

B & M Investments Limited

Tremona Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 21 January 2019 and was unannounced. Tremona Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tremona is registered to provide care and support for up to 44 older people. At the time of our inspection there was 40 people living at the service, some of which, were living with dementia.

At our last inspection on 31 May 2016 the service was rated Good, at this inspection the service had improved and is now rated as Outstanding in the responsive and well-led domains.

The service had 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 and associated Regulations about how the service is run.

The service was exceptionally well-led. Feedback was unanimously positive about the registered manager and they provided excellent, visible leadership. Staff were passionate about the registered manager's vision to ensure people were supported to live full and active lives. The provider had been recognised by an independent consumer magazine for having a large number of Good and Outstanding services. The registered manager was knowledgeable and skilled, and understood all of the requirements of their registration. Notifications had been submitted as required, and the rating was displayed at the service and on the provider's website.

People were supported to be active members of the local community. Regular coffee mornings were held, which were supported by the local authority to welcome the public into the service and raise awareness of dementia. People's feedback was sought and acted upon and a range of checks and audits were completed to ensure that the registered manager and provider's high standards were met. The service worked in partnership with the local authority safeguarding and commissioning team, who told us they had assessed the service as 'excellent' at a recent visit.

There were a range of unique activities on offer, specifically designed to meet and develop people's interests. On the day of the inspection a toddler's music group was held at the service. Diversity was actively celebrated and events such as National Women's Day, and 'pride' were used to reinforce this message.

People's care plans were detailed and accurate, ensuring staff consistently knew how to support people. People and their relatives told us they knew how to complain, and any complaints received were used to improve the service. We saw positive feedback from people's relatives regarding end of life care, and the registered manager told us they supported people to remain at the service if that was their wish.

Staff were kind and caring and had built strong relationships with the people they supported. People told us

they were treated with respect and dignity, and were encouraged to be as independent as possible. People and their relatives had been involved in planning their care and people's needs were assessed before they moved into the service.

Staff knew how to recognise and respond to abuse and any safeguarding concerns had been reported and fully investigated. Risks relating to people's care and support had been assessed and mitigated where possible. Detailed analysis was completed of any falls, and people's support was changed as a result, to minimise the chances of falling again in the future.

There were enough staff to keep people safe and staff were recruited safely. Medicines were managed safely. The service was clean and had been adapted to meet people's needs.

Staff received training and support to ensure people were supported effectively. People were supported to eat a range of appetising food and received the support they needed to manage their healthcare needs. Staff worked with a range of professionals including speech and language therapists and mental health nurses, and followed their guidance as necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

There were a range of innovative activities provided, which developed people's interests.

Diversity was actively celebrated and events such as national women's day, and 'pride' were used to reinforce this message.

People's care plans were detailed and accurate, ensuring staff consistently knew how to support people.

People and their relatives told us they knew how to complain, and any complaints received were used to improve the service.

We saw positive feedback from people's relatives regarding end of life care, and the registered manager told us they supported people to remain at the service if that was their wish.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

People, their relatives and staff all told us they felt the leadership at the service was exceptional.

The registered manager and staff shared a highly person-centred vision for the service and people were encouraged to be active members of the local community.

The leadership team at the service regularly completed checks

and audits to ensure the high standards set were achieved.

Feedback was actively sought and acted upon to develop the service.

The service worked in partnership with the local authority safeguarding and commissioning team, who told us they had assessed the service as 'excellent' at a recent visit.

Tremona Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 21 January 2019 and was unannounced. The inspection was carried out by one inspector and one 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We contacted health care professionals who worked with the service and the local authority for their feedback and views.

We spoke with the registered manager, the deputy manager, the engagement coordinator, a senior care worker, two members of care staff and the chef. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During the inspection we spent time with and spoke with people living at the service. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experiences of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I'm safe because there are plenty of people around me, I like to keep my independence, but they will help me with a shower, I can have one whenever I want one it's up to me, when the atmosphere is good, it makes you feel safe."

There continued to be systems and processes in place to safeguard people from abuse. One person told us, "I don't have any concerns, I would tell the manager if I had." Staff told us they knew how to recognise and respond to abuse and the registered manager had reported any potential safeguarding concerns to the local authority safeguarding team. Any concerns had been investigated and dealt with appropriately, and any learning shared with staff to reduce the risk of reoccurrence.

Risks relating to people's care and support had been assessed and mitigated where possible. People had comprehensive care plans and risk assessments in place and there was guidance available for staff regarding how to minimise risks where possible. For example, risks relating to moving and handling, falls, choking and any healthcare needs.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarm system and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. Staff told us they were aware of the continuity plan and were confident they could contact a manager out of hours for advice if they needed it.

Staff reported any accidents and incidents when they occurred. The deputy manager showed us an in-depth analysis they had recently completed relating to falls. They had identified trends, including regular times when people had fallen, and people's support had been changed to ensure more staff were available at these times. The number of falls people had experienced month on month had reduced as a result.

There continued to be enough staff to keep people safe. One person told us, "I do feel safe, I suppose it's having people around me, taking care of me, I have rung my call bell on occasions, they [staff] are pretty quick at responding." Another person said, "I think I'm very safe here because I have these lovely people to look after me they couldn't be kinder, nothing is too much trouble for them [staff]." Staffing levels were arranged based on people's individual needs and were adjusted accordingly to support people with any activities that they wanted to participate in. Throughout the inspection staff were available to support people when needed and were attentive to their needs.

Staff were recruited safely. People had been involved in the interview process for new staff, choosing their own questions and advising the registered manager on the suitability of staff to work at the service. The registered manager ensured that full recruitment checks were completed before staff started working with people. Staff had full work histories in place and any gaps in employment had been explored thoroughly. Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Medicines were managed safely. One person told us, "I am on medication and it is always regular." We observed staff completing the lunch time medicines round and people received gentle prompting and support to take their medicines. Medicines administration records (MARs) were fully completed, indicating people received their medicines as and when they needed them. Some people required medicines as and when necessary, for pain relief or similar and there was clear guidance in place regarding when these medicines should be administered.

The service was clean and people were protected from the risk of infection. One person told us, "The girls [staff] come and clean my room every day and give me fresh towels." We observed staff using specialist equipment such as gloves and aprons when necessary.

Is the service effective?

Our findings

People's needs were assessed before moving into the service. Assessments included a range of recognised tools including waterlow assessments (to assess the risk of people's skin breaking down) and the malnutrition universal screening tool (MUST), to assess people's risk of malnutrition. Staff used these assessments to write detailed and accurate care plans, guiding staff on how to offer people support safely.

Staff continued to receive the training and support necessary to support people effectively. One person told us, "I think staff know what they are doing, they show that in the way they look after people, they must be trained very well, I don't have any concerns, If I did I would tell a member of staff or the manager." Staff had received training in a range of essential topics such as safeguarding, mental capacity, moving and handling and first aid. They had also received training in topics specific to people's needs such as Parkinson's, diabetes and stoma care.

Staff put their training into practice and were knowledgeable about people's needs. Throughout the inspection we observed staff assisting people to move safely and offering people gentle reassurance if they became confused. When new staff started working at the service they were given a comprehensive induction, based on the Care Certificate, and had time to get to know people before working with them more independently. The Care Certificate is an agreed set of standards that care workers work through based on their competency.

The registered manager and senior staff completed regular supervisions with staff, giving them the opportunity to reflect on their practice and discuss any development needs. One member of staff told us, "I am well supported, and can speak to the management team in formal meetings, but their door is also always open."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager understood their responsibilities under the MCA and had applied for DoLS for people if they were unable to consent to staying at the service. Some of these had been authorised, and any

conditions, such as monitoring the level of risk and regularly reviewing the necessity of any restrictions were adhered to.

Staff had completed mental capacity assessments for a range of different decisions, such as medicine administration and remaining at the service. Any decisions which were made on people's behalf had been made in their best interests, and in consultation with important people in their lives and relevant healthcare professionals.

People told us they were able to make choices for themselves, regarding when they wanted to get up and what they wanted to eat and wear. One person told us, "It's all very free and easy here, you can go to bed when you want, and get up when you want. If you fancy a lie in, well that's ok and have breakfast later, the objective is to get us up and moving around for our mobility, and they are really dedicated to doing that, but, if it's my choice not to get up I don't."

People were supported to eat and drink safely. They told us that the food was good, and they always had plenty of choice regarding what they wanted to eat. One person told us, "The food is good and at times I have asked for other alternatives, if I didn't fancy what was on the menu, and the chef is very good he will always offer something else, some of the lunches are lovely, and cooked very well." Another person said, "I can be fussy with my food, and one day the chef offered me the usual alternatives, and I said no, I would like steak, and do you know, he got it for me. I really enjoyed it, the portion sizes are filling enough, and they will ask 'do you want any more'."

During the inspection we observed people's lunch time meal and the atmosphere was calm and relaxed. People could choose between a range of dining rooms to eat in, and sat at tables chatting with those around them. Some people needed assistance to eat, and staff sat with them, giving people appropriate support. Food appeared home cooked and looked appetising. There were also 'self-serve stations' located throughout the service with fruit and cake available, so that people could help themselves.

Some people had been assessed as at risk of choking, and guidance had been sought from Speech and Language Therapists (SALT). Staff followed this guidance, and kitchen staff were aware of the different textures of food which people could eat.

People received the support they needed to manage their healthcare needs. One person told us, "If I don't feel well (which is very rare) I see the nurse and if they think I want a doctor they call one. They are on the ball here, let me tell you. It's a first-class home, I wouldn't stay if it wasn't." A relative said, "The staff and management are very good at communicating with me if [relative] is not well for example, they rang me earlier, even though I was coming in to visit anyway, to tell me [relative] wasn't feeling well, they have called a doctor."

Staff worked with a range of healthcare professionals such as district nurses and the community mental health team. Any advice given was clearly documented in people's care plans, and followed by staff.

The service was adapted to meet people's needs. Hallways were wide and accessible, so people could walk through them with ease. There was a lift so people could access different floors. People's rooms had information that was important to them displayed on the doors so that people could find them easier. This also acted as a prompt, so staff knew of topics to engage people in conversation, helping them to feel more relaxed.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "I have to say it is a lovely home, they [staff] are so caring, nothing is too much trouble for them."

People told us they had built strong relationships with staff who supported them. Throughout the inspection we observed the easy rapport between staff and people, and people appeared relaxed in staff's company. When one person became distressed staff responded immediately, offering them gentle reassurance and placing a supportive hand on the person's shoulder. One person told us, "The staff are very caring, privacy is maintained at all times towards people, we have a laugh and a chat, I think they genuinely care for people."

People told us staff always referred to them by their preferred name. One person said, "I have to say, all the staff are very nice and kind. There's no rushing and they always call me by my name, I don't like darling." Staff knew people well, and people's care plans contained information about their lives before they had moved into the service. Staff told us they used this to get to know people better, and to ensure people continued to be supported to maintain their interests.

People were encouraged to be as independent as possible. One person told us, "They [staff] know I can wash myself but they always ask me if I need help, and sometimes I do, they are very gentle, they will always talk you through what they are doing." Another person said, "They [staff] always knock on my door and ask if I would like any help with getting washed, they do encourage me to keep my independence, and respect my privacy and dignity." Throughout the inspection staff gave people gentle encouragement to get their own drinks from the 'hydration stations' located throughout the service, choose newspapers from the designated 'news stop' and books to read from a 'library corner.' The registered manager told us they had specifically designed these areas to increase people's independence, and encourage them to initiate activities themselves.

People's privacy and dignity was respected at all times. One person told us, "They [staff] do respect my privacy, for example if they have come to clean my room, sometimes I have been in the middle of a programme so I have asked them can you come back later, and they say okay, it's never been a problem, they will always knock before they come in, even if the door is open." We observed staff knocked on people's doors and waited before being invited to come in.

People and their relatives were involved in planning and making decisions about their care. Relatives told us they were kept informed of any changes relating to their loved ones. Where necessary advocates had been involved to help people make their wishes known. An advocate is an independent person, whose role is to assist people who require support to make their needs known.

Staff ensured that people's care plans and associated risk assessments were stored securely. There was an electronic system in place that was password protected, so confidential information was kept securely.

Is the service responsive?

Our findings

At our last inspection the service had been rated Good in the responsive domain. At this inspection staff had built on this and were now exceptionally responsive to people's needs. People, their relatives and staff all spoke with enthusiasm about the activities on offer, and what people were able to achieve whilst living at Tremona. One person told us, "The care is first rate, and I know CQC gave good at their last rating, and that was very accurate, but shall I say it should be outstanding, because of the care and love they [staff] give to people living here, they are very good at their job." A healthcare professional told us, "I have been working with Tremona for just under 2 years. They [staff] have worked well with me and the team and took advantage of all the training we have to offer. I think they are a strong team."

Staff and the registered manager spoke with pride about the people who lived at the service, and their achievements since the last inspection. The engagement lead told us, "When we say it is person centred care we mean it. Whatever the person's goal we ensure they are able to do it." Staff's intensive support, and commitment to independence enabled some people who had moved into the service with complex health care needs, be supported to move back out again. This was particularly unusual for an older people's service, where people often remained at the end of their life. We saw feedback from one person who had moved back home, which stated, "When I look back at how I felt when I arrived at Tremona and how I feel now I know that such a dramatic recovery, that had surpassed my doctors and the social staff could not have been achieved without you as my dedicated carers at Tremona." And, "The kindness and professional care that you have all seamlessly showered me with has been instrumental in restoring my good health, something which I will never forget."

There was a range of interesting and innovative activities on offer at the service, which were uniquely catered to people's needs. A recent exhibition of one person's artwork had been curated and displayed at the service and then celebrated with a cheese and wine evening. One person told us they'd enjoyed the event, saying, "I like to go to some of the activities, for example we had an art exhibition, I liked that, and we had a wine and cheese evening that was very good."

During the inspection a toddler group visited the service for a regular music session. Parents and their children participated in the session, with people, who were visibly animated throughout. People smiled and laughed, joining in with the music and singing, and staff told us it was one of the highlights of the week. The session ensured that people from the local community regularly visited the service, and allowed people to build up relationships with those living locally.

Equality and diversity was at the heart of everything the service did. We were shown pictures of people celebrating International Women's Day, where each woman had been given a rose and an annual Hanukah Party which was celebrated alongside Christmas. People's individual needs, including those related to gender, religion, sexual orientation or disability were not just recognised and documented in people's care plans, but celebrated and welcomed. Everyone was made to feel welcome at the service, and encouraged to be themselves. A recent Pride event had been organised, celebrating people who identified as lesbian, gay, bi-sexual or transgender. This event had been featured in the local paper, ensuring that the service's

message of acceptance was shared within the wider community.

People's care plans were accurate and contained detailed information about how they liked to be supported. These were updated regularly by staff, and ensured that everyone knew how people liked to be supported. From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Staff told us that most people could communicate their needs effectively and could understand information in the current written format provided to them. However, information was available in a variety of different formats if required.

The registered manager told us they were passionate about ensuring people could remain at the service, if that was their wish, at the end of their lives. Some people had 'do not resuscitate orders' in place and these were seen to be accurate and reviewed when people moved into the service. If required, people were referred to specialist palliative services for additional support. Staff monitored people, and recognised when people were becoming frail and liaised with professionals. Staff were aware and people's care plans contained information on their cultural and spiritual needs regarding their end of life care. Staff told us that if relatives wanted to stay with their loved ones this would be arranged. We saw feedback from one relative, whose loved one had passed away, which stated, "I would like to thank you and your staff for your care and love shown to [my relative] during the two years they were with you. It was a source of great comfort to me knowing they were so well looked after, resulting in a ready smile whenever I visited."

People told us they were extremely happy with the level of care provided and relatives said they knew how to complain if necessary. One person told us, "They [staff] do ask us if we are happy, would we like anything done differently, they are always asking...I haven't got any concerns, but I would feel very confident in saying so." The registered manager told us that they welcomed feedback and used any complaints received as a learning opportunity. We reviewed complaints records and these had all been responded to in line with the provider's policy and thoroughly investigated.

Is the service well-led?

Our findings

At our last inspection the service was rated in Good in well-led. The registered manager and senior staff had built on this foundation and the service was now exceptionally well-led. People, their relatives, staff and external professionals were universal in their praise of the outstanding leadership at the service.

One person told us, "I do think they [staff] run the home properly, because everything seems to flow just right." Another person said, "It is a lovely well run home, that's my opinion and I'm sure that of many other's." A visitor told us, "Our friend has been here for five years, and we visit them regularly, there has not been a single instance that we have had any concerns, or, that they have told us about. They are very happy and well cared for, we have nothing more to add, the care is exceptional." A member of staff told us, "The registered manager is wonderful. They are an awesome leader."

Leadership within the service had a track record of being an excellent role model for other services. The engagement lead had been chosen to work one day a week across all of the provider's services to empower activities staff to think creatively about the activities they could offer. They had also been recognised with an independent 'engagement and well-being award' from the local authority. The activities lead told us that without the support of the registered manager this would not have been possible, and they had ensured a culture which embraced activities as a way of promoting people's independence.

An independent consumer magazine had ranked the provider seventh in the UK based on the percentage of Good and Outstanding services that they owned, further demonstrating the provider's commitment to quality and good leadership. Staff met regularly to discuss all areas of the service, and told us there was good communication at all levels.

People benefitted from an improved understanding of their local community, about dementia. The registered manager and senior staff organised regular community events at the service, welcoming the public in. A range of themed coffee mornings had been held, and there were plans in place for a Wild West event to be held a few days after our inspection. The coffee mornings were advertised in the local town centre, and on the local authority's event calendar for the wider area. The registered manager told us that this was part of Watford's commitment to becoming a dementia friendly town, and that, "Our door is always open." People told us they felt proud to live somewhere that was helping to raise awareness regarding dementia. One person who lived in the local area had started to volunteer at the service as a result of these events.

Staff, relatives and people had all recently been involved in a 'memory walk' which raised both money and awareness for an Alzheimer's charity. We saw pictures of the event, and people had been supported to attend and cheer those walking if they were unable to participate directly. The registered manager told us they were passionate about ensuring everyone was involved, and had ensured there was enough staff available to facilitate the day. One staff member told us, "It was a lovely day, and I felt like we were all united for a common cause, I was so proud to take part."

Staff told us they felt well supported and were committed to the registered manager's vision of having an

excellent service where people lived their lives to the full. The registered manager said, "It is not just a service, these are people's lives. People don't move in and their life just stops. We support people to continue to live their lives to the full." Staff echoed these thoughts, speaking with enthusiasm about the things that people had achieved since living at the service, such as re-visiting places they had used to work and how people were encouraged to be as independent as possible.

There was a strong commitment to quality and a range of checks and audits were completed by the registered manager and senior staff to ensure their high standards were being consistently met. The management team completed a daily walk around, so were a visible presence within the service, and it was apparent that staff and people all knew who they were. Throughout the inspection they were greeted warmly and spent time chatting with people, putting their needs first. Other checks such as health and safety audits, medicines audits, care plan audits and analysis of falls, accidents and incidents were all regularly completed and any areas of improvement identified were actioned. The provider's operations team also completed regular audits, as an additional support to the registered manager. Regular clinical governance meetings were held to review admissions to the home and any discharges from hospital, to ensure people were receiving the support they required.

People, their relatives, staff and other stakeholders were encouraged to give their feedback about the service. Regular resident and relative's meetings were held, and feedback was immediately actioned. At a recent meeting people had raised that they felt there could be more accessible information in the lift about what to do in an emergency, and we saw this to be in place at the inspection. One person told us, "I go to the resident's meetings, I look on it as a social gathering really, they do ask our opinion on things. For example, where we would like to go when the weather gets better. The thing about living here, is like this, they regularly chat and ask us things on a daily basis, we don't really need a meeting, but it is good to have one all the same." The provider had sent a survey to people, their relatives and staff. Feedback had been collated and analysed, and was exceptionally positive. One response seen stated, 'I am impressed with all the staff I have spoken to and would like you to pass this on...I think activities work on organising and delivering the enrichment of residents' lives is outstanding...I am sure the positive culture and excellent standards at Tremona stem from the quality of the leadership.'

The registered manager and senior staff worked in partnership with a range of organisations, including specialist charities to assist with training and the local safeguarding team. The local authority commissioning team told us the service had been awarded 'excellent' at their most recent quality inspection. Their report highlighted that staff felt exceptionally well supported and that staff meetings were used to share new ideas, and that innovation was truly embraced.

The registered manager was knowledgeable about their role and responsibilities with regards to their registration. Notifications had been submitted as required and the rating of the service was displayed in the entrance hall and on the provider's website.