

Maria Mallaband Limited

Troutbeck Care Home

Inspection report

Crossbeck Road
Ilkley
West Yorkshire
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Tel: 01943602755

Date of inspection visit:
08 August 2019

Date of publication:
03 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Troutbeck is a residential nursing home situated in Ilkley. The home provides accommodation and personal care for up to 54 older people and people living with dementia. At the time of the inspection there were 34 people living at the home.

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

People and relatives told us the service was caring and safe. However, we found at key parts of the day staff were rushed and sometimes people had to wait for support. The system to assess and monitor staffing levels needed reviewing to ensure the registered manager was able to identify and act on any staffing issues promptly.

We have made a recommendation about monitoring and reviewing staff levels.

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 supported this process.

People's care needs were assessed, and they received good quality person centred care from staff who knew them very well. Staff were caring and compassionate. There were inclusive and person-centred activities available for people.

Medicines were generally managed safely. People's health and dietary needs were met and there were close links with health professionals and other agencies.

The home and the grounds were accessible and well maintained. There were a range of communal areas which were spacious, light and homely.

Staff were knowledgeable about people and the topics we asked them about. They received a range of training, supervision and appraisal.

The registered manager provided the home with strong leadership and promoted a positive team culture. They maintained good oversight through communication with people and the team and a detailed scheduled of audits. They were passionate about continuing to improve the quality of the service. The atmosphere in the home was warm and inclusive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Troutbeck Nursing Home on our website at 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?

The service was not always safe

Details are in our safe findings below.

Requires Improvement 

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 on our well-led findings below.

Good 

Troutbeck 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. 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.

Inspection team

The inspection was carried out by two inspectors, an inspection manager 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

Troutbeck is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection

The provider completed a provider information return. 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 reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and commissioning teams in Bradford. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided.

We spoke with the registered manager, deputy manager and the quality compliance manager. We spoke with three care staff, the activity coordinator, the housekeeper and the cook.

We spoke with one visiting health care professional.

We reviewed a range of records. This included four people's care records and other records and audits relating to the management of the home.

After the inspection

We asked the registered manager to send us further information after the inspection. This was received promptly and considered as part of the inspection.

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 people could be harmed. Regulations were being met.

Using medicines safely

At our last inspection we found internal medication audits had not been effective. This demonstrated governance systems were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection we found prescribed creams were not always consistently applied and recorded. At this inspection records showed staff knew how and when to apply creams. Detailed weekly audits of medication were completed.
- Overall medicines were managed safely although some improvements were needed to some practices and documentation. Protocols for 'as required' medicines were not always clear. We spoke with the registered manager and we were assured they would take immediate action.
- We noted the medicines round took considerable time to complete, for example between 8am and 11.45am for the morning round. This meant the nurse had little time to complete other duties. The registered manager told us they were training senior care workers to administer some medicines to improve this.
- We observed staff supporting people with medicines in a patient and considerate manner.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise.

Staffing and recruitment

- Safe recruitment processes were followed.
- The registered manager completed a recognised dependency tool and used this to assess people's current support needs and the required staffing levels. This had recently been reviewed and the number of staff on shift had increased.
- We heard a range of views about staffing levels. One relative confirmed staffing levels had increased. One person said, "Sometimes you feel there could be more [staff] so they are less rushed. You don't wait long. There is a separate button to press if it is urgent." Another relative said, "Sometimes they seem short

staffed."

- Staff on the dementia unit told us staffing levels were stretched at times and they could do with an additional staff member in the building to reduce pressure. Two staff members worked on the dementia unit during the day. We were told there were four people on the dementia unit who required two staff members for care, plus another person who required large amounts of supervision due to behaviours that challenge. This meant there would be significant amounts of time when supervision could not be provided due to staff providing personal care to others.
- We observed there were times when there was a lack of interaction and activity on the dementia unit due to staff being busy carrying out care and support tasks.
- Staff were busy, although we saw people's call bells were answered in a timely way.

We recommend the provider reviews the staffing levels at key parts of the day. The provider responded immediately after the inspection. They told us they had discussed staffing with the regional director and planned to increase the numbers of staff on duty.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they thought the home was safe. When asked if they felt safe one person said, "Yes, totally."
- Staff had completed safeguarding training and the subject was also discussed in staff meetings. Staff told us they were confident people were safe. They had a good understanding about how to safeguard people from abuse.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.
- The service managed small amounts of spending money for people. This was kept securely, and any transactions clearly recorded, and receipts kept. Two staff members were involved in any transactions to reduce the risk of abuse or errors.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risk to people's health and safety were assessed and a range of risk assessments completed. Staff understood people's needs well and how to manage the risks they were exposed to. Equipment such as falls sensors and air mattresses were in place to reduce the risks to people. We saw this equipment being used appropriately.
- Where people displayed behaviours that challenge we saw staff using appropriate techniques to divert and reduce distress. Staff we spoke with had a good understanding of the people they were supporting.
- The premises were well maintained. Safety checks were in place and actions taken when issues noted.
- The registered manager promoted an open culture in relation to accidents and incidents. They carried out a detailed analysis to determine whether there were any trends or patterns.

Preventing and controlling infection

- Staff completed training in infection control. We saw they had access to aprons and gloves when supporting people with personal care or preparing food.
- The service employed a housekeeping team and a cleaning schedule was in place. We found communal areas were tidy and clean.
- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to monitor the completion of daily records. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People's nutritional needs were assessed and met by the service. We spoke with the cook who confirmed they were kept up to date about people's needs and preferences.
- People's weights and details of food and fluids intake were monitored when this was part of their care plan and the appropriate action taken.
- People were offered a range of food at each mealtime. Where people refused to eat we saw alternatives offered to people. Snacks and drinks were provided throughout the day.
- The mealtime experience was a relaxed and sociable experience. People were offered a choice and drinks were regularly refreshed and snacks and supplements available to people.
- People were complimentary about the quality and choice of food. One person said, "Can't fault the food. They are very accommodating if you don't like it. They come regularly with tea and coffee and snacks."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was acting within the legal framework of the MCA. It was clear reviewing care plan documentation and speaking with the registered manager they had a good understanding of the subject and how to comply with standards.
- When required the service had made appropriate DoLS applications to the local authority. One DoLS authorisation had a condition attached and we saw evidence this had been complied with.
- People's consent was sought for care and treatment.
- Where people lacked capacity to make decisions for themselves we saw evidence best interest processes had been undertaken involving people's representatives. This clearly showed decisions had been made in people's best interests. Staff worked to the principal of involving people as much as possible in decision making.

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

- People's needs were assessed before they moved into the home.
- The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date. They contained person centred information.
- Staff said care plans were clear and updated if people's needs changed. They said this supported them to care for people effectively.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They spoke positively about the training and support they received.
- We reviewed the training matrix for the service which showed mandatory training was up to date and most staff had achieved care qualifications.
- Staff received regular supervision and an annual appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained clear information about their health needs. ● We saw the service had worked with other professionals to help meet people's needs. This included the GP, district nurses and mental health teams. The GP undertook a weekly "ward round" in the home, and there was a good level of partnership working between the home and the GP surgery.
- People and relatives said people's health needs were supported. One relative said they were kept up to date about their relative's health needs.
- The registered manager had recently introduced a weekly exercise and physiotherapy session to promote health and well-being. People spoke positively about the activity. One person said, "I go every week. It helps to keep me mobile."

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet people's needs. There were ornaments, fresh flowers and photographs around the home which provided a homely and comfortable environment.
- There was a pleasant garden area which people could access, and this was used for activities and events particularly over the summer. On the dementia unit appropriate signage, points of interest and memory boxes were in place to provide people with a stimulating environment. The bar area downstairs had also been re-decorated as a tea room in line with the residents wishes and preferences.
- People's bedrooms were spacious, homely and personalised.

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 good. At this inspection this key question remained the same.

This meant 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

- People and their relatives told us staff always treated them with kindness and respect and they were complimentary about the care they received. One person said, "They [staff] always do the best they can. Nothing is too much trouble." Another person said, "They [staff] are super. Very patient."
- Throughout the inspection the atmosphere was relaxed. We observed staff treated people with kindness and compassion, using verbal and non-verbal communication techniques to provide people with comfort and re-assurance.
- Staff we spoke with demonstrated good caring values and a desire to provide people with high quality personalised care. They knew people well and their choices and preferences. Information on people's past lives was present within their care plans to help staff understand the people they were supporting.
- We saw staff's approach to caring and sensitivity had been rated very highly in a recent survey.
- We saw a range of thank you cards from people and relatives. One card read, "As a family we were overwhelmed by the kindness and care shown by everyone who came into contact with us."

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

- Staff had formed good relationships with people They supported people to make decisions about their care and were able to give positive examples on how they did this daily.
- Residents meetings were held regularly, and we saw people's views were acted upon.
- Relatives said they felt welcomed coming into the home.

Respecting and promoting people's privacy, dignity and independence

- We saw people were involved in the day to day running of the home. People had been involved in developing the garden area including painting the benches and planting the flower beds.
- Staff were conscious of maintaining people's privacy and dignity including knocking on doors before entering and discretely adjusting people's clothing before helping them change position.
- People looked neat and well-dressed indicating their personal care needs were being met by staff. This also showed staff treated people in a dignified way, helping them to look good.
- Relatives confirmed staff promoted people's independence. When asked if their relative was supported to be as independent as possible one visitor said, "Yes. They would have a lot less work if they didn't. They let her be her."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said person-centred care was provided at the service.
- People's care needs were assessed. Care plans showed people's needs had been assessed in a range of areas with clear advice recorded for staff. The standard of care plans was generally very good with detailed and person-centred information recorded. Regular reviews took place to ensure information was up to date and people were supported according to their changing needs.
- Whilst an oral health screening tool was in place to assess people's needs, there was a lack of oral health care plans in place providing instructions on the support to offer. We spoke with the registered manager who said they would put these in place.
- Recognised guidance was used to inform practice. This included screening tools for falls, nutritional risk and skin integrity. We saw these were reviewed monthly and the appropriate action taken when changes occurred.
- Staff had a good understanding of people's individual care needs. This provided us with assurance care plans were followed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs by assessing them.
- People's care plans had clear information to support staff to communicate with people with a hearing or a sight impairment.
- Staff used technology to help people communicate. This included an I-pad to support choices of activities and skype calls to maintain contacts with relatives and friends.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were provided and reflected what people enjoyed doing. The home had recently employed an activity coordinator. They spoke enthusiastically about ensuring a range of meaningful activities were available to people living in the home. We saw a range of activities had taken place recently, including flower arranging, baking, music sessions and pottery.

- We observed an interactive quiz and reminiscence session. We saw staff engaging and encouraging people in different ways. The atmosphere was very positive, and we saw people smiling and participating.
- We received some mixed feedback from people and relatives about activities and we found there were fewer activities on the dementia wing. The activity coordinator was in the process of reviewing this in order to increase opportunities. Overall both staff and people were extremely complimentary about the activity coordinator and gave examples of them going over and above to ensure inclusive and tailor-made activities were available.
- People living at the home had been supported to create their own memory boxes. They included photographs and memorabilia which staff and people used to support activities. This helped build trusting and strong relationships.
- People's religious and cultural needs were considered. There were regular visits to support people with different faiths.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve or where they were doing well.
- People told us they knew how to complain and would feel comfortable talking to staff or the registered manager if they had any concerns.

End of life care and support

- People's end of life care needs were assessed and we saw evidence of clear care plans in place. Staff we spoke with had a good understanding of how to provide appropriate end of life care.
- We saw thank you cards from relatives about the end of life care people had received. One comment said, "Heartfelt thanks to all the wonderful and caring staff. You made our [relatives] final hours as peaceful, calm and gentle as it could be."

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 now improved to good.

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

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

At our last inspection we found systems of governance were not sufficiently robust. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had introduced a range of detailed checks since the last inspection. The provider and a dedicated quality team also carried out comprehensive monthly audits. This meant there was a strong governance framework in place which supported quality performance. We saw action was taken when issues were identified. The system to assess and monitor staffing levels needed reviewing to ensure they were able to identify and act on any staffing issues promptly.
- The registered manager and staff we spoke with were clear about their role and responsibilities and had a good knowledge of the service.
- Staff praised the home and the way it was run. A staff member said they had seen big improvements since the new manager took over last year.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a good understanding of people who used the service and was 'hands on' providing people with support and comfort throughout the day.
- There was a warm and inclusive culture in the home and staff and relatives told us the registered manager was visible. All the people and relatives we spoke with knew the registered manager and described them as approachable. One relative said, "The manager is business-like, organised and caring. [Registered manager]"

is what the home needs."

- Staff told us they felt supported and morale and teamwork was good. They said they would recommend the home as a place to work. One staff member said, "It is a good team. Everybody wants to do their job."
- Meetings were held regularly. This included formal staff meetings and informal social events. There had been a coffee morning held recently with people and relatives to introduce new staff and celebrate achievements.
- The registered manager had conducted surveys with people, relatives and staff and the feedback was generally positive. The findings had been collated and summarised in an easy-read format and were displayed in the foyer. Results were compared to the survey from the previous year and there had been improvements in all areas.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to address issues we raised. They demonstrated they were committed and passionate about continuing improvements.
- The registered manager and provider had developed a comprehensive action plan. They had a clear vision for the service.
- The registered manager worked in partnership with others including health and social care professionals. A visiting health care professional said they had seen big improvements in the home in the last year. They commented, "They [registered manager] embrace the relationship and are keen to maintain continuity."