

Swallowcourt Limited

# Trevaylor Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Trevaylor Manor is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 59 people using the service.

Trevaylor Manor is part of the Swallowcourt Limited group of services.

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

We toured the premises and found a few doors marked 'fire door keep shut' which were propped open. Doors to staircases and to rooms containing items which could be of risk to people were not always secured. We have made a recommendation about this in the safe section of this report.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

People received their prescribed medicines in a safe way. An electronic medicines management system was being used. Regular medicine audits were taking place to identify any areas for improvement.

There were enough staff to meet people's needs and ensure their safety. However, staff told us of short notice staff absences which had led to pressure on staffing, especially at weekends. Some agency staff were being used. However, these were mostly consistent and knew people well.

Many staff members had worked at Trevaylor Manor for years. One staff member told us, "We would not stay if we were not happy. It is a good place to work."

The service had some vacant posts at this time. Recruitment of new staff was in progress. Processes in place helped ensure safe recruitment.

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

Staff worked within the principles of the Mental Capacity Act (MCA) and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to meet people's needs.

Food looked appetising and there were staff available to support people where needed. Specific staff were

allocated to people who required additional nutritional support. People, relatives and staff told us they enjoyed the food.

Relatives told us, "Since (Person's name) came here they are so much better, almost like the dementia has decreased. They have confident staff that know how to handle (Person's name)," "There are always staff around to talk to if you need to. They have worked hard to get (Person's name) to eat, they are fussy and reluctant to eat," "My standards are high, and I am happy. I am completely listened to, they communicate well" and "We are always told if anything happens or any changes in their health."

The registered manager and the provider had effective oversight of the service. There was a robust audit programme in place to help identify any areas of the service that may require improvement.

A visiting healthcare professional told us, "I could not be more supportive of Trevaylor Manor as everything is so much better now than a few years ago. They are quick to ring me and follow any advice I give."

Staff and relatives were asked for their views and experiences at meetings held by the registered manager. Feedback about the registered manager was positive. Relatives were kept informed of any changes in people's needs or incidents that occurred.

The registered manager understood their responsibilities under the duty of candour.

The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Rating at last inspection was good (published 12 June 2021). At this inspection the rating remains good.

Why we inspected

This inspection was prompted by concerns received by CQC about this service. Concerns were regarding staff shortages, lack of equipment, poor mealtime support and medicine errors.

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

Recommendations

We have made a recommendation in relation to fire door checks and securing rooms containing items that could pose a risk to people.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Trevaylor Manor

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by three 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.

#### Service and service type

Trevaylor Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about the service,

what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 6 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with the 9 people who lived at Trevaylor Manor, 12 staff, the registered manager, the human resources manager, the business manager, and the quality manager. We spoke with 4 relatives. Following the inspection visit we spoke with 6 relatives and a visiting healthcare professional on the phone to gather their views.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- During a tour of the service we identified some obstruction of fire exits, with items such as walking aids, which potentially would impede the safe exit of people in an emergency. We also found some doors marked 'fire door keep shut' which were propped open and would not close in an emergency. We found one fire door, next to residents' rooms, which opened easily to an open descending staircase. Rooms containing sharps boxes, oxygen and other items which could pose a risk to people, were not always securely locked. The door to the hairdresser's room did not close during the fire alarm test, which was carried out during this inspection. The maintenance person and the registered manager assured us these concerns would be immediately addressed.

We recommend that the management add regular checks of fire exits, fire doors, and doors to rooms containing items which could pose a risk to people, to their regular walk round the service.

- Care plans contained details of identified risks which had been assessed and monitored. Staff were provided with guidance and direction to help them support people to reduce the risk of avoidable harm. For example, how to calm a person when they were exhibiting behaviours that could injure themselves or others.
- Some people had been assessed as needing pressure relieving mattresses to help ensure they did not sustain skin damage. There was a system in place to help ensure these mattresses were always set correctly for the person using it.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

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

- We received allegations that safeguarding concerns were not listened to. We were not able to uphold this concern. Staff told us they were confident that any concerns raised would be investigated. Comments included, "I have raised concerns in the past and action was taken," and "I am sure any concerns like that would be viewed very seriously."
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- People and relatives told us they felt safe living at the service. Comments included, "The staff are very good, I have observed them to be kindly with all the residents, I'm happy that my wife is 110% safe here"
- The provider had appropriately reported any safeguarding concerns to the local authority and CQC.
- There was a system in place to ensure the safe management of personal money held on behalf of people

living at the service.

### Staffing and recruitment

- We received allegations of low staffing levels. We were unable to uphold this concern. We found there were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support.
- The service was advertising for new staff for a several vacant posts. Staff told us that they were being put under pressure by regular short notice staff absences, especially at weekends. The registered manager and the human resources manager were taking action to address this.
- Many staff had worked at Trevaylor Manor for some years. Most of the staff were happy working at the service. There were agency staff being used to cover vacant posts. However, most of these staff were being used regularly and knew people well. They told us, "The managers are really good, if staff can't come in, they work," "If there is anything you need to ask, there are staff here who have been here more than 10 years," and "We can even have a meal as well, it is always really nice."
- Staff told us, "We have been short of staff, it has been hard, we have to work really hard to get everything done, and it gets done, but I am tired," "We have agency to help, but if they are not familiar with the place we have to show them a lot and it all adds to our load," and "It's is always very fair here, we are not pressured in to doing extra shifts if we don't want to."
- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us, "I don't wait long when I use the call alarm" and "There are always staff about."
- Relatives comments included, "There are always staff around when we visit," and "The staff are good as gold, they always look busy," "Staff are always willing and helpful, they are often very busy, but appear to manage, even when they have gaps in their numbers."

### Using medicines safely

- We received allegations that staff were given medicines to the wrong people. We were not able to uphold this concern. Recent medicine audits did not highlight any concerns in this area. The registered manager and staff did not recall any medicine errors when asked.
- Staff recorded medicines, following administration, on an electronic management system.
- People received their prescribed medicines in a safe way. Comments included, "They made a real effort to sweeten my first drink of the day and break my meds down. My meds are always on time, first thing in the morning."
- People's medicine support needs had been assessed. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Some people were prescribed medicines to be taken when required. Staff administered these medicines safely and according to the guidance provided in the protocols.
- External creams and lotions to maintain people's skin integrity were applied during personal care. These creams were mostly dated when opened.

### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The service was ensuring visiting was unrestricted.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored for any patterns or trends. Action was taken to help ensure the risk or re-occurrence was reduced.
- External healthcare professionals were contacted for advice and guidance where appropriate.
- The registered manager and the provider worked closely together to reflect on any adverse events to ensure any learning from the issue was identified and shared throughout the staff team.

# 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 our last inspection we rated this key question good. At this inspection we have rated this key question 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

- We received allegations that people were not supported with their meals when required. We could not uphold this concern. People were supported with their dietary needs where this was part of their plan of care.
- Specific staff, who had been given additional training, were allocated to people who had been identified as needing support with their dietary intake. We noted staff supported people with care and compassion and described the dishes to each person as they were provided. Staff involved healthcare professionals where required. People told us, "We can pick any food off the menu, and we have a good choice," "The food is absolutely brilliant."
- People's preferences and dietary requirements were recorded in their support plan. Experienced staff knew people's needs well. Kitchen staff told us, "We have lots of information available regarding peoples' needs and preferences. We have a white board which is updated daily. We can provide for any requirement such as pureed, gluten free and vegetarian meal."
- We were told the gardener was experimenting with developing polytunnels to grow their own produce for use in the service in the future.
- Care plans contained details of regular weight checks. All food and drink intake was recorded by staff on to the electronic care plan system.
- Relatives told us, "The food is very good, have eaten with (Person's name) 2 or 3 times and it is nice food," "(Person's name) likes the food and it looks good. There is always plenty of drink for good hydration, we noticed that", "(Persons' name's) food was lovely, their plate was clear and the interaction I observed between them, and the member of staff was both encouraging and engaging, and feedback about the meal was also asked for by the member of staff" and "The staff always make sure (Person's name) is wearing their dentures."

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Care plan assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met.

### Staff support, training, skills and experience

- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and their managers. Some staff were overdue for this support and the registered manager had a clear plan to address this.
- People received effective care and treatment. Staff had received required training. Staff confirmed they were prompted when a specific training update was due.
- There was an electronic system that recorded staff training. This system was monitored by the registered manager and the provider.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.
- Staff meetings took place. Staff felt they were well supported.

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

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- Care plans contained details of health and social care professionals' visits and any guidance or advice provided.
- People's preferences, likes, dislikes, were recorded in their care plans.

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

- We received concerns relating to a lack of equipment and space to use equipment. Staff we spoke with told us they felt there was sufficient room in all the rooms to manage people's needs. Comments included, "Some people have their beds against the wall but they are very easy to move and it is not a problem" and "I have never found a lack of equipment, we can move people safely."
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. The service was well decorated and there were no malodours at the time of our inspection.
- Access to the building was suitable for people with reduced mobility and wheelchairs.
- The service had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements. There was a programme of redecoration of the premises, as rooms became vacant.

### 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 MCA 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. 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.

- People were supported in accordance with the requirements of MCA. Staff took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and

support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.

- The registered manager had made appropriate applications to the DoLS team and there was one person, who had specific restrictions in place, which had been authorised.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had effective oversight of the service and was knowledgeable about the needs of people they supported.
- Management and staff were motivated and committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.
- Staff and relatives told us they thought the service was well run and that both management and staff were approachable. A visiting healthcare professional told us, "I could not be more supportive of Trevaylor Manor as everything is so much better now than a few years ago. They are quick to ring me and follow any advice I give."
- Relatives' comments included, "I can't fault the staff and trust them to care for my (Relatives' name); They came here from another home, and this is much, much better. When I visit, and at different times, I see plenty of staff. I would choose this home even if I was a millionaire," and "Staff and the management team are very approachable; (Registered managers' name) has been very helpful sorting out funding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The registered manager was clear about their role and responsibilities. There was a robust audit and quality assurance programme in place to measure the services' performance.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The audit cycle had been effective in improving aspects of the service. For example, since a recent medicine error was identified it had become policy for nurses to only hold the keys to the next units

controlled medicine cabinet. This meant all administration of medicines than required stricter controls was observed by two nurses.

- CQC had received required statutory notifications from the service when appropriate.
- The registered manager was supported by the provider through regular meetings and communications with the managers of other services within the group.

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

- People had been asked for their views and experiences of the service provided. Meetings had been held where families could meet with the registered manager. If concerns were raised, the provider and registered manager took steps to help resolve the matter. Comments included, "It's brilliant here."
- Staff felt they were listened to and heard at regular staff meetings. Staff felt well supported. Comments included, "(Registered managers name) is fantastic they are always there if we need anything," "I would be perfectly happy for one of my family to live here. It's a good home and we all help each other."
- Many staff members had worked at Trevaylor Manor for many years. One staff member told us, "We would not stay if we were not happy. It is a good place to work."
- The registered manager had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably. For example, when planning staff shifts. One staff member told us, "This is best home I have worked in, they accommodate childcare, no problem at all."
- Relatives told us, "Since (Person's name) came here they are so much better, almost like the dementia has decreased. They have confident staff that know how to handle (Person's name)," "There are always staff around to talk to if you need to. They have worked hard to get (Person's name) to eat, they are fussy and reluctant to eat," "My standards are high, and I am happy. I am completely listened to, they communicate well" and "We are always told if anything happens or any changes in their health."

Continuous learning and improving care

- We had been told, prior to this inspection, that the recording burden placed upon staff was very high. We identified that staff were doing a large amount of recording on to the electronic system. Comments from staff included, "I do feel that the priority on recording has overtaken the care provision, we spend so much time recording our actions that we don't always have the amount of time we would like to spend with people" and "There is a lot of recording here. It takes time."
- We discussed this with the registered manager who told us that there was a review planned of all care recording soon, and they were aware of the recording burden placed upon staff.
- The registered manager and the provider worked together to keep up to date with developments in practice. All the staff team worked closely with local health and social care professionals.
- The provider met with the registered manager regularly to support them. The provider shared any learning across the Swallowcourt group of services.

Working in partnership with others

- The service supported people with complex needs and were supported by the advice and guidance of many healthcare professionals. Care records documented their visits to people.
- Where people's needs changed referrals were made in a timely manner to external professionals, such as dementia liaison nurses and tissue viability teams.