

Trafalgar Care Limited

Trafalgar 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

Trafalgar Care Home is a residential care home. The home is registered to accommodate up to 29 older people in one adapted building. Nursing care is not provided by staff in the home. This type of care is provided by the community nursing service. At the time of this inspection there were 23 people living in the home.

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

People lived in a home where the staff team and managers were committed to providing personalised care.

Staff and managers were clear about their roles and robust systems had been implemented to ensure the quality and safety of people's care were monitored and improvement actions taken.

There were enough safely recruited staff to meet people's needs. People, and relatives, told us the staff were kind.

People were protected from the risks of cross infection. Staff understood how to use PPE appropriately and the home was kept clean.

People were supported by staff who understood the risks they faced and had received appropriate training. People felt safe and were supported by staff who understood how to report safeguarding concerns.

Where people could not consent to live in the home, Deprivation of Liberty Safeguards had been applied for appropriately to ensure that people's rights were protected. 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.

People received their medicines as prescribed. Oversight of medicines administration was robust.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published April 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. This included checking the

provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection, that rated those key questions, to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trafalgar Care Home 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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trafalgar 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.

Inspection team

The inspection was carried out by one 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

Trafalgar Care Home 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. Trafalgar Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 from, and about, the service since our last inspection. This included feedback from the local authority quality improvement team. 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.

During the inspection

During our visits to the home we observed the care and support people received. Some people living in the home did not use words as their main form of communication. We spoke with 4 people who were able to tell us about their experience of care. We also spoke with 9 people's relatives.

We also spoke with the registered manager, 2 representatives from the provider organisation and 5 members of staff. We reviewed records related to the care and support of 3 people and multiple medicines administration records. We also reviewed training records, meeting minutes, and documents related to the oversight of the home including staff recruitment files.

We received feedback from 2 health professionals who supported people living at Trafalgar Care Home.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- People were supported to minimise the risks they faced. Staff spoke confidently about the support people needed and the measures that were in place to mitigate risk. One member of staff reflected, "The care is very good here. Manual handling is done properly." Relatives reflected that they believed their loved one was getting the care they needed to be safe and made comments such as "100%" and "completely" when referring to their confidence in the staff.
- Accidents and incidents were analysed robustly so that lessons could be learned and actions taken to reduce risks. Relatives told us the staff team were transparent and gave examples of information shared with them.
- People were supported to eat and drink safely. Staff understood when people were at risk of not eating and drinking enough and knew how to support these people.
- Environmental risks were managed effectively. Doors that needed to be kept locked for people's safety were locked. Risks were mitigated to ensure people could use the communal areas of the home flexibly.
- Staff were confident in their understanding related to fire safety. The registered manager reflected that they were implementing guidance that had come from the local authority into their drills.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and that the staff were kind. One person said: "It is nice and safe." Another person commented they felt safe because "the staff are all lovely".
- People were relaxed when staff approached them and people actively sought out interaction with the staff.
- People were supported by staff who knew how identify abuse and report any safeguarding concerns.

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. Any conditions related to DoLS

authorisations were being met.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People did not wait for support when they requested it and staff were available in communal areas.
- Relatives reflected on appropriate staffing levels. One relative told us "There are always plenty of staff on when I am there."
- There were safe recruitment processes in place. This included checks with the Disclosure and Barring Service (DBS) and taking up appropriate references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff described induction processes that had made them feel welcome and supported when they first joined the team. Staff also reflected on how they were inducted into new roles and afforded developmental shadowing opportunities.

Preventing and controlling infection

- 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

People told us they had either seen their loved ones in the home or gone out to spend time with them. There was a clear commitment to supporting people to maintain contact with their loved ones.

Using medicines safely

- Medicines were administered in accordance with the prescription and in ways that suited the person. One person told us "The staff are all very good. They always ask me when they do my medicines."
- Where the facility was in place for people to be given medicines without their knowledge (covert medication) there was information to show how this had been decided in their best interests. The way these medicines could be given was clearly described.
- People received their medicines safely from staff who had received specific training to carry out the task and whose competency to undertake this task had been assessed.

- Some people were prescribed medicines, such as pain relief, on an as required basis. There was guidance in place to help staff to administer these medicines safely in line with people's needs.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt supported and received clear direction from the registered manager. One member of staff told us: "(Registered manager) is very good regarding staff development. I feel supported." Another member of staff commented: "I am supported. I can go to the management team whenever I need."
- There were robust governance systems in place. These included regular audits and observation to ensure ongoing improvement. Monitoring processes were well established and embedded within the home and had led to improved safety for people. A successful monitoring tool developed by the registered manager to ensure oversight of people's weights and the support they needed had been shared with other services.
- Staff were confident in their recording relating to risks management. Senior staff retained oversight through observation, spot checks and oversight of the electronic recording system.
- The provider organisation supported the registered manager and team to improve and maintain the quality of the service. There were robust structures in place that supported the registered manager to maintain their oversight and enable improvement. One person reflected on changes that they had witnessed in the home and told us "I have seen some changes – they are all for the good."

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

- People were listened to informally and formally. A resident's committee had been formed and they provided ongoing input into decision making processes such as the meal provision in the home and activities. Requests they made were actioned, including notice boards within a communal area.
- Most relatives knew the senior team and told us they were available to discuss their loved one's needs. One relative was clear they always got a call back if the registered manager was busy when they called.
- Staff spoke about people and their colleagues with respect and affection. Staff showed through both their interactions with people and colleagues, and the language they used when describing their roles, that they respected difference.

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

- The senior team had a clear vision for the service that enabled staff to achieve their best outcomes and so deliver high-quality, person-centred care informed by observation, feedback, monitoring and analysis. Staff shared examples of how the care provided had impacted positively on people's day to day experience and provided personalised support during difficult times. One person summed up their experience saying "I love

it here – it is my home."

- Staff told us they were part of a supportive and committed team. One member of staff described how all their colleagues "genuinely care", another member of staff highlighted the "welcoming and happy atmosphere".
- Staff spoke highly of the registered manager and the senior team. Staff meeting minutes reflected open discussion. Staff felt listened to and valued by the registered manager and the whole senior team and told us the managers "know what is going on".
- Management were visible in the service. They were approachable and spent time with people chatting, taking a genuine interest in what people were feeling. People were clearly used to this shared time.

Working in partnership with others; 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

- Professionals were positive about their experience with the staff and leadership of the home. They were confident in the responsiveness of the home and reflected on positive communication. One health professional described a delay a person had experienced in a referral. This had been addressed and the person received the support they needed. The registered manager had reviewed this situation and was able to describe why the delay had occurred and the measures put in place to prevent reoccurrence.
- The senior team were transparent and proactive in sharing information with stakeholders. They understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider and manager understood their responsibilities to notify CQC of certain events such as serious incidents and allegations of abuse.