Frannan International Limited

Truscott Manor Care Home

Inspection report

Hectors Lane
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Tel: 01342314458

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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

The inspection took place on the 4 December 2017 and was unannounced.

Truscott Manor Care Home is a nursing home. People in nursing 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.

Truscott Manor Care Home is a large detached property set within extensive grounds and is registered to provide care, nursing and respite for up to 39 older people. Accommodation is provided over two floors, with a passenger lift providing access between floors. On the day of our inspection 34 people were using the service.

At the last inspection on 9 November 2015, the service was rated Good. At this inspection we found the service remained Good

People and relatives told us they felt the service was safe. One person told us "I feel safe they come if I need anything, they all know what I need help with". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "Staff seem to know what they are doing, they all do a very good job. No complaints at all really". Another person said "They are great and skilled in what they do. Very helpful".

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One relative told us "My relative loves the food, there is always drinks coming round and they handle her very kindly".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received from the management and provider and commented on how they found they could ask questions

freely. One member of staff told us "I had an induction, shadowed staff and did lots of learning. I'm also doing the care certificate and a diploma in health and social care has been discussed for me".

Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed and were told any minor issue was dealt with straight away.

People's individual needs continued to be assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. We saw audit activity for areas such as infection control, care planning and training.

People, staff and relatives found the management team approachable and professional. On person told us "The nurse managers are very good and make sure it all runs well. I see them daily and always make sure I am ok". A member of staff said "The manager and deputy manager have been here a long time which is great. There is a solid base and they know the residents well and are approachable people, they really care".

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Truscott Manor 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 4 December 2017 and was unannounced. The inspection team consisted of two inspectors 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 for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback four professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to twelve people, one relative, four care staff, one domestic staff, the chef, a nurse, the registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said "Oh yes I feel very safe there is always someone around if I need them". Another person told us "I feel safe they come if I need anything, they all know what I need help with". One health professional told us "Yes, I have never had any cause for concern about the safety of any of the residents. They are well looked after in all aspects of their care. The staff appropriately ask for medical input or advice and are tuned into their resident's health and needs. Any new instructions/ advice are carried out appropriately".

People remained protected from the risk of abuse because staff understood how to identify and report it. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Staff told us they were aware of the policies and procedures and knew where they could read the safeguarding procedures. We talked with staff about how they would raise concerns of any risks to people and poor practice in the service. They told us they received regular training in keeping people safe from abuse and this was confirmed in the staff training records. One member of staff told us "We do training all the time. I would look for difference in behaviour, if their unsettled or have bruises and report it to the manager". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People and relatives felt there was enough staff to meet their needs. One person showed us their call bell and told us "I press this and a member of staff will come, they are good. I like to get up later so will press it when I am ready". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and when required agency staff were used. The registered manager told us "We have had a challenging year with caring and nursing staff, but have got through it and have a really good team. The staff have been good covering shifts and working together while we recruited. We do use agency when needed but ensure it is the same agency staff for consistency for the residents". Throughout the inspection call bells were answered in a timely manner and staff available to meet the needs of the people.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at

staff handover meetings. The registered manager analysed this information for any trends.

People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. The environment remained clean, tidy and free from malodours. Personal Emergency Evacuation Plans (PEEPs) were in place for people. PEEPs provide information to staff on what action should be taken with people should the service be required to be evacuated in the event of an emergency.

Each person had individual care plan. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required checks every few hours or changing of position to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly.

People continued to receive their medicines safely by nurses. One person told us "I am diabetic, they know when I need my tablets and just give them to me. We have call buttons and you just ring it to get help and wait for someone to come". Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a nurse administering medicines sensitively and appropriately at lunchtime. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. A professional told us "The staff there are well informed about the residents and are familiar with their day to day condition, so any deterioration is quickly identified and appropriate action taken. Furthermore, the staff are knowledgeable regarding their medical history; this is especially important out of hours as this service has much less background information to hand. When we are asked to perform home visits they are fully justified and appropriate, so I have absolute confidence in their judgement as to the need for a patient to be seen by a GP".

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. One person told us "Staff seem to know what they are doing, they all do a very good job. No complaints at all really". Another person said "They are great and skilled in what they do. Very helpful". One health professional told us "The care of the residents is thorough. Whenever I ask for a blood pressure checks or weight, the staff always have an up to date reading at hand as this is done regularly. The senior nursing and admin team know their residents very well and are able to both advise and instruct in 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 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. We checked whether the provider was still working within the principles of the MCA. People still experienced the ability to make decisions and where necessary decisions where made in people's best interests to protect their rights. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. Details on the MCA were also displayed on staff notice boards as a reminder.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one.

People received care responsive to their needs. Initial assessments were undertaken prior to a person moving into the home then a care plan was produced around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. We found records of care delivered were in line with people's assessed needs.

We spoke with the chef who had worked at the home for many years and knew people's nutritional requirements well. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People could remain in their rooms or eat in the dining room or lounge. People enjoyed their meals and staff were attentive to their needs. One person told us "The food is ok, it suits what I like and I can ask for more or something different". Another person said "My breakfast this had morning cold tea and toast with no

marmalade, but when I told them they came along with fresh hot tea and marmalade". A relative told us "My relative loves the food, there is always drinks coming round and they handle her very kindly".

People at risk of malnutrition or dehydration continued to be monitored. People's weights were recorded regularly and a 'MUST' malnutrition screening tool was used. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It includes management guidelines which can be used to develop a care plan. People received support from specialised healthcare professionals when required. A GP also visited the home on a regular basis. The manager confirmed that staff liaised with health professionals such as GP's, dieticians and speech and language therapists to support people to maintain good health.

Staff records remained to show staff received essential training in topics such as moving and handling, safeguarding and infection control. The training plan documented when training had been completed and when it would expire. The registered manager told us how they ensured staff were skilled in their role which also included the registered manager working alongside staff to ensure understanding and best practice. The manager told us they used the local authority training for staff and also delivered training internally. On the staff notice board was a display of additional and update training for staff to attend which included fire and safeguarding. One member of staff told us "I had an induction, shadowed staff and did lots of learning. I'm also doing the care certificate and a diploma in health and social care has been discussed for me". Staff were knowledgeable and skilled in their role and meant people were cared for by skilled staff who met their care needs.

Staff remained to have supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. We found not all supervisions were up to date for staff. We discussed this with the registered manager who told us "We have a plan to address this and have two team leaders that will also assist with this to ensure they are all up to date". However staff told us they met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with consistently said how they felt supported by the management team. One member of staff told us "I have had supervision and the door is always open if we need to speak with our manager. We get great support and she works alongside us".

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. The registered manager told us "We have an on going plan of works for the home which includes redecorating in each person room and replacing furniture if needed".

Good

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "They are all caring and helpful", "There are a lot of good staff here, I have a really lovely time", "The staff are always around in and out of the rooms, they are all very caring I have no complaints" and "The staff are wonderful and so kind". One health professional told us "I have seen the staff at Truscott Manor form trusting relationships with residents and act in a way to maintain their dignity. The residents I have met all appear to be happy and comfortable in their surroundings". Another health professional said "There is a pleasant atmosphere which always seems welcoming to residents and visitors. I visit a number of homes, and find the care at Truscott Manor to be of a high standard with regard to personal and medical care, as well as kindness and thought given to a person's individual needs and preferences". Another health professional said "I am very satisfied with the evident compassion and care shown to the residents. When one of them needs to be seen they take effort to respect their autonomy and privacy by ensuring that examination and discussion take place apart from other residents. They talk to them directly not over them and do their utmost to place them in the centre of their care".

Peoples' differences remained to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. We were able to look at all areas of the home, including being invited into people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal items and photos on display. People were supported to live their life in the way they wanted. One person told us "We have church services here each week, it is not for everyone".

People told us they were involved in decisions that affected their lives. Observations and records confirmed where possible people were able to express their needs and preferences in their care. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

We observed care in communal areas throughout the day. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. We observed one person becoming agitated in the main lounge. Staff recognised this and sat down next to the person and held their hand, reassured them of their surroundings and entered into a conversation about the Christmas decorations being put up.

Staff showed affection and warmth in their approach, when checking on people's comfort and well-being. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were

at the same height as people when communicating with them. One person became agitated and we observed staff reassuring them and asking what they would like to do. A member of staff came around with a box of chocolates and offered them one. The person appeared happy with this and enjoyed their chocolate. We could see people were happy and comfortable with staff. We observed staff to have a cheerful and approachable disposition.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One member of staff told us "We have towels and cover people when being washed. You treat people the way you want to be treated and make sure they are clean but do it in the least invasive way possible and reassure people". A relative told us "I have never seen the staff be anything but nice. They treat people with dignity and respect".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or into the garden. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves, records and observations confirmed this.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. One person told us "The staff help me with what I want to do, they are good. They make sure I have everything I need to hand". Another person said "They are all so good here, they have a lot to do but they really care for us all, what else can I say".

When needed the service provided end of life care for people. Staff had worked closely with the relevant health professionals and had strong links with a local hospice to ensure people were as comfortable and pain free as possible. The registered manager told us they were proud that they are there to support people and their relatives to ensure that the person's last wishes were respected. A health professional told us "There are times as the end of life approaches where the care changes from active intervention to focus more on the quality of remaining life, maintaining dignity and providing relief from physical symptoms such as pain. The staff at Truscott Manor are very adept at recognising this transition and in adapting the care they provide (as well as the care they ask us GPs to provide) accordingly. They are proactive at asking for hospice involvement, rather than waiting for the GP to suggest that".

Information for people and their relatives if required, could be created in a way to meet their needs in accessible formats to help them understand the care available to them. This could include large print the registered manager told us. They also told us "We have one person who uses their ipad to read and has a large magnifying glass to assist them with their reading and meet their needs".

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "There is no embarrassment at all I could talk to the manager, if there was something I did not like".

Care plans remained personalised and reflected the individualised care and support staff provided to people. Personal profiles and life histories were used effectively to assist staff to provide personalised care. Moving and handling assessments, included information around specific equipment to be used, and how staff should encourage the person to aid their mobility. For example, one person required to be hoisted and the care plan detailed how two staff must carry out the manoeuvre and ensure that the person felt ready to be hoisted and maintain a conversation with them and reassure them through the procedure.

Care plans also contained a life history which was completed for all people and included lifestyle preferences of likes and dislikes and daily routines. For example one care plan detailed a person could become agitated in a room with lots of noise and preferred to eat in a quieter setting. At lunchtime we observed this person was assisted in to a quieter lounge area rather than the dining room to meet their needs.

A plan of activities remained to be produced weekly and displayed on a board for people to see and copies in each person's room. This included group activities and 1:1 including visiting people in their rooms. A relative told us "My relative loves the music activities and takes part in all the activities and went to a lama centre last year". On the day of the inspection the activities coordinator had collected articles of interest from newspapers and created a news board and took it around the home entering into discussions with people on articles which were of interest to them. Other activities included quizzes, external entertainers, reminiscence groups, music for health and arts and crafts. A member of staff told us "Tomorrow we have our Christmas party with a singer coming in and in a couple of weeks a choir to sing some carols". In the afternoon of the inspection a member of staff started to decorate the home with Christmas decorations, entering into discussions with people on memories of Christmas time.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the service provided at the home and the way it was managed and found the management team approachable and professional. Comments included "The manager has been here a long time, she knows what she is doing", "The nurse managers are very good and make sure it all runs well. I see them daily and always make sure I am ok". A relative told us "Excellent manager, no complaints at all".

One health professional told us "Very well-led. It is one of the few care homes I visit where I always get either the matron or deputy matron to accompany me. They both know their residents very well and are well informed with regards to their care. This continuity and excellent management means that patient care is always very good as they know what is happening and can act on any changes in care/ management". Another health professional said "I was given thorough information about the home and residents which enabled me to carry out my work safely and effectively. This has continued at each of my visits. The manager and her team of senior nurses and office staff always appear to be organised, delegating and prioritising care where needed and always ready to help and listen to residents, visitors and staff. Two staff members have told me that they like working there because of the good leadership. (I didn't ask this, information was volunteered)".

The home had a registered manager who had been in post for many years. 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 2008 and associated Regulations about how the service is run.

An open culture remained at the home and this was promoted by the registered manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on and complimentary on the management of the home. Comments included "It is a nice friendly atmosphere. Couldn't ask for a nicer manager", "The office door is always open and it is well managed here", "Honestly I would recommend Truscott Manor. The management are very approachable" and "The manager and deputy manager have been here a long time which is great. There is a solid base and they know the residents well and are approachable people, they really care".

People's and relatives feedback was remained sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a recent survey and any suggestions made were taken on board by the registered manger and acted on. One person told us "They always ask us what we want and fill out a paper on how we feel about things.

Records showed that regular checks and audits were completed in areas such as care plans, fire, health and safety and infection control. A recent detailed infection control audit had picked up some areas which

needed to be addressed. One area was a wooden shelving unit in the medicine room that needed to be replaced, which could be an infection control concern. The registered manager had created an action plan with timelines to deal with the issues found and make the improvements needed and showed commitment to continually learning and improving the home.

Management and staff work closely with health professionals such as the local GP's and health specialists when required. We contacted four health professionals who all gave positive comments on the service provided at Truscott Manor. The registered manager told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.