Bupa Care Homes (CFChomes) Limited

Trowbridge Oaks Care Home

Inspection report

West Ashton Road
Trowbridge
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11 January 2017

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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

Trowbridge Oaks provides accommodation and nursing care for up to 52 older people. At the time of our inspection 49 people were living at the home. The home was last inspected in February 2014 and was found to be meeting all of the standards assessed.

This inspection took place on 10 January 2017 and was unannounced. We returned on 11 January 2017 to complete the inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I am very happy here. The staff are excellent", "The staff are very kind. I love it here" and "The nurses and carers are always there when you need them". A relative told us, "I am very happy with the care that has been provided". We observed staff interacting with people in a friendly and respectful manner. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Comments included "I feel very safe here. Moving in was the best decision I made" and "I feel safe living here". Systems were in place to protect people from abuse and harm and staff knew their responsibilities to protect people and keep them safe from harm.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure.

The provider regularly assessed and monitored the quality of care provided at Trowbridge Oaks. The information from these assessments and people's feedback was used to make improvements to the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and provided the care and support they needed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were

treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well led.

There was a registered manager who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Trowbridge Oaks Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 January 2017 and was unannounced. We returned on 11 January 2017 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager, deputy manager, seven people who use the service, two visitors to the home and six staff, including nurses and care assistants. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service. 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 also spoke with two health professionals who were visiting the home during the inspection.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Trowbridge Oaks. Comments included "I feel very safe here. Moving in was the best decision I made" and "I feel safe living here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with appropriately. The service had reported issues and worked openly with the safeguarding team where any concerns had been raised.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People or their representatives had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for three recently employed staff. The records demonstrated the recruitment procedures were being followed. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments from people included, "Staff come quickly when I use the call bell. They ran to me when I used the emergency bell by mistake" and "Staff respond quickly to the call bell. They take that very seriously". We observed staff responding promptly to people's requests for assistance during the visit. This included people calling out for assistance and people using call bells. We also observed staff responding very promptly when another member of staff used the emergency bell as they were concerned about a person they were supporting. Nurses and care assistants ran to provide assistance. Most staff said they were able to take their time to provide the support people needed and have a conversation with people. All of the staff we spoke with said there were sufficient staff to be able to meet people's needs. The registered manager completed a dependency assessment tool to help decide how may staff were needed. Staffing rotas showed that the levels assessed as necessary to meet people's needs had been provided.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them.

All areas of the home were clean and people told us this was how it was usually kept. The sluice rooms were clean and well organised, with clean and dirty items separated to prevent cross contamination. Hand washing and drying facilities were available and sinks were clean. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "I am very happy here. The staff are excellent" and "The nurses and carers are always there when you need them". Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's epilepsy, dementia and nutritional needs.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the management team had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We have regular supervision and appraisals. Everyone is very supportive" and "I am able to get the support I need through regular supervision meetings".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including classroom based, observations and assessments of practice. Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Staff were supported to undertake formal national qualifications in health and social care. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff understood the action they needed to take if people were not able to consent to their care. 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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Applications to authorise restrictions for some people had been made by the service and were being processed by their local authority. We saw cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision. Capacity assessments had been completed where necessary, for example in relation to people being supported with their personal care and administering medicines.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is good. I particularly like the roast dinners" and "The food is good. I have enjoyed the meal today". The menu offered people choices and was displayed in the dining rooms. The

kitchen staff served meals to people in the dining areas and people were able to see the food before deciding what they would like. People were able to choose to take their meals in the dining room or their room.

On both days of the inspection we observed staff providing good support for people to eat meals. Where people needed physical assistance to eat, staff took their time, sitting at the same level as the person and explained what the food was. Staff provided encouragement for some people who needed help to ensure they had enough to eat. Staff also supported people to maintain their independence with eating, providing encouragement and support for people to feed themselves where necessary. The dining rooms were calm and relaxed during meals, with people enjoying the company of each other and staff.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. A visiting tissue viability nurse told us staff worked well with them to meet people's needs. They said staff made referrals appropriately and followed any guidance or advice that was given.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are excellent – very caring" and "The staff are very kind. I love it here". A relative told us, "I am very happy with the care that has been provided". We observed staff interacting with people in a friendly and respectful manner. Staff respected people's choices and privacy and responded to requests for assistance. For example, we saw staff providing discreet support for people to go to the toilet and providing comfort and reassurance to people who were distressed.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents meetings, which were used to receive feedback about the service and make decisions about activities in the home.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. We observed staff working in ways that supported people to maintain their independence, including encouraging people to be independent when eating and supporting people to make decisions by giving them clear information about their options. Feedback from health professionals who visited the service regularly was that staff provided care in ways that respected people's privacy and dignity. One of the health professionals told us they would be happy for a relative of theirs to be cared for at the home.

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts, games, discussion groups, visiting entertainers and religious services. Activities were organised for each morning and afternoon. The programme was designed with input from people who use the service and their relatives. We observed staff discussing the activities that were planned with people, giving them the opportunity to decide what they wanted to take part in. One person told us, "They listen to me and I can do what I want, when I want. I have particularly liked dancing and watching films". Some people told us they preferred to spend time in their room and make their own entertainment, for example watching television, listening to the radio or reading. We observed staff providing company and interaction with people in their rooms and in communal areas throughout the visit. The activities co-ordinators had a schedule, which included one to one time with people who preferred not to take part in group activities.

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. A relative commented, "We are both involved in developing and reviewing (my relative's) care plan. I am happy that the plan is followed by staff".

We saw one example of a care plan that had not been updated following a change in the person's medical condition. The registered manager explained that they were waiting for updated information from the person's GP before updating the plan. Although some of the information in plan was not up to date, staff demonstrated a good understanding of the person's changed needs and the support they should provide. We saw that the plan had been updated by the second day of the inspection. Care staff told us they received detailed information about people's needs and any changes as part of the daily handover of information with the nursing staff.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the registered manager if there was anything they were not happy about. One person told us, "I'm confident they would sort out any problems". The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Trowbridge Oaks and they were available throughout the inspection. In addition to the registered manager, there was a deputy manager who provided support and assistance in the management of the service. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on providing a quality service and treating people using the service in the same way that a family member would be treated. The registered manager told us her view was they needed to value staff for the work they do in order to enable them to provide the best care to people. The registered manager emphasised the importance of every member of staff involved in the service.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The home is well managed. They have a good understanding of what is happening. There are regular staff meetings and we are able to discuss how the home is operating", "(The registered manager) is good. They listen to us and are fair. They wouldn't ask us to do anything they wouldn't be prepared to do themselves" and "The registered manager listens to ideas from staff and tries to put them into practice".

The registered manager completed a daily audit of the service, in which she walked round the service, received feedback from people and staff and assessed how the service was operating. There was a brief daily heads of department meeting, which was used to ensure everyone knew what was happening that day and there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed. The registered manager completed a number of other audits to help assess how the service was operating and plan improvements. These included different aspects of the service being provided, including medicines management, care planning, nursing assessments, health and safety and the environment.

A 'Monthly Home Review' was completed by the provider's regional director. The report of the most recent visit contained a detailed assessment of the service, including feedback from people using the service, relatives and observations of practice in the home. The report contained a list of action points and an update of actions from the previous month's visit.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the

organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any concerns and the registered manager worked with them to find solutions.