

Veecare Ltd

Tralee Rest Home

Inspection report

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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 and 25 October 2017 and was unannounced.

Tralee Rest Home is registered to provide personal care and accommodation for up to 36 people. There were 14 people using the service during our inspection who were living with a range of care needs. These included diabetes, epilepsy and impaired mobility; and people were living with different stages of dementia.

Tralee Rest Home is a large detached and extended house situated in a residential area just outside Whitstable. The service had a large communal lounge available with comfortable seating and a TV for people and a separate, quieter lounge. There was a small dining room in which people could take their meals.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Tralee Rest Home was last inspected in June 2017 when it was rated as Inadequate for safety, and leadership. It was rated as Requires Improvement for being effective, caring and responsive. At previous inspections the service had also been rated as Inadequate overall and was placed into Special Measures. The provider sent us regular updates about improvements they were making.

At this inspection we found a much improved picture in most areas, but some further work was still needed around risk assessment, auditing and complaints.

Most risks to people had been properly assessed and actions were taken to minimise the likelihood of them happening. However, more action needed to be taken about people who experienced falls; including more detailed audit processes. Care plans about epilepsy had been produced but needed more detail to make them truly effective. Other care plans were written in a person-centred way but had not always been updated when people's needs changed.

Medicines were generally managed safely but administration practices needed to be more consistent and recording of refused doses improved.

Not all concerns raised by complainants had been logged and responded to before they became formal complaints.

People were safeguarded from abuse and improper treatment and accidents and incidents were thoroughly documented. Referrals to the local safeguarding authority had been made appropriately.

There were enough skilled and competent staff on duty and people had their needs met promptly. Staff received appropriate induction and training to ensure they had the skills and knowledge to support people. Staff had opportunities to discuss their work performance, training and development. Recruitment processes ensured that only suitable staff were employed to work with people.

People were supported to eat and drink when needed and they enjoyed the variety of food provided. Weights were monitored and dietetic advice sought where people had lost weight. People's health care needs were met by the staff and through input from a variety of clinicians and professionals.

The service was meeting the requirement of the Deprivation of Liberty safeguards and Mental Capacity Act 2005. People are 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. People's dignity was respected by staff and staff delivered support with consideration and kindness. They encouraged people to be independent when they were able and people and families were involved with care decisions. End of life care plans had been improved.

There was a wide range of activity available to people; who enjoyed meaningful entertainment and individual sessions.

Policies and procedures were available to offer guidance to staff. People, relatives and staff were positive about the leadership at the service and said things had improved. Staff told us that they felt supported and could raise any issues of concerns with the registered manager.

As this service is no longer rated as inadequate, it will be taken out of special measures. Although we acknowledge that this is an improving service, there are still areas which need to be addressed to ensure people's health, safety and well-being is protected. We will continue to monitor Tralee Rest Home to check that improvements continue and are sustained.

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 safety of the service had significantly improved but needed more work to ensure all areas were consistently safe.

Some risks to people had not been sufficiently minimised; such as falls and epilepsy. Other risks such as from choking and infection had been addressed.

Medicines were generally managed safely, and people were safeguarded from abuse and improper treatment.

There were enough skilled and competent staff on duty.

There was a robust recruitment process in place.□

Is the service effective?

Good 

The service was effective.

People were supported to eat and drink when needed and they enjoyed the variety of food provided.

The service was meeting the requirement of the Deprivation of Liberty safeguards and Mental Capacity Act 2005.

Staff received appropriate induction and training when they first started work; on-going training ensured staff had the skills and knowledge to support the people they cared for.

Staff were provided with opportunities to meet the registered manager to discuss their work performance, training and development.

Is the service caring?

Good 

The service was caring.

People's dignity was respected by staff.

Staff delivered support with consideration and kindness.

Staff encouraged people to be independent when they were able

and people and families were involved with care decisions.

End of life care plans were in place And gave guidance to staff about people's wishes.

Is the service responsive?

The service was not consistently responsive.

The complaints process in operation was not sufficiently robust.

Although care plans were written in a person-centred way; they had not always been updated to reflect the current position.

People's preferences and life histories had been documented.

There was a wide range of activity available to people; who enjoyed meaningful entertainment and individual sessions.□

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Regular audits and checks were undertaken to make sure the service was safe and effectively run. However, not all audits identified the shortfalls they were intended to.

Policies and procedures were available.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Requires Improvement ●

Tralee Rest 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 took place on 24 and 25 October 2017 and was unannounced. The inspection was carried out by two inspectors. We did not ask the provider to complete a Provider Information Return (PIR) because we inspected sooner than originally planned. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with twelve of the people who lived at Tralee Rest Home. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support and carried out a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives and visitors. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with four of the care workers, kitchen and domestic staff and the registered manager.

We 'pathway tracked' eight of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at Tralee Rest Home. One person said "I like it here and I'm happy; the girls [staff] look after me and watch out for me". Another person said "If I need anything the girls are good and will come to me". A relative told us "Things are so much better here now; the manager is fantastic and I don't have any worries".

At our last inspection known risks to people had not been properly minimised. At this inspection most of these areas had been satisfactorily addressed, but further work was needed to improve the way risks were managed in others.

At our last inspection a number of falls had been happening during the night but this had not been recognised; and preventative measures had not been put into place. At this inspection we continued to see that some people were falling more overnight. Although an audit had been introduced to monitor the times and places people fell, the actions arising from it had not successfully prevented further falls from happening. Accident and incident reports for one person showed they had six falls since our last inspection; four of which happened during the night shift. Actions documented following the falls were to continue to monitor the person regularly. This person had an alarm mat in place by the side of their bed to alert staff when they were out of bed and mobile. This however, had not helped to prevent the falls which happened in their bedroom at night.

A mobility risk assessment for this person had been updated on 24 October 2017, but only mentioned a fall which happened in February 2017. There had been eight further falls since that time but the mobility assessment did not take account of these in assessing the level of risk to this person. A falls assessment showed that the level of risk had been scored lower since June 2017, even though the person had experienced six falls since then. The registered manager told us that no referral had been made to the community falls team for advice about this person's mobility and falling, but they made a referral during our inspection.

Another person had a diagnosis of epilepsy when they moved into the service and was prescribed medicine for the condition. They had epileptic seizures at the beginning of September 2017, but there had been no specific care plan in place to give guidance to staff about what to do if this person had a seizure. An epilepsy care plan had not been completed for them until 23 October 2017. This needed further detail to make it as effective as possible, such as information about how the person presented during seizures so that staff could identify anything different that may be cause for concern. Staff had reacted swiftly and efficiently when the person had seizures in September 2017 and appropriate medical intervention had been sought for them. However, the lack of a sufficiently detailed risk assessment about epilepsy potentially exposed them to the risk that staff would not have enough information to help them make critical decisions about the person's care and treatment.

The failure to appropriately mitigate risks is a continued breach of Regulation 12 of the Health and Social

Medicines were generally managed safely but we observed staff handling a person's tablet without wearing gloves. This was not good practice because traces of the medicine could potentially be passed between people. On all other occasions staff used a spoon to offer tablets to people so there was no need to touch them.

When people refused to take their medicines, the tablets or capsules were placed into small sealed bags which were dated to show when they had been offered. A logbook was then completed to list the medicine and show it had been returned to the pharmacy. Anomalies were found between some records. For example, one person had refused a tablet, but the date on the sealed bag differed to that shown in the pharmacy returns logbook. On another day staff had recorded in a behavioural chart that the person had been offered a sedative tablet but refused it. There was no record on the medicines administration record (MAR) or the returns logbook to show that the tablet had been offered, refused and was to be sent to the pharmacy for destroying. This is an area for improvement to ensure that all medicines are properly accounted for.

All other medicines were stored and recorded safely. A cooler unit in the medicines room ensured that the temperature there was kept within acceptable limits so that medicines remained effective. Daily records had been made of both the room and medicines fridge temperatures so that these could be monitored. MAR had been completed consistently to evidence that people had received their medicines and records about skin cream applications showed these happened in line with the prescriber's instructions. Liquid medicines had been dated on opening to ensure they were disposed of within manufacturers' guidelines.

At our last inspection, skin creams had not been stored safely to make sure that people living with dementia were not at risk from applying too much or ingesting them. At this inspection all creams were kept in locked cabinets in people's bedrooms to prevent these risks. At our last inspection one person's known allergy to Penicillin had not been highlighted on MAR records. At this inspection the situation had been put right and the person's MAR was clearly marked up to document the allergy and reduce the risk of them being given medicine to which they had previously had an adverse reaction. Other people's allergies were similarly documented on the MAR. At our last inspection, a person with pressure wounds had not been provided with pain relief, even though they complained of discomfort. At this inspection the MAR evidenced that this person's GP had prescribed pain relief on an 'as and when needed basis'. Care plans contained information about how people expressed pain and MAR showed they had been offered pain relief regularly.

At our last inspection there had been an incident of a wardrobe falling in a person's bedroom. They had been at risk of being hurt if this happened again, but the wardrobe had not been secured to the wall at that time to prevent any recurrences. At this inspection all wardrobes had been affixed to people's bedroom walls with brackets. These appeared to be secure and there had been no further incidents involving wardrobes or other furniture.

At our last inspection, referrals had not always been made to the local safeguarding authority, to allow them to consider independently investigating any incidents resulting in harm to people. Following our last inspection the registered manager made a number of referrals in an appropriate and timely way. Staff and the registered manager understood their responsibility to make other bodies aware of any situations which might need independent involvement.

At our last inspection behaviours that may challenge had not been appropriately managed. At this inspection there was an improved picture. Staff were observed using distraction techniques when people

became agitated or distressed and these were mostly successful in calming the situation. Staff also used patient and gentle persuasion to encourage a person to allow staff to support them to move. Assessments in care plans showed the triggers to people's behaviours and staff were knowledgeable and vigilant about these. Directions in the care plan guided staff to leave people for a few minutes if they were resistant to support and then return to see if they would consent to being assisted. We saw that this worked in practice and that staff were competent in preventing behaviours from escalating. Any incidents of challenging behaviour were promptly documented by staff and the registered manager monitored these reports so that they were kept aware of any changes which might indicate that people were unwell or needed further input from community mental health teams.

At our last inspection there were no proper assessments in place for people who were at risk of choking, to provide staff with guidance about what to do if someone choked. At this inspection appropriate actions had taken place to address any choking risks. Where needed, referrals were made to the speech and language therapist team and assessments made about what people could safely eat and drink. Guidance had been developed around this for staff. Staff were aware of the assessments, what people could safely eat and drink and any supervision required. For example, if people required softened foods, moist food, or there was food that should be avoided. Where guidance was provided about thickening of drinks, staff were aware who needed thickened drinks, its consistency and how to make it. Where people were assessed as at high risk of choking, constant supervision was provided. Staff had received training about what to do if someone started to choke and were able to confidently explain what they would do if this happened.

At our last inspection people who were unable to use a call bell to gain staff attention, had not always been checked as frequently as had been assessed as necessary. A computer system had been in use to log individual visits to people in their rooms. At this inspection the computer system had been replaced by check sheets completed by staff to document that people were checked at least every hour when in their rooms. All of the sheets reviewed showed that the checks had been consistently made.

At our last inspection, there were concerns about hygiene in the service. At this inspection the situation had been resolved. All areas of the service were clean, fresh and hygienic and waste was being disposed of in an appropriate manner. At our last inspection several people were noted to have dirty finger nails and were not given an opportunity to wash their hands before eating. At this inspection people's nails were observed to be clean and trimmed. Staff supported people to use antibacterial wipes before meals and snacks to avoid the possibility of infection being spread. A relative told us "It's much cleaner everywhere which makes it a pleasant place to live in and visit".

There were enough staff deployed to meet people's needs. There were four care staff in the mornings and three in the afternoons with a Head of Care on duty, and one activities staff for 14 people. Staff responded quickly to people's needs and were vigilant in anticipating people's behaviours. People received individual attention and encouragement from staff which helped to promote a calm and relaxed atmosphere. A dependency tool was completed and updated every month to assess the number of staff required based on people's care needs. At our last inspection we reported that staff were not sufficiently competent in areas such as choking, nutrition, behaviours that challenge and safeguarding. At this inspection we had no concerns about staff knowledge and ability and found an improved picture in all of these areas and across the board.

At our last inspection fire doors had sometimes been propped open, creating a fire hazard. At this inspection all fire doors were closed as appropriate and the risk had been properly addressed. People had individual personal emergency evacuation plans (PEEPs) which listed the equipment and staff need to safely support people from the building if this was ever necessary.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly. Records showed hot water temperatures were tested to reduce the risks of scalding, portable electrical appliances; lifting hoists, the passenger lift and firefighting equipment were properly serviced and maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order and other checks ensured fire exit points were unobstructed and opened as expected. Fire drills were completed regularly and evaluated to see if they went to plan or any changes or additional training was needed. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment; the service provided a homely environment, it was well furnished and decorated.

There was a robust recruitment process in operation which helped to make sure only suitable staff were employed to work with people. Application forms contained full employment histories and references had been sought and checked before taking staff on. Interview records had been completed which demonstrated that the registered manager had asked relevant questions to assess the aptitude and character of applicants. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People told us staff looked after them well; one person told us "The staff are always patient and kind", another person told us, "Staff are cheerful and helpful". A visitor commented, "(Person's name) is settled, they tell me they are happy and that reassures me". Other people commented on the friendly atmosphere at Tralee Rest Home. Throughout the inspection people and staff relaxed in each other's company. Staff communicated clearly with each other and daily meetings made sure they were kept up to date with any changes in people's needs.

At our last inspection people did not always receive the support they needed to eat and drink effectively. In addition, a lack of accurate record keeping about people's fluid intake and output, particularly for people who used catheters, meant there was a risk problems would not be identified quickly; leaving people at risk of infection.

At this inspection these concerns had been addressed. Staff were clear about who needed support to eat and meals were staffed appropriately to ensure this happened. People were supported and encouraged to eat a healthy and nutritious diet. Picture cards with a bold print description were used to help people choose what they wanted to eat. Where needed plate guards were used to help people eat independently and staff prompted other people to eat with hand on hand support or verbally orientating people to what they were doing. Where one person was not able to see their food, staff described the food on their plate and its position using a numbers on a clock format. Throughout the inspection regular drinks and snacks were offered by staff. Organisation within the kitchen ensured people received the correct meal choices and that they were prepared in a way that was safe for them to eat. For example, some meals were softened, others had extra gravy, or were fortified or low in sugar to suit individual needs. Meal times were well organised and people received the support and supervision they needed. People told us they enjoyed the food and choice describing it as, "Excellent", "Plentiful and filling"

Where concerns were identified around how much people ate or drank, records were made. This enabled staff to track how much people ate and formed a starting point for dieticians to decide if fortified or food supplements were required. Fluid charts guided staff about how much people should drink in a 24 hour period, records were up to date and staff were aware of potential signs of dehydration and what to do. No one at the service had a catheter, but staff appreciated a normal fluid intake and low urine output may indicate a problem with a catheter which if untreated may lead to infection. People were weighed regularly and in the event of weight loss, appropriate referrals made and support sought. Where fortified meals were recommended or supplementary drinks prescribed, records, staff and some people confirmed they were given.

At our previous inspections staff had received training but did not have the necessary skills and experience to enable them to carry out their duties. For example, in relation to identifying potential safeguarding concerns. At this inspection staff had completed a mixture of e learning and face to face training in a range of subjects which enabled them to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for all staff. Our observations found

that staff were both competent and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as challenging behaviour, dementia awareness and end of life care. Competency checks were completed after each training session to check staff knowledge and understanding. One member of staff told us, "The training is a good standard, there is lots of it and it has certainly helped me with my job." Many staff had achieved at least a level two National Vocational Qualification (NVQ) in health and social care; with a number of staff having or studying towards NVQ three or higher. NVQ's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff told us they had an induction when they started working at the service, this involved office time with a manager where they spent time reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a comprehensive programme of training before they started working with people. New staff were completing the Care Certificate; a set of standards that social care workers follow in their daily working lives. Staff were supported through their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they supported each other and could ask their colleagues and the registered manager for help or advice if they needed to. Staff received support during formal one to one meetings with the registered manager; some meetings were planned in advance, while others were in response to situations arising. Staff discussed issues that had happened in the service and reflected on their practice. The registered manager was in the process of reintroducing a formal schedule of supervision and appraisal to ensure their frequency reflected the service's policy.

At our last inspection, the service did not always meet with the principles of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). This was because some restrictions were in place without following proper process and conditions attached to another person's DoLS authorisation were not observed. 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 so that they can receive care and treatment when it 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).

At this inspection we checked whether the service was working within the principles of the MCA. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, two authorisations were granted with the remainder being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. The service was responsible for making applications and the relevant supervisory body (local authority) considered each application, issuing authorisations as needed. This ensured any restrictions on people's liberty were warranted and the least restrictive as possible. A review of granted authorisations found conditions attached to an authorisation were actively observed.

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The management and staff had knowledge of and had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff showed good knowledge and understanding of the MCA. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example; one person needed support to choose what to wear. Staff described how they would pick out alternatives to show the person to assist

them in making their choice. People were able to make day to day choices about what they wanted to do, eat and wear. Staff asked people for their consent before placing an apron over their clothes, to protect them when eating. All staff knocked on bedroom doors and asked for consent before entering their room. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People's health was monitored to help maintain their well-being. Physiotherapists, speech and language therapists, occupational health practitioners, opticians, chiropodists and GPs all visited the service to assess people and contribute to their care and support on a regular basis. Where people had particular healthcare needs; such as diabetes, skin integrity concerns or choking risks, care plans had been put in place. These informed staff of the actions they should take to support people.

Is the service caring?

Our findings

People who were able to speak with us told us they were happy at Tralee Rest Home and that staff looked after them well. One person told us "I couldn't ask for better". As most people were living with dementia, we carried out observations over the two days of our inspection. People appeared relaxed and comfortable around staff and the registered manager and there was a cheerful and friendly atmosphere throughout.

At our last inspection people were not always treated with dignity. People's fingernails were dirty and staff did not always speak to people in a respectful manner. At this inspection we had no concerns in this area. People had clean and trimmed nails and were generally well-presented. Staff spoke with people with courtesy and kindness and it was clear that relationships of trust had been built. For example; one person needed a lot of reassurance at different points during the inspection. Staff responded to this with compassion and patience on every occasion and made time to stop and comfort the person and distract them with a cup of tea and a chat. Another person did not want any of their lunch on one day of our inspection. The registered manager personally arranged for several different meal options to be brought and offered to the person. The registered manager spoke to this person with care and consideration and tried to gently persuade them to try something to eat.

People were reminded about going to the toilet in a way which protected their privacy. Staff squatted down by the side of people's chairs so they could prompt them by speaking quietly into their ear. Staff included people in conversations about their care to involve them as much as possible, and did not speak over them or about them. Relatives told us they were kept informed of any updates or changes to their loved one's health or well-being and were invited to have meals or take part in activities when visiting. People's care plans and other documents were kept securely and staff made sure these were treated as confidential by ensuring they were not left unattended around the service.

At our last inspection, staff did not always provide people with the support they needed to remain independent. At this inspection there had been much improvement and people were observed to receive discreet assistance; which allowed them to stay independent with some tasks. For example, some people had plate guards on their meals which prevented food being pushed off the plate. This enabled them to continue to help themselves to food. One person found it difficult to bring a fork to their mouth so staff gently supported their arm so they could carry on feeding themselves and maintain their dignity. A further person had special cutlery that meant they could hold it better and manage without staff intervention. One staff told us "It's really important to respect that people like to do things for themselves. We have to know when to offer help and when to step back and let people have their independence".

The provider had introduced some new aids into the service to support with people's independence. These included special coloured lights which illuminated the toilet bowl and helped people to see this at night. There were also luminous light switches and special strips around doorways to help people orientate themselves. There was clear picture signage on toilet and bathroom doors and picture menu cards so that people could continue to make independent choices.

At our last inspection we found that people's end of life wishes had not been explored or documented. At this inspection more information had been sought from people (or their relatives if it was not possible for people to express their own preferences). Much of the detail in people's end of life care plans focussed on funeral arrangements and next of kin to be contacted at the end, however, given that most people lived with dementia it would be very difficult for them to think about and say what comforts they would like at the end of their life. The registered manager and staff told us that their knowledge of people and their personalities, together with discussion with families, would help them to make the best decisions on people's behalf when the time came.

A relative and a visitor to the service told us that they were always made to feel welcome. The relative commented "I can come whenever I like, anytime of day to suit me and I'm never made to feel in the way. It's like a big family here".

Is the service responsive?

Our findings

At our previous inspection the provider had failed to establish and operate an effective process for managing complaints. At this inspection there had been some improvement but further work was needed to ensure that all concerns were logged and responded to.

There had been two written complaints since our last inspection. Both of these concerned the accuracy of details held on the service's computer system. The registered manager had provided full responses to each of these complaints in line with timescales set down in the provider's policy. However both complainants stated that they had raised the issues previously with the registered manager but the matters had not been resolved; leading to the formal complaints being made. There was no record of former concerns having been logged. The registered manager told us that they had not considered previous conversations with the complainants to have been complaints; which is why they had not documented them. The management of complaints was not consistently effective because not all matters brought to the attention of the registered manager and needing remedial action had been properly recorded.

This is a continued breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection, care plan information had not always been updated so that it presented an accurate reflection of people's current care needs. At this inspection there had been improvements overall in this area, but we continued to find that not all information was up-to-date. For example; falls diaries and mobility risk assessments had not been updated to show recent falls for two people, and there had been no epilepsy care plan put in place until very recently for a person who had lived with the condition at the service for around two years. This is an area requiring further improvement.

Care plans were presented in a person-centred way in that people's preferences and choices were documented. Times that people liked to get up and go to bed were shown along with favourite meals and any food dislikes. Staff knew people's routines very well and were observed providing support in a way which acknowledged people's individuality and choice. For example; a person who liked to sing was encouraged to sing along with a staff member when they were becoming a little agitated. This immediately cheered the person up and their face lit up when staff joined in with the chorus. Another person did not want to go to the toilet with staff when it was discreetly suggested to them that it might be necessary. Staff knew how to manage this person's reluctance and patiently persuaded them to go with staff in their own time. The person was treated as an individual, was not rushed and staff's knowledge of the person's personality helped them to provide person-centred care.

Information about people's lives before they lived at Tralee Rest Home had been sensitively collected and was kept in special scrapbooks. Due to people's memory loss and dementia, families had been extensively involved in supplying details and photos for these books. The service had a designated activities coordinator who had been working with people and their families to complete the scrapbooks; which had been improved since our last inspection.

There was a wide range of meaningful activity on offer to people who wished to be involved. We observed lively singing sessions where some people danced with staff, joined in with the singing or simply tapped their feet along to the music. The day before our inspection there had been a visit from an external entertainer who provided old time song and dance with audience participation. A visiting relative showed us photos of the session on their phone and told us how much everyone had enjoyed it. They said "It was really wonderful. Everyone was included and it was just brilliant".

The registered manager told us about a new initiative they had introduced whereby children from a local nursery school had been invited to visit people. The first trial of this had been so successful that other events were planned; including a Halloween Party where people, staff and children would dress up if they wished. Other entertainment had been carefully thought about and delivered; to give people something different to look forward to. One such event was the 'Tralee's Got Talent' competition which staff told us had been a "Roaring success" with people. The children of staff and some staff had put on performances for people and a winner was voted for by those attending.

The activities coordinator told us that they planned activities for each day but were very much led by what people wanted to do. We saw this in practice on one day of the inspection when a visit from church ministers had been due but was postponed. The activities coordinator spoke with people individually and as a group and asked if they would like her to read to them from The Bible or a different book. People voted to hear a story instead and the activities coordinator sat in the middle of the lounge, with people in a horseshoe around her and read to them. Many people fell asleep during the story but it was clear that people gained comfort and relaxation from being read to in this way.

Some people who preferred to stay in their rooms told us about their one to one time spent with the activities coordinator. They said they looked forward to this time and told us the types of activity that was provided to them. The activities coordinator knew people well and which people liked their own company more than mixing with others. They were able to tell us what each person enjoyed and how sometimes a nice chat and sitting and stroking a person's hand gave them obvious pleasure and calmed them.

At our last inspection, 'Mocktail Hour' had been introduced as a way of encouraging people to drink plenty. At this inspection the initiative continued and people were offered a variety of different fruit slices and non-alcoholic drinks. Staff told us this had proven to be successful and highly enjoyed by those who took part. The activities coordinator had already made some plans for Christmas by booking popular entertainment to visit again. They told us they looked forward to involving people in making Christmas decorations and helping to dress the tree.

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by a head of care, senior carers and a team of care workers along with activity and ancillary staff. Staff told us they felt the registered manager led the service well; they felt that they had provided structure and guidance to make sure they could support and care for people in a way that met their needs. Staff said they could go to the registered manager at any time and they would be listened to. One staff member commented, "The manager is very approachable, in fact it's something actively encouraged, from daily meetings to individual conversations". Staff felt they were able to make suggestions and gave examples of an upcoming Halloween event and nursery school visits to the service. A visitor told us they found the registered manager and staff team to be open and approachable, commenting, "I am able to discuss any concerns straight away".

At our last inspection, registered manager, area manager and provider checks had not identified the lack of guidance or detail in risk assessments about choking, falling and challenging behaviour. Although statutory notifications had been sent to CQC about repeated physical incidents between the same people, there was no action plan in place to try to prevent contact between these people as far as practicable. There had been no proper risk assessment following a wardrobe falling and trapping a person in their room, no actions to remedy the situation and make it safe and no service-wide audit of other people's furniture to ensure it was safe.

At this inspection, audits and checks continued to be carried out each month by the registered manager, provider and staff with key responsibilities. While there was positive improvement in many areas of the service, not all checks completed had been fully effective in identifying shortfalls or bringing about the changes needed. In particular in relation to care plan reviews, some risk assessment reviews and actual action taken to reduce the risk and frequency of falls. This was because some care plan and risk assessment reviews had failed to take into account key events such as increased falls or address why this was happening. Audits of these reviews had failed to identify that details were incomplete, not always accurate or up to date. In addition they did not consider impact on individuals in terms of reducing risk and ensuring all had been done provide support for people. These audits had not been used to their expected potential as tools to assess the quality and safety of the service provided and did not bring about needed improvement.

The failure to effectively audit the service is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other checks and audits had been effective. The registered manager and provider had developed an action plan for the service to maintain focus on areas previously identified as requiring improvement; and at this inspection improvement was seen. For example in relation to medication, infection control, health and safety and safeguarding. This demonstrated that the service had taken appropriate action to rectify and monitor identified shortfalls.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There

were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people, staff and visitors engaged well with the registered manager, who was open and approachable.

There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. All staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, the care people received was good and they enjoyed working at Tralee Rest Home. One member of staff told us, "I love working here, it's fulfilling and the care we give makes me very proud." Another member of staff commented, "I think the home is much better at providing care. We have more direction and I can see positive changes. I find my work more rewarding." The registered manager said they felt supported by the provider and felt they had invested in the service and provided the resources needed to run the service.

Feedback was sought in the form of quality assurance surveys from relatives, staff, and health care professionals; however this had not been completed recently. Responses from previous surveys had been collated and any areas of concern addressed, for example in relation to the décor of the service and increased activities for people. The registered manager was in the process of arranging new surveys which they anticipated taking place before the end of this year.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so consistently.

Services are also required to prominently display their CQC performance rating. The registered manager had displayed the rating in the main entrance.

The registered provider and registered manager were openly transparent and fully supported the inspection process.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure care and treatment was provided in a safe way for service users including assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had not ensured complaints received were investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p>Regulation 16 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems or processes were established and operated</p>

effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

17.—(1) (2) (a)(b)