

Reason Care Limited

The Troc Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Troc is a residential care home providing personal care to younger and older adults with physical disabilities and those living with dementia. The home is spread across 2 floors with a purpose-built extension that can accommodate up to 64 people. At the time of our inspection there were 36 people using the service.

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

People told us they received personalised care that met their needs and reflected their choices and wishes. People used words like 'excellent', 'kind' and 'understanding' to describe their care and staff within the home.

People were protected from the risk of avoidable harm by comprehensive policies and procedures and by staff who were trained and knowledgeable about safeguarding risks and were confident to report their concerns.

There was a dedicated housekeeping team that ensured risks from infection prevention and control were minimised and controlled and kept standards of hygiene in the home to a high level. The provider was working on plans to modernise the original building following a recent extension to ensure these standards continued.

Staff were recruited safely and received comprehensive training to support them in their role. Staff told us they received regular supervisions and support from the management team and confirmed their feedback and ideas for improvements were acted upon.

Care plans were reviewed regularly and involved people and families. There was a robust system of audits that supported staff and the provider to identify changes in people needs and the service. We saw evidence these were acted upon appropriately and timely.

People and relatives told us the management team were approachable with an 'open door' policy and that they knew how to raise concerns and were confident these would be dealt with by the registered manager.

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

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

Rating at last inspection

The last rating for this service was good (Published 4 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

We undertook an unannounced focused inspection. This report covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Troc on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Troc 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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by 1 inspector 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

The Troc is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Troc is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living at the home and 3 relatives about their experiences of the care provided. We reviewed in part, 4 people's care records and multiple medicine records. We spoke with 8 members of staff including care staff, activities co-ordinator, domestics, and registered manager. director, and nominated individual. We looked at 3 staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies and procedures in place to ensure people were protected from the risk of avoidable harm and abuse.
- Staff had received safeguarding training and knew how to keep people safe. Staff were knowledgeable about people's need and were adapt at spotting changes in their needs and safety.
- People told us they felt safe at the home. One person said, "The care and support is brilliant." Another commented, "Staff are understanding and know me so well."

Assessing risk, safety monitoring and management

- Risks were assessed and mitigated regularly and appropriately to ensure people remained safe.
- Where risks had been identified, such as pressure care or falls risks, appropriate steps had been taken to ensures people's safety. Care plans contained clear guidance for staff on how to support people in line with their wishes whilst reducing risks.
- A relative said, "We can't fault [Name's] care and we're always kept informed of any issues with their health."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where legal authorisations were in place the provider was meeting these conditions and staff were knowledgeable about the MCA and people's rights.
- Where people received decision made in their best interest, these had been completed with input from relatives and appropriate professionals and detailed clear guidance for staff on how to support people safely whilst continuing to promote independence and involvement as much as possible.

Staffing and recruitment

- People were supported by a mix of knowledgeable and experienced staff to meet their needs.
- Staff were recruited safely and employed following suitable checks, including a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One person said, "My call bell is always answered quickly even at night, Staff are so kind and caring".

Using medicines safely; Learning lessons when things go wrong

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to manage their medicines as they chose.
- One person who received support with their medicines said, "Staff are very good, they always make sure I get my tablets on time, and they explain them all to me."
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as possible and received their medicine safely.
- Staff confirmed they received regular competency checks and feedback. One staff member said, "We have great support from our pharmacy and if an error occurs it treated as an opportunity to learn to ensure the chances of it happening again are reduced."

Preventing and controlling infection

- The provider employed a dedicated housekeeping team who were knowledgeable about to prevent and control the risk infections.
- Domestic staff were seen to be maintaining a clean and hygienic environment. Cleaning schedules confirmed what cleaning tasks were completed and these were reviewed and monitored by the management team, to ensure standards were met and maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We observed staff using PPE effectively and safely. People and relatives confirmed that PPE was used consistently, and that people felt safe and protected.

Visiting in care homes

People were encouraged to welcome visitors to the home without restriction.

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

- People received consistent care and support that respected their individual and diverse care and support needs, routines and preferences.
- Staff had guidance about important information about people's histories, pastimes and what was important to them. This was important in providing care to people living with dementia. This enabled staff to provide person centred care, and assisted staff to understand, recognise and respect people's routines and behaviours.
- People and relatives were highly complementary about how well staff provided care and support that was individual, respectful and supported people to achieve positive outcomes. A relative said, "The staff are so patient and understand my [Name's] needs. I would certainly recommend the service."

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 provider understood and acted on its duty of candour in an open and honest way.
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people would be informed and actions would be taken to make things right.
- Relatives told us the communication from the registered manager and staff was excellent and they would be confident to raise any concerns. Relative described invitations to regular meetings and social events.

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

- Staff were aware of their different roles, responsibilities and accountability. Staff worked well together, had good communication systems and were supportive of each other. We found this approach provided a calm, organised and effective atmosphere.
- The provider had 'champions' in areas like safeguarding and mental health. This meant that staff had received additional training in these areas which enabled them to provide in depth knowledge and support to others.
- The deputy manager told us staff were upskilled and received continuous feedback to ensure risks were identified and staff always remained motivated to delivered high quality care.
- The registered manager was responsive to any areas identified for improvements. The registered manager told us of the actions started, and improvements planned for the environment. This included some

renovation and modernisation of the existing being following an extension being built.

- When things had gone wrong the registered manager was open and transparent and investigated appropriately. Staff were encouraged to promote incidents to enable a supportive environment of learning and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged well with people, staff, other professionals and community groups to ensure people received holistic care that respected their wishes and embraced their equality characteristics.
- People, relatives and staff were provided with numerous opportunities to provide feedback, such as meeting and questionnaires. The registered manager use a "You said, we did" update and notice board to highlight positive changes in response to feedback.
- We reviewed a high number of compliments received from family members thanking staff for their compassion and kindness.