

Tracey House

# Tracey House

## Inspection report

Tracey House  
Haytor Road, Bovey Tracey  
Newton Abbot  
Devon  
TQ13 9LE  
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Date of inspection visit:  
17 December 2015  
23 December 2015

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Tracey House is registered to provide care for up to 24 older people. Nursing care is not provided at the home. Community nurses provide this service. This unannounced inspection took place on 17 and 23 December 2015, when there were 20 people living there.

The service was last inspected on 4 December 2013 when it met the requirements that were looked at.

A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Tracey House has been owned by the same family for over thirty years. The registered manager who is also a family member has managed the home for many years. During this time the service has consistently maintained a high standard of care, meeting all the relevant regulations during that time. People, staff and visitors told us they felt the fact the home was 'family run' was a major part of its success. There was a positive and welcoming atmosphere at the home.

Staff received training that helped them meet people's needs, including moving and transferring and infection control. Newly appointed staff received a thorough induction and completed the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff received regular supervision and appraisals to discuss their work at the home.

People's needs were met in a safe and timely way as there were enough staff available. Staff told us they thought there were more than enough staff to ensure they could spend time with people chatting individually. During the inspection there were five care staff, the assistant and registered managers a chef and a cleaner on duty. One person told us "Only have to ring my bell and someone comes". One visitor told us "Staff are always around when you need them, and not when you don't".

People's care plans contained details of how their needs were to be met. Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner. Staff told us they had received training in respecting people and promoting dignity. All personal care was provided in private. Staff ensured people received care and support that was responsive to their needs. Staff knew people well and were able to describe their preferences. For example, staff told us about one person who had been in the armed forces and still liked their routines 'regimented'. Staff told us that many people wanted to be independent and their job was to support them to maintain their independence, but be available if needed. One person told us staff "encourage everyone to use every ability they have and never give up".

People could be involved in making decisions about their care if they chose. People told us staff regularly

discussed their care with them, to ensure their needs continued to be met. One person said staff would say to them "This is what we said last time, any changes?"

There was a regular programme of activities available for people to participate in. Activities on offer included regular walks and trips out as well as visiting singers. Following suggestions from people a communal jigsaw was on 'the go' and people put pieces in when they passed by.

People were supported to maintain a healthy balanced diet. The chef told us that as soon as a small weight loss was identified they began to fortify foods. They told us they had recently completed a course on how to do this effectively at the local hospital.

There were choices for each meal and people told us the food was good. People were supported to receive ant health care services they may need. There were safe systems in place to manage people's medicines. Medicines were stored securely and administered as prescribed to maintain good health.

People were protected from the risks of abuse as staff knew how to recognise and report abuse. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. A senior member of staff told us they felt the registered manager was good as employing the right staff with the right attitude.

Staff ensured people's human rights were protected as they had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). People were asked for their consent before staff provided personal care. One staff member told us they always asked people what they would prefer, because everyone could give an answer. Another staff member said everything they did was in people's 'best interests'.

Visitors were always made welcome at any time and there were strong links with the local community.

The registered manager was very open and approachable. Staff told us they felt well supported to do a good job. There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, staff records and the environment. One room cleaning audit had identified an unpleasant odour in one bedroom. We saw the room had been intensively cleaned and the smell had been eliminated.

In order to gather the views of people about the quality of care being provided, questionnaires had been sent out at the end of 2014. The results had been collated into a report that had been made available to people. Comments on the questionnaires had all been positive.

Records were kept securely and were well maintained.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's needs were met in a safe and timely way as there were enough staff available.

There were safe systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

### Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet and contact health care services when needed.

People were asked for their consent before staff provided personal care.

People's human rights were protected by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner.

Staff ensured people's privacy and dignity was respected.  
People could be involved in making decisions about their care if they chose.

Visitors were always made welcome at any time.

### Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

People were confident that if they raised concerns they would be dealt with.

There was a regular programme of activities available for people to participate in.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor care.

The registered manager was keen to plan on-going improvements.

# Tracey House

## **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 was 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 17 and 23 December 2015 and the first day was unannounced.

The inspection was carried out by one social care inspector. The registered manager was available for both days of the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We met, spoke with or spent time with 18 people using the service, three visitors, four care staff, the cook, the deputy manager and the registered manager. We also spoke with two visiting health care professionals. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Following the inspection we received emails from four visitors. We also contacted the local authority who had commissioned some placements for people living at the home.

# Is the service safe?

## Our findings

People living in Tracey House had few physical care needs and no-one needed the help of two staff.

People were protected from the risks of abuse. Everyone we spoke with told us they felt safe living at the home. One person told us they felt safe "In more ways than one". People smiled when staff approached them and there was much laughter and chatter between them indicating they felt safe in staff's company. Staff had a good knowledge of different types of abuse and had received training in keeping people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service.

Safe staff recruitment procedures were in place. This ensured, as far as possible, that only suitable staff were employed at the home. We looked at three staff files. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity and references. They also contained an application form with a full work history.

Risks to people's health, safety and well-being had been assessed and plans were in place to help minimise the risks. Risk assessments contained good details on how risks were managed. Moving and transferring, nutrition and pressure area assessments were in place and had been updated when risks had changed. For example, one person's mattress had been changed when they had been assessed as being at risk of developing pressure sores.

The service had a positive approach to risk taking. People were risk assessed to enable them to safely continue to enjoy a variety of activities. For example, people watered plants in the green house, took the ring and ride service to Newton Abbot and helped to make marmalade and mince pies.

There were sufficient numbers of staff to ensure people's needs were met safely. At the time of the inspection there were 20 people living at the home. During the inspection there were five care staff, the assistant and registered managers a chef and a cleaner on duty. One staff member told us there were more staff than was really needed to meet people's physical care needs. They said this allowed staff to spend time with people individually, chatting or going for walks. One person told us "Only have to ring my bell and someone comes". One visitor told us "Staff are always around when you need them, and not when you don't". Two visiting healthcare professionals told us there were always enough staff to accompany them to people's rooms.

Medicines were stored securely in a locked cupboard and only staff who had received training administered medicines. Records were kept for medicines received and disposed of and regular audits were made. Records confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Some people managed their own medicines. Risk assessments had been completed to ensure they were safe to do so. There were clear directions for staff relating to the administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times.

There was a business continuity plan in place to ensure the service could continue to run in the event of a major emergency. Equipment was well maintained and serviced regularly to ensure it remained safe to use.



# Is the service effective?

## Our findings

Staff received training in health and safety, moving and transferring, first aid and infection control. Staff told us there was always lots of training available. Two staff members have achieved a level 3 Diploma in care. We spoke with one newly employed member of staff who told us they had worked a number of 'shadow shifts' with experienced staff when they had first started. They were also completing the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff received regular supervision and appraisals to discuss their work at the home. Records showed that at each supervision actions from the last session were discussed to ensure they had been met. Staff told us that they regularly received observed supervisions, that were used to ensure staff were working to the standards expected.

Some staff have been appointed as 'Champions' for some aspects of care. There are Champions for medicines, end of life care, bladder and bowel care, dementia care and diabetes. These champions aim to make sure people receive the best possible care. They also ensure other members of staff are kept up to date with training in these areas.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the MCA and DoLS. They knew that everyone should be assumed to have capacity unless assessed otherwise. They told us people were supported to make decisions about their care and how they wished to be supported. The 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 living at Tracey House had few physical care needs and staff told us there was no-one living at the home who was not able to make decisions for themselves. They were aware of the procedures to be followed if people could not make decisions for themselves, and that all decisions taken on behalf of people should be made in their best interests. A best interest decision had been made on behalf of one person who had diabetes. The decision was taken by staff and relatives that it was in the person's best interests to restrict their intake of sweet foods. Staff were heard offering people choices and asking for their consent before helping them. One staff member told us they always asked people what they would prefer, because everyone could give an answer. Another staff member said everything they did was in people's 'best interests'.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were

being met. People's liberty was only restricted when there was no other means of keeping them safe. Applications had been made to the local authority's DoLS team to authorise these restrictions for three people.

People were supported to have enough to eat and drink in order to maintain good health. There was a choice of food available for each meal, and people told us the food was always good. Lunchtime in the dining area was unhurried and sociable. People were chatting and discussing the menu. Tea, coffee and snacks were available at any time. People were weighed regularly to ensure a good weight was maintained. The chef told us that as soon as a small weight loss was identified they began to fortify that person's foods. They told us they had recently completed a course on how to do this effectively at the local hospital.

People had access to healthcare services when needed. People told us they received visits from the GP, dentist and opticians when they requested them. People were also supported to go into the community to visit healthcare professionals of their choice. Two healthcare professionals told us a member of their team visited every day. They told us staff always followed any instructions and there was a good rapport between them and staff. They said that whenever people had been poorly staff had looked after them very well. The healthcare professionals also said staff made referrals to a GP quickly when people were unwell.

Access to some areas of the home were only available by stairs. People who lived in these areas were assessed as being able to use stairs safely and independently. All areas of the home were decorated and furnished to a very high standard. The home was clean and fresh smelling throughout.

## Is the service caring?

### Our findings

People and their visitors told us how wonderful they thought the staff were. We saw many positive interactions between people and staff with much hugging and holding of hands. People and staff chatted together with many smiles and much laughter. One staff member gently encouraged a person to try to remember their name, by reminding them of a song they often sang when they saw them. Another staff member told us the staff looked after people as if they were their own family, they said "We all really care for them". There was much chatter over coffee with people telling staff how good they were. One person told us Tracey House was "The next best thing to home – very, very nice staff".

Two healthcare professionals told us "Wow! This is the best home on our patch" and that people were always happy and well cared for when they visited.

One visitor told us "it's just like your home, not 'a home' - your home, surrounded by very helpful people and things". They went on to say their relative was always telling them they couldn't have picked a better place. Another visitor said the staff were always "Caring for people so lovingly".

We saw one family had written to the home to say "We would like to thank each of you from the bottom our hearts for the love, support and kindness you have shown". We received emails from relatives containing many positive comments, including ""Excellent staff- always supportive and caring whilst treating residents with respect" and "The sort of place you hope to find but seldom do".

Staff told us they received training in respect and dignity. We saw staff treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. All personal care was provided in private. Staff knocked on bedroom doors and waited for a response before entering. One staff member told us it was important that people felt they could talk to them confidentially. Staff were very discreet when telling one person healthcare professionals wished to see them.

Staff helped people to celebrate special occasions. One person told us they "felt honoured" about how staff had helped them celebrate their special birthday. They said they wanted to 'give something back to the home'. They had purchased some trees that had been planted around the garden to provide a walk that had been named after them.

Some people's care plans contained details of their involvement in completing them. People told us staff regularly discussed their care with them, asking if they were happy with the care they received. One person said staff would say to them "This is what we said last time, any changes?" Another person had commented on their care plan 'I appreciate all the detail and am pleased this has been done'.

Visitors told us they were always made welcome and one said "it never feels like a 'duty' visit, because everyone is so welcoming". Relatives said they were kept well informed of any changes to their relative's health and welfare.

Tracey House used a local 'befriender' service organised by the local health centre which helped people form links with the local community.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People's needs were assessed before their admission and while living at Tracey House. Care plans were developed following the assessments and contained good descriptions of people's needs. Care plans contained details of people's preferences. For example, what time people liked to get up and go to bed. People had also been asked if there was anything they wanted staff to leave them to do for themselves. One person's plan indicated they wanted to clean their teeth independently. Staff knew people well and were able to tell us about their preferences. For example, staff told us about one person who had been in the armed forces and still liked their routines 'regimented'. The chef told us they regularly prepared special meals for one person who didn't like a particular food item. Staff told us that many people wanted to be independent and their job was to support them to maintain their independence, but be available if needed. One person told us staff "encourage everyone to use every ability they have and never give up".

However, care plans were not being reviewed consistently. Staff told us this was because they knew people well and reviewed the plans when there were any changes to people's needs. The registered manager told us they were reviewing the format of the care plans and would ensure the plans were reviewed on a more regular basis.

There were two lounge areas. The smaller lounge had a TV and was used for showing films each week. The large lounge did not have a TV and most people chose to sit there and chat to each other and staff. A small area of the large lounge was set aside for activities. One person was colouring an 'adult' colouring book and told us they found it very relaxing. A staff member was helping them choose which picture to colour. Several ladies were knitting and other people were reading newspapers and magazines. Following suggestions from people a communal jigsaw was 'on the go' and people put pieces in when they passed by.

There was a regular programme of activities on offer. A list of the monthly events was displayed in the hallway. Daily activities were advertised on the dining room tables. Activities included, singing, piano playing and talks from local people. Transport was arranged for a weekly trip into Bovey Tracey for shopping and coffee. Weekly exercise classes were held and there were regular walks around the garden. There was a quiz question on the menu each day and people wrote their answer on the bottom of the menu and placed it into a box. The table with the most correct answers each month received a small prize. A regular newsletter was produced. This kept people informed about new staff, looked back over past events and forwards to upcoming events.

People's spiritual needs were met. Monthly communion was held and other religious services every two weeks. People from the local community also attended the communion services. Some people chose to attend a local church. We received an email from the local vicar telling us "I visit individuals regularly at Tracey House, and am always impressed by the caring staff, clean environment and friendly staff. When I retire this is my first choice of home".

Everyone we spoke with told us they felt involved in the running of the home. One person prepared the daily

menus for each table on their computer after consulting with the chef about the choices. There was a small notebook placed on each dining room table. People were encouraged to write any suggestions in this. The page was then removed and put in the 'suggestion box'. Suggestions had included having a printed menu on each table. This had been put in place. Regular meetings were held for people to discuss any issues they wished to raise. At the meeting in September 2015 one person had requested a repeat 'bonfire' party. We saw that this had been organised and enjoyed by everyone.

People's suggestions about mealtimes were also acted on. People had told staff how much they had enjoyed picnics when they were younger. During the previous summer staff had arranged for people to enjoy a picnic lunch outside in the garden. People had also enjoyed a fish and chip supper still 'in the paper' as they had said that was something else they used to enjoy. 'Do it yourself' style suppers are prepared on occasion. This was in response to a request by people to have more involvement at suppertime. A range of sandwich fillings are placed in the dining room for people to make up their own sandwiches. People can also help themselves to tea and cakes.

Yellow comment slips are also placed on people's breakfast trays every few months asking for comments about the service. These comment slips are also placed near to where visitors sign in and out when visiting.

For over 15 years the service has produced the 'Tracey House Review' twice a year. This is a publication that contains items of news and significant events that have happened at the service. It includes contributions from both staff and people living at the service.

The registered manager took note of, and investigated any concerns raised. There was a complaints file that contained one complaint that had been investigated and dealt with satisfactorily. The complaints procedure was displayed in the hallway. There was a policy in place that gave staff directions on how to deal with any concerns or complaints that may be raised with them. Staff were aware of the procedure and how to deal with any concerns raised. People told us they would always go to a member of staff if they had any concerns. One relative told us there had never been anything to criticise, but were sure things would be put right straight away if there was.

## Is the service well-led?

### Our findings

People living in Tracey House had few physical care needs and no-one needed the help of two staff. Staff were able to spend time chatting with people, escorting them on walks or organising activities. Tracey House has been owned by the same family for over thirty years. The registered manager who is also a family member has managed the home for many years. During this time the service has consistently maintained a high standard of care, meeting all the relevant regulations during that time. People, staff and visitors told us they felt the fact the home was 'family run' was a major part of its success. There was a positive and welcoming atmosphere at the home. Staff told us the culture of the home was one where people were encouraged to feel Tracey House was their home, rather than just somewhere they lived and were looked after. Everyone knew the registered manager well and told us they were always around the home.

The registered manager was supported in their role by an assistant manager. The assistant manager has attended courses in leadership and development and staff and team development. They are also a care certificate assessor and liaise regularly with the community nursing team. They are planning to register as manager of the service in the near future.

The registered manager and their assistant knew people well and spent time talking to people during both days of the inspection, stopping to check that people were alright and had what they wanted. They talked to staff about what the plans for the day were and provided support and advice on what needed to be done.

There were strong links with the local community. Local people visited the service to join in with communion. The service used a local 'befriender' service to enable people get out into the community. For over 20 years the service has held charity events twice a year. These events were well supported by the local community and annually raised in excess of £1000.

One member of staff told us "It's a bit cheesy to say, but it really is lovely working here". Another staff member told us they had left the home to work somewhere else but had returned. They said they missed the high standards and great staff team at Tracey House. They said they were "really, really proud to work here". A senior member of staff told us they felt the registered manager was good as employing the right staff with the right attitude.

The registered manager set high expectations for people and the staff who supported them. All staff told us they felt well supported by the management team and could discuss anything with them at anytime. The registered manager told us they felt it was important to support and encourage staff. We saw they had written on one staff member's appraisal record "Have really seen you grow over the last 12 months in ability and capability – well done".

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, staff records and the environment. One room cleaning audit had identified an unpleasant odour in one room. We saw the room had been intensively cleaned and the smell had been eliminated.

People told us that they were always being asked how they would like to see the service develop and what improvements could be made. People were encouraged to get involved in making decisions about the home as well as their care. In order to gather the views of people about the quality of care being provided, questionnaires had been sent out at the end of 2014. The results had been collated into a report that had been made available to people. Comments on the questionnaires had all been positive. People had suggested some way of letting people know of forthcoming events. We saw this was now in place, as a monthly list of activities was given to people and displayed in the hallway.

The registered manager was keen to develop the service. In order for people to have access to an independent person to express their views of the service, the registered manager had contacted an external agency to assess the home over a two day period for the 2015 quality survey. This should have happened prior to Christmas 2015, but would now take place early in 2016. There were plans to develop the 'activity corner' in the sun lounge, so there was more choice of activities for people to enjoy. There were also plans to purchase a sensor type weighing scale suitable for use by people with restricted mobility.

The service had fostered excellent relationships with other professionals, such as GP's and local community health teams and was well respected by these parties.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.