some difficult times in terms of management and we do seem to get a bit of turnover, but when I have gone to [registered

manager] and I've had a problem, he has done his best to resolve things and make it right...I do feel supported and valued. We have got some really good seniors who really listen. I feel I can go to them and also the nurses – I feel they are there for me too."

- The providers representative visited the service regularly. They carried out audits and provided supervision and support to the registered manager, who described them as "extremely supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager said they strived to have an open and honest culture. Their door was always open. They were available to staff and relatives and responded to any concerns and requests for support. A member of staff told us when the registered manager was based at the other location, they could text him and he would reply straight away.

- The registered manager told us, "I want our residents to live a meaningful life and have great support. Our values are respect, accountability and empowerment. We want an open and honest staff team who are happy at work, with the tools and knowledge to do their jobs well. Good care creates happy relatives and residents."

- Staff wanted to make a difference for the people they supported. They told us, "It's lovely here, lovely residents, lovely team and I enjoy my work actually. I think it's because everyone does genuinely care. It's not the type of job you come in to and think it just a job because it is not, it is a lot more than that."

- The management team were transparent during the inspection. They were aware that although there had been positive changes over the previous 12 months, further improvements were needed. They welcomed feedback given, seeing it as an opportunity to learn.

- The service met its regulatory requirements to provide us with statutory notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to express their views about the service. Activities had been discussed at small group meetings. A 'You said, we did' board was displayed to show the service response to any suggestions people had made. A quality assurance survey had been launched inviting people and their relatives to comment on the quality of the support they received.

- A 'resident of the day' system ensured the well-being of all people living at Mount Tryon was the focus on a regular basis. This was an opportunity for each person's situation and support to be reviewed with the involvement of relatives if appropriate.

- Overall relatives told us the service kept them well informed about the welfare of their family member, although this had been more difficult during lockdown. They were invited to contribute to developing and reviewing care plans with their family member.

- Staff told us they felt valued. Comments included, "We have supervisions every so often and we have those chats about how you are doing and how you feel" and, "We get feedback and are able to give our views too." They said team meetings had been a bit 'hit and miss' due to staff shortages but they were all connected through email.

- The provider had a 'staff well-being hub', through which staff could access a range of support including talking therapies. A national anonymous staff survey had been carried out. Barchester had been named one of 20 best companies in Health and Social care to work for in 2021 and accredited for demonstrating an 'outstanding commitment to workplace engagement'.

Continuous learning and improving care

- The registered manager told us they had continued to promote staff development and learning during the

pandemic, although this had been challenging. A lot had been done virtually using information technology.

- The provider had resources to support continuous learning for staff. For example, operational trainers came to the home monthly. There was also a regional clinical development nurse whose role was primarily to provide advice and training for nursing staff.

- The providers' dementia specialist was reviewing the support of people living with dementia.

Recommendations had been made and were being acted on. This included the nomination of two 'dementia champions' to drive the improvements.

#### Working in partnership with others

- The service worked with a range of health and social care professionals to meet people's needs. Health professionals had been unable to visit during the pandemic, and they told us it was sometimes difficult to obtain the information they needed. The registered manager said the need to provide information electronically could take a long time. In addition, the increased number of telephone calls to the service during the pandemic meant it was sometimes hard for people to get through.

- The management team worked constructively with the local authority quality assurance and improvement team to maintain quality and safety. The local authority told us the registered manager was responsive and thorough when safeguarding concerns were raised, working alongside them to investigate and ensure people were protected.