

## Barchester Healthcare Homes Limited

# Mount Tryon

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Mount Tryon is a residential care home providing the regulated activities of personal and nursing care and treatment of disease, disorder and injury to up to 59 older people, some of which are living with dementia. At the time of our inspection there were 44 people using the service.

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

The provider had failed to ensure systems and processes were effective to drive improvement and prevent repeated themes of concern re-occurring in relation to people's safety, the quality of care at Mount Tryon.

Governance processes to assess, monitor and improve the quality and safety of the service were not operating effectively and had failed to identify the issues we found during this inspection.

People were placed at risk of unsafe care as their care needs and associated risks had not been routinely monitored appropriately. People's monitoring charts were not being completed consistently in relation to skin care, nutrition and hydration.

We were not assured there were enough staff to meet people's needs. People, relatives and staff told us they did not feel there were always enough staff on duty to meet their needs. We observed people waiting for personal care late into the morning and people having to wait for staff to assist them to the toilet.

Systems used for the management of medicines were not always safe. The provider could not be assured that people received their medicines or prescribed creams as they should as some records were incomplete. Records did not accurately reflect the medicines stored at the home.

Staff received training in safeguarding and knew about the different types of abuse. However, staff had not ensured a potential allegation of abuse was escalated appropriately. We made a recommendation about this.

We were assured the service was preventing and controlling the spread of infections. Some concerns about the cleanliness of people's rooms and bedding were reported and being addressed by the registered manager.

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

There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed.

Risk assessments were person-centred and detailed, and staff understood and were able to describe the care and support people needed. Regular health and safety checks of the environment had been completed.

The provider and registered manager encouraged feedback from people, relatives and staff through questionnaires to improve the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement. (Published 13 January 2022)

At our last inspection we recommended the provider consider current guidance to ensure the safe administration of topical medicines. At this inspection we found that the administration of topical medicines had not improved.

We also found further concerns with the safe administration of medicines, safe care and treatment, staffing and good governance. We made a recommendation in relation with safeguarding people from abuse.

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality of care provided and staffing levels at the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount Tryon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Inadequate</b> ●</p>

# Mount Tryon

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

This inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mount Tryon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mount Tryon is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the regional director, senior general manager, registered manager, deputy manager, nursing staff, care staff, and housekeeping staff. 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

Prior to the inspection the Care Quality Commission received concerns that there was insufficient staff to meet the needs of the people living at the service which was resulting in a reduced quality of care. This information was shared with the local authority prior to the inspection.

- People and visiting relatives told us there were not enough staff to meet people's needs. People described having to wait for their basic care needs to be met such as having a wash and getting out of bed.
- We observed staff were very busy, and people's needs were not met in a timely way. People had to wait for long periods to receive basic care, such as support with personal care and going to the toilet. When we spoke with one person, who was still in their nightclothes just before lunch, they told us, "I don't choose to be in my night clothes, I just accept it." Another person said, "I'm still in my night clothes at 5pm with no teeth in. I'm not getting any dignity."
- Relatives we spoke with during and after the inspection confirmed that their relative had to wait unacceptably long periods of time for personal care and support. One relative told us, "We arrived at 11.40, [person's name] had not had a wash or access to her toothbrush. There appeared to be only two staff on the top floor."
- People told us, "Never enough staff, it's the bare minimum", "There is a lot of agency staff. Levels are very low at weekends. Sometimes there has been only two on the whole floor" and "Sometimes you have to wait a long time."
- People also expressed concern about the reliance on agency staff and told us this impacted negatively on the care they received. People told us there were different staff all the time. One person said, "Agency staff don't know anyone's needs and requests." The registered manager told us they used regular staff from three agencies to ensure continuity of care. Agency staff always came with picture profiles which included details about their training.
- Staff also expressed concern about staffing at the service. They told us they were only meeting people's basic care needs and did not have the time to interact and chat with people. One staff member said, "I do think they get the basic care here but because of the staffing levels I don't think they get the care they deserve. It is not guaranteed they can have a shower and that is because of the staffing levels."

The provider had not ensured there were sufficient numbers of staff to meet the needs of people using the service and keep them safe at all times. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed what we found with the registered manager and a senior general manager supporting the

registered manager. The registered manager told us they used the providers dependency tool which suggests the maximum 'recommended' nursing and care hours required to care for people living at the service. This was based on people's assessed needs and was updated if and when people's needs changed. The registered manager confirmed that where they were operating below the recommended care and nursing staffing levels, which had happened due to last minute sickness absences, they utilised a whole home approach, which included redeploying suitably trained staff from other departments.

- Staff were recruited safely. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Assessing risk, safety monitoring and management

Prior to the inspection the Care Quality Commission received concerns about the quality and safety of the care at the service. This information was shared with the local authority prior to the inspection.

- People were not always protected from the risk of harm. People's monitoring records were not being completed consistently, completed in enough detail to provide assurances or completed clearly and legibly.

- People were not always protected from the risk of skin damage. Where people needed assistance to change their position in bed, repositioning charts did not always demonstrate they had been repositioned as they should and as documented in their care plan. For example, one person's care plan directed staff to reposition the person every three to four hours. Monitoring records frequently showed the person had not been repositioned for up to six to seven hours at a time. Staff's failure to follow guidance in people's care plans potentially placed people at an increased risk of pressure damage to their skin.

- People were not always protected from the risk of dehydration. Records monitoring people's fluid intake were not always completed and did not demonstrate they were receiving sufficient hydration. For example, one person's fluid intake was being monitored for their health. Their daily intake target was 1500mls. Between 13 and 22 November 2022 records showed they did not meet this target. On two days records showed they had consumed less than 350mls.

- People were not always protected from the risk of malnutrition. Where people required their food to be monitored, recording charts were not always completed legibly, completed fully, or completed in sufficient detail to provide assurances that people had received adequate nutrition. For example, one person's food charts between 13 November and 21 November 2022 had nine meal entries where staffs' handwriting was not clear or legible enough to determine what was consumed or if the person was receiving sufficient to eat to maintain a healthy diet. On other days charts did not contain enough information about the content of the meals or the amount, to provide assurances they were consuming adequate nutrition. This put this person at increased risk of malnutrition.

- People were not always protected from the risk of falls. Although risk assessments detailing the action staff should take to keep people safe were in place, staff did not always follow this guidance. For example, one person was assessed as very high risk of falls. The person's risk assessment advised staff to make sure they were always wearing appropriate footwear as they liked to walk around the service. During the inspection we observed the person initially walking barefoot and then later in the day, with socks on. Staff did not ensure this person had appropriate footwear which put this person at risk of harm.

Systems and processes were not sufficient to demonstrate risk was identified, monitored and mitigated. This exposed people to the risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager implemented additional checks to ensure monitoring



records were being completed and reflected the care given.

- Risk assessments were person-centred and detailed. Care plans contained explanations of the control measures for staff to follow. They were reviewed regularly and updated when people's needs changed.
- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.

#### Using medicines safely

- Medicines were not always managed safely.
- At the last inspection in October 2021 we found that staff had not always administered creams as prescribed by their GP to minimise the risk of skin damage. We made a recommendation in relation to the safe administration of topical medicines.
- At this inspection we continued to find records for monitoring the application of topical medicines such as creams, were not always completed. Therefore, it was difficult to confirm if topical medicines had been applied as prescribed. For example, one person assessed as very high risk of developing pressure sores, was prescribed a barrier cream to be applied up to twice a day to protect their skin. Topical medicines application records (TMAR) showed that between 24 October and 16 November 2022 the cream had not been applied on 18 days. Not having creams applied to protect the skin placed this person at risk of skin damage.
- Medicine records were not always completed. For example, we found several missing signatures within people's medicine administration records (MAR). This meant people may not have received their prescribed medicines which potentially placed people at risk harm.
- Records relating to the safe management of medicines were not always accurate. Stock balances of medicines did not always reflect the number of medicines that should be available.
- Medicines were not always stored in line with best practice. We checked four bottles of prescribed liquid medicines and two prescribed gels. None of these prescribed medicines had a date on them to state when they were opened. This meant staff could not be sure they were safe to use.

Whilst we found no evidence people had been harmed, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager implemented additional checks to ensure they were able to account for all medicines stored at the home and people were receiving their prescribed creams. Additional audits were being implemented to ensure they would be able to identify and detect any discrepancies without delay. We will check these improvements have been embedded into practice at our next inspection.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and knew about the different types of abuse. However, where a potential safeguarding concern about the alleged conduct of an agency staff member had been reported by one person to a staff member, staff had not ensured the concern was escalated appropriately in line with their training and the providers policies.

We recommend the provider undertake a review of the effectiveness of their safeguarding training to ensure it provides staff with a thorough understanding of safeguarding adults from abuse and the actions they need to take in relation to this.

- People told us most staff were kind and caring and they were happy with the care. One relative told us,

"[Relative's name] is well looked after."

- The registered manager appropriately by escalating safeguarding concerns reported to them to the local authority adults safeguarding team and CQC.

#### Preventing and controlling infection

- We were assured the provider was promoting safety through the hygiene practices at the premises. However, whilst we observed the service was clean and smelt fresh, one person and one relative told us cleanliness could be improved. We brought this to the attention of the registered manager who told us they had been made aware of the concerns raised and they had taken action to address the concerns immediately.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives and visitors were able to visit people, in line with current guidance.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Since January 2015, CQC have inspected this service eleven times to address different concerns, taking enforcement action and issuing a warning notice to drive improvement in the service. The actions to address concerns raised taken by the provider had not been effective in driving improvement or preventing repeat themes of concern re-occurring in relation to people's safety, the quality of care at Mount Tryon.
- The risks and concerns found at this focused inspection follow themes which have been highlighted in previous inspection reports.
- Whilst improvements had been noted at our last inspection in October 2021, these had not been sustained or improved on.
- Since the last inspection a new manager started at the service. The new registered manager registered with the commission in August 2022. They were supported during the inspection by regional managers within the wider company.
- The providers systems and processes to assess, monitor and improve the quality and safety of the service were not operating effectively.
- Quality checks and audits were undertaken but these had not identified the concerns we found on inspection. We identified issues with staffing, medicines, topical medicines application, pressure area care and food and fluid monitoring.
- We found there was insufficient management oversight of delegated tasks such as the daily checking of monitoring charts and delivery of care. This had resulted in a failure to identify shortfalls in care delivery such as, people not being regularly repositioned.
- Whilst medicine processes and audits were in place, these had failed to identify the multiple missed entries on people's medicines administration records and topical medicines records. This meant the provider and registered manager could not be assured that people were receiving their medicines as prescribed.
- Although systems were in place for determining how many staff were required to care for people, we observed and were told, that staffing levels at the service was not sufficient and people had to wait for their care needs to be met. For example, during the inspection we observed people still waiting to be helped with their personal care at midday and people were waiting for support with their continence needs.
- Staff had failed to adhere to the provider's own policies, and these included in relation to safeguarding, and medicines management.

The failure of the provider to ensure systems and processes were effectively operated to assess, monitor and

improve the quality and safety of the services provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager acted during and after the inspection to rectify issues found and put plans in place to improve.
- There was a management structure in the service which provided clear lines of responsibility and accountability.
- Staff were clear about their roles and responsibilities.
- Notifications had been submitted to us (CQC) as required by law when referrals had been made to the local authority safeguarding team.

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

- Most people told us the service had a nice atmosphere and people 'got on well together'. One person said, "The atmosphere is welcoming."
- The provider's representative told us they were working hard to improve the culture at the service and were focusing on employing a staff team with the right values and qualities to ensure people received effective quality care.
- The registered manager told us they expected to have employed enough staff to enable the service to reduce their reliance on agency staff by mid-December and provide people with more consistent care from the right staff. They added, "I want to make Mount Tryon a great home, working with staff together to provide outstanding person-centred care."
- During the inspection we found the managers were visible in the service, approachable and took a genuine interest in the people they supported. However, during the inspection some people told us they did not know who the manager was and did not see them around the service. We passed this feedback to the registered manager and the provider's representative.
- Staff told us they felt the registered manager was supportive and approachable. One staff member said, ""I would say [registered manager's name] is quite supportive and fair and she communicates well with staff. I would feel confident she would sort any issues and I think she is completely approachable."
- People's care records were person centred and provided sufficient information to inform staff about people's needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The registered manager and the provider's representative were open and honest during the inspection and told us they were committed to make improvements.

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

- The provider and registered manager encouraged feedback from people, relatives and staff through questionnaires to improve the service people received.
- Daily management meetings were held with leads and heads of units. This provided senior staff across the home with information they could communicate and share with their own teams. Staff told us they had handover meetings between shifts to ensure important information about people's care needs was shared within the staff team.

- Regular staff meetings allowed the registered manager and staff to discuss issues related to the running of the home and to share ideas about improvements.

#### Working in partnership with others

- The service worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

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  Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems and processes were not sufficient to demonstrate risk was identified, monitored and mitigated. This exposed people to the risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems and processes were effectively operated to assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured there were sufficient numbers of staff to meet the needs of people using the service and keep them safe at all times.