Trentside Manor Care Limited

Trentside Manor Care Home

Inspection report

Endon Road
Norton Green
Stoke On Trent
Staffordshire
ST6 8PA

Tel: 01782535402

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection took place on 6 December 2016 and was unannounced. We last inspected this service on 6 August 2014. At our last inspection completed in August 2014 we found the provider was not meeting all of the standards we inspected. We found people were not always protected from the risks of unsafe or inappropriate care and support as care records were not being consistently maintained. We asked the provider to submit an action plan outlining how they would make the necessary improvements. During this inspection we found improvements had been made, however further improvements were still required.

Trentside Manor provides accommodation and personal care for up to 36 older people who may be living with dementia. At the time of the inspection there were 31 people living at the service.

There was a registered manager in post. 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.

We found the provider was not meeting all the requirements of the law. The provider had not ensured people's medicines were available in sufficient quantities. This meant that people did not always receive their medicines as prescribed.

People were not always supported by staff who had pre-employment checks completed before they started work.

People were supported by a staff team who knew how to keep people safe from the risk of potential harm or abuse. People's risks had been assessed and staff were working in ways to reduce these risks.

People received care and support from appropriately trained staff who received support to effectively carry out their role. People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were understood and applied. People were provided with choices of food and drink and specific dietary requirements were met. People were supported to access healthcare services when they needed to. People were supported by a staff team who were able to recognise changes in people's health and well-being and knew how to respond appropriately.

People were treated with kindness, and were supported by staff who maintained their privacy and independence. People were supported to maintain relationships that were important to them.

People were supported by staff who had a good understanding of people's care and support needs and preferences. People and their relatives were encouraged to be involved in the planning and review of their care. People had opportunities to engage in activities they enjoyed.

Systems to monitor the quality and consistency of the service were not always effective at identifying concerns or required improvements. People and their relatives we spoke with told us they knew who the registered manager knew how to raise concerns or complaints. People, relatives and staff were provided with opportunities to give feedback on the service, and feedback was used to make improvements.

We found that the provider was in breach of one regulation under the HSCA 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines as prescribed. People were not always supported by staff who had pre-employment checks completed before they started work. People's risks were identified and staff were working in ways to reduce these risks. People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse.

Is the service effective?

Good

The service was effective.

People received care from appropriately trained staff who received support to carry out their roles. People were asked for their consent before staff delivered care and support. The principles of the Mental Capacity Act were understood and applied. People had a choice of food and drink and special dietary needs were being met. People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were kind and caring. People's privacy, dignity and independence was promoted. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People were supported by staff who had a good understanding of their care and support needs and preferences.
People and their relatives were encouraged to be involved in the planning and review of their care. People had opportunities to engage in activities they enjoyed. People and their relatives knew how to make a complaint and the provider had a process to ensure complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality and consistency of the service were not always effective and required further improvements. People and their relatives knew who the registered manager was. People, relatives and staff were given opportunities to provide feedback about the service.

Trentside 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.

The inspection took place on 6 December 2016 and was unannounced. The inspection team consisted of 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.

Before the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We also reviewed statutory notifications the provider had sent to us. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We sought information and views from the local authority who commission services with the provider and the local authority safeguarding team. We considered this information when we planned our inspection.

During this inspection, we spoke with three people who used the service and five relatives. We spoke with four care staff, the cook, the deputy manager and the registered manager. We also spoke with the provider. We carried out observations throughout the inspection to see how staff interacted with the people who used the service.

We looked at five people's care records to see if they were accurate, up to date and supported what we were told and saw during the inspection. We also looked at five staff files and records relating to the management of the service. These included medicine records, accidents and incident records, and the provider's self-audits and checks.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. One person said, "I'm still waiting for my cream, I've been waiting for over a week for my cream and it still has not come, it used to be regular from my doctor, it's the itching it's driving me crazy". Two people we spoke with told us their medication had become irregular and problematic since admission to the home. They told us they did not always get their medicines as prescribed. We looked at four people's Medicine Administration Records (MARS) and found a number of concerns. One person had not received their medicine as prescribed on two occasions. We found another person had not received their prescribed nutritional drink for a period of 8 days. A third person had not been given their cream to prevent a breakdown of skin for 25 days. We spoke to the registered manager about our concerns and they advised us that there had been a failure to provide enough stock. They told us about the actions they had taken to address the problem. However the actions taken were not robust enough to ensure people were not left without their prescribed medicines. The registered manager also acknowledged that systems and processes to check medicines stock should have identified the issue more promptly. The registered manager told us of their plans to improve these systems. The provider had not ensured that people's medicines were available in sufficient quantities to prevent the risks associated with medicines that are not administered as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported by staff who had satisfactory pre-employment checks completed before they started work. The provider was not always completing pre-employment checks such as reference checks and checks with the Disclosure and Barring Service (DBS) before staff started working with people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider was not following their recruitment and selection policy and we found some staff had started their role before suitable checks had been completed. For example not all staff had two reference checks completed before they commenced their role. One staff member had commenced work before their DBS check had been completed. We spoke to the registered manager about our concerns and they told us that staff were unable to work alone with people until they had received satisfactory pre-employment checks. However, conversations with some staff confirmed that they were carrying out personal care alone with people before all of their pre-employment checks had been completed. The registered manager told us they would make the necessary improvements to ensure staff were recruited safely before working with people.

People and their relatives told us they did not always feel there were enough staff. This was specifically in relation to the upstairs unit. One person told us they felt staff on the upstairs unit were particularly busy and felt there may be a staff shortage. The person said, "When one [staff] is busy there should be another to take you to the toilet". They went on to say, "My personal feeling is there should be more than 1 staff on up here, there are two downstairs at night but only one up here". A relative told us, "I worry when [person] keeps telling me they haven't got any staff here, when I come staff seem to be in rooms doing things". Staff we spoke with told us there was only one staff member on duty to cover the upstairs unit and this meant they

could be very busy. The registered manager based the levels of staff on the needs of the people who used the service in order to ensure sufficient staff were available to support them. We saw the dependency tool was being regularly reviewed in accordance with people's changing needs. We observed the care and support provided on this unit and saw staff were busy, however during the inspection we saw people's requests for help and support were responded to without delay and staff response to call bells was prompt.

People told us they felt safe. One person said, "I feel safe, the staff are caring". Relatives we spoke with also confirmed they felt their family member was safe. One relative said, "[Person] is definitely safe, yes, 100%". Another told us, "[Person] is safe, they are good caring staff, there's a 24 hour alarm and 24 hour support".

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse and were confident to report any concerns relating to people's safety. Staff were able to tell us about the different types of abuse and knew how to recognise and report potential abuse. One staff member said, "I would report any concerns to the registered manager and would escalate it if I did not feel the concerns had been appropriately responded to". Staff told us the service had a procedure for reporting unsafe practice and were confident to use it if necessary. The registered manager was appropriately referring concerns about people's safety to the local authority to ensure their safety.

Risks to people were assessed and regularly reviewed to reflect any identified changes in people's needs. Staff had a good understanding of people's risks and worked in ways that reduced risks to people. For example, where people were at risk of fragile skin the appropriate actions were being taken to reduce the risks of sores developing. People had the appropriate equipment in place to ensure their safety and reduce risks. For example, walking frames. We observed staff working in ways to reduce risks and keep people safe. For example, where people required two staff to support them, this was provided. Accidents and incidents were recorded and monitored this information was used to reduce the risk of accidents and incidents from re-occurring. For example, appropriate action was taken where the registered manager had identified an increase in the number of falls occurring.

Good

Is the service effective?

Our findings

People were supported by staff who were appropriately trained to meet the needs of the people using the service. Before staff started their role they were given an induction which consisted of training and observing more experienced staff. New staff completed the care certificate standard. The care certificate is the minimum set of standards that should be covered as part of the induction training of new care staff. Staff had access to ongoing training and were encouraged to complete vocational qualifications to ensure they were providing effective care which was in line with best practice. One staff member said, "The last training I did was moving and handling, it was useful as we now have a person who needs a slide sheet to help to move them, the training helped me to understand how to use this equipment". We observed staff using the skills they had learned when working with people. For example, using equipment safely to support people to mobilise and transfer. Staff we spoke with told us that they were provided with regular support, supervision and annual appraisals from their manager. One staff member said, "We get one to one sessions and appraisals, but there is an open door policy you can raise any concerns you have at any time". People were supported by a staff team who had the skills, knowledge and appropriate support to deliver care.

People were supported by staff who sought their consent to care and support. One relative we spoke with said, "[Person] will let them [staff] know if [person] doesn't want to do something".
Staff were able to tell us how they sought people's consent. One staff member told us how they asked people for their consent. They went on to tell us that where decisions were made in the best interests of people they would still explain what they were doing and the reasons for carry out the activity. Staff told us that they would never force a person to do something they didn't want to. One staff member said, "I might try again later, try another member of staff, and encourage, but I would never force". We observed staff asking for people's consent during this inspection. For example, people were asked if they were ready to be moved in their wheelchair. People who required support to eat and drink were supported at a pace they were comfortable with.

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. We looked to see if the provider understood and applied the principles of the MCA in practice and we found they were. Staff had received training in the MCA and had a basic understanding of the legislation. We found where people lacked capacity; decision specific capacity assessments had been completed. Decisions that were being made in the best interests of people were documented, and we saw care was carried out in a way that reflected these records.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed people were being deprived of their liberty. Where

authorisations had been granted we saw the provider was complying with the requirements to ensure people were safe from harm. The registered manager was ensuring that DoL's applications were resubmitted upon expiry of the authorisation.

People enjoyed the food and were offered choices of food and drink. One person said, "The food is quite good really, there is a menu and there is a choice of two things". A relative said, "[Person] always says the food is smashing". They also told us how their family member was frequently offered drinks. People were able to request an alternative food choice if they did not want what was on the menu. The cook told us, "People can have what they want, we give them choices". People were able to eat at times they preferred. For example we saw people eating breakfast at various times during the morning. The cook was aware of people who required specialist diets and of people's food preferences. We saw people were provided with appropriate diets. For example, a pureed or low sugar diet. Where there were concerns over people's nutrition or hydration we saw staff referred people to the appropriate healthcare professional. For example, GP's or dieticians. People who required support to eat or drink were provided with appropriate support. We saw staff assisted people at a pace people were comfortable with. Mealtimes appeared to be a pleasant experience for people. People appeared to be enjoying the food. One person said, "Very nice lunch this". Tables were laid with cutlery, napkins and condiments. Music was playing and people were not rushed to eat.

People were supported to maintain their health. One person said, "My feet have never been so perfect, not a single corn". A relative said, "They [staff] call the GP if needed, that's why I feel happy with [person's] care, they take responsibility". People had access to a range of health professionals such as, GP's, opticians, dentists, district nurses and chiropodists. Visits from healthcare professionals were documented and we saw staff were following recommended actions. For example, A person's blood sugar levels needed to be checked every two hours to ensure they remained healthy. Records we looked at confirmed staff were following this advice. Staff knew how to respond when they noticed a change or deterioration in a person's health and well-being. Records we looked at showed staff escalated concerns promptly. For example, we saw a person in pain. Staff reported this and a GP was called promptly.

Good

Is the service caring?

Our findings

People were supported by a staff team who were kind and caring. One person said, "Staff are all very nice". Another said, "The staff are very good". One relative said, "The staff are wonderful, some go the extra mile, I wanted to tell you and sing their praises". Another relative told us, "I can't praise this home enough it's so good, it's so caring". One staff member said, "The best part of my job is knowing I've helped someone, made them happy and spent time with them". During the inspection we observed positive caring interactions between staff and people. For example, people were regularly asked by staff if they were ok and needed anything. Staff took the time to talk with people and we observed people had a good rapport with staff. One relative said, "If any one is feeling really down, staff will come and sit by them [people], how lovely is that? They just love [person] to pieces". We saw one person became upset and anxious and we observed staff spending time re-assuring, and comforting them.

People were provided with choices about how their care and support was provided. For example we saw one person asking for just a pudding at lunch-time and saw staff respected their choice. One relative said, "[Person] chooses when they get up and definitely chooses when they go to bed, [person] set their own time". Staff shared with us examples of how they provided people with choices. For example, what people wanted to eat and drink, when people went to bed and got up in the morning and whether they wanted to participate in the daily activities. People's choices were respected. For example, we saw one person told staff they no longer wanted to participate in the morning activity. We observed staff promptly support the person to leave the activity and ask them what they preferred to do instead.

People's privacy and dignity was promoted. One person told us how staff knocked on their bedroom door before they entered. Staff gave us examples of how they acted in ways which respected people's privacy. For example, one staff member said, "I always carry out personal care in private spaces, close doors and curtains and knock on people's doors before entering". We observed staff knocking on people's doors before entering and discussing personal matters discreetly. We saw people's care records were stored confidentially in a lockable room.

People were encouraged to be independent. One person said, "When I came in I couldn't walk at all but I can a little now, much better". A relative we spoke with told us how their family member was encouraged by staff to try to walk as much as they could. Staff shared with us examples of how they supported people to maintain their independence. For example, one staff member said, "I will prompt people to do what they can for themselves and support if needed". We observed people being encouraged to maintain their independence. For example, people who were able to mobilise independently were encouraged to do so. We also saw people had appropriate equipment in place to enable them to feed themselves. For example, plate guards.

People were supported to maintain relationships that were important to them. One person said, "I have visitors in the afternoon, but they can come anytime". A relative told us they felt welcome at the home, they said, "Always a smile and can visit anytime". Staff we spoke with and our observations confirmed this. People were provided with appropriate support and technology to maintain contact with relatives who did

not live locally. For example, through social media.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt supported by staff who had a good understanding of their care and support needs and preferences. A relative said, "They [staff] know [person's] likes and dislikes, they put [person's] music on when [person] is lying in bed, [person] likes that". Another relative told us how their family member had requested a hospital bed and how the provider had responded to this request. One staff member said, "We ask people about their likes and dislikes and their preferences for care. We will also ask families and other healthcare professionals if needed". People's care records contained information about people's likes and dislikes and we observed staff delivering care in a way that reflected these. For example, people who did not like particular foods were provided with alternatives. People who preferred to get out of bed later in the morning were given the opportunity to do so.

People and their relatives were given opportunities to be involved in the planning and review of their care. Three relatives we spoke with told us how they were involved in discussions about their family member's health and care. People and their relatives were involved in developing their care plans and were invited to participate in reviews of their care. People's care plans were regularly reviewed to reflect people's changing needs. Staff told us they were made aware of any changes to people's care and support needs through a daily handover meeting. Staff were able to tell us about changes to people's care and support needs. For example, one staff member told us about a person who required support with eating and drinking. People were supported by staff who had up to date information to meet their care needs.

People had opportunities to engage in various activities and daily outings. One person told us how they enjoyed having their nails painted and enjoyed participating in the various games and activities that took place. A relative told us, "[Person] likes the baking and the games they play here". During the inspection we saw a number of people taking part in a baking session and singing songs which they told us they enjoyed.

People and their relatives knew how to raise concerns or complaints if required. One person said, "I would speak to the staff if I needed to make a complaint". A relative said, "I would know how to make a complaint, I'd go to the top [the registered manager]". Where concerns or complaints had been raised we saw the registered manager took appropriate action to address the issues. The registered manager had identified patterns and trend with complaints; however these were not always recorded. The registered manager told us this was something they were looking to improve their complaints recording systems.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection we found the provider was in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010. The provider was not keeping accurate records relating to the people using the service. During this inspection we found the provider was now meeting the requirements of the law, however further improvements were required to the systems to monitor the quality of the service. We found systems to monitor the quality of the service were not always effective in identifying areas of concern or required improvements. For example, checks on medicines had not identified the service was running low on stock before medicines had run out. This meant that some people were not given their medicines as prescribed. Checks on people's daily records were not always effective at identifying inconsistencies in recording practices. For example we found where people were at risk of poor nutrition or hydration, some people's daily food and fluid intake was not consistently recorded in line with their risk management plans. Hourly checks of people were not always completed. We also found the provider was not adhering to their recruitment policy and therefore staff did not always have the appropriate pre-employment checks completed before they started work. We spoke to the registered manager and the provider about our concerns and they told us they would take the necessary action to make improvements.

People and their relatives were complimentary about the service and how it was managed. They knew who the registered manager was and told us they were visible around the home and approachable. One relative commented, "I know the registered manager very well whenever I come there is always a manager about, more often both the deputy and the registered manager". People and their relatives felt able to approach the registered manager.

People and relatives were given opportunities to provide feedback on the service provided. For example, through meetings and surveys. One relative told us, "We had a meeting not so long ago". Another said, "I had a form to fill in not long ago". People and their relatives were provided with information on the feedback they had given and how it was used to make improvements. One relative said, "There was some results displayed on the notice board". Feedback was used to identify improvements required. For example, one relative told us how they would like to have a private room to discuss matters with their family member. The registered manager told us about their plans to accommodate this request. Staff felt they were able to make suggestions to improve the service. One staff member said, "You can make suggestions, at the last team meeting we were given a note pad to write down our thoughts". The registered manager told us of a suggestion from a staff member that had resulted in a change to staff rotas.

Staff were provided with appropriate support to carry out their duties. Staff told us they received regular one to one sessions to discuss their performance and told us the registered manager provided practical support and assistance if required. One staff member said, "The registered manager is nice, supportive and approachable". They went on to say, "They are hands on and will provide care and support to people. The other day she was working in the kitchen as the staff were on training". We observed the registered manager providing care and support to people and assisting staff on the day of the inspection. Staff told us they felt confident to approach the registered manager or the provider if they had concern. One staff member said, "We see the provider once or twice a week he is approachable". Staff felt communication was good and told

us they had regular staff meetings where they discussed various issues relating to the service and the people living at the home. They also told us they were given feedback following audits and checks. One staff member said, "We get told if something needs improving".

The registered manager had a good understanding of their role and responsibilities. For example they were appropriately notifying us of certain events they are required to by law such as serious incidents. They had also completed the provider information return (PIR). The registered manager kept up to date with current legislation and best practice by attending regular training and using online information such as the CQC website. The registered manager felt supported by the provider, they told us, "I am very supported by the provider, he comes in twice a week and we have regular meetings to discuss progress and developments. He is always at the end of a phone and if I need anything I get it".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people's medicines were available in sufficient quantities to prevent the risks associated with medicines that are not administered as prescribed. People did not always receive their medicines as prescribed.