Trafalgar Care Limited

Trafalgar Care Home

Inspection report

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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

Trafalgar house was last inspected on 18 November 2013. The home was found to be meeting all requirements in the areas inspected.

Trafalgar Care Home is a detached home on a main road in the seaside town of Weymouth. The care home provides personal care for up to 29 people, many of whom have dementia type illnesses. Accommodation is provided over two floors which can be accessed by a lift. It is not registered for nursing.

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

People had detailed personalised support plans which enabled staff to provide the right care and support to ensure people's needs were met. People had opportunities to be involved in activities on both a group and individual level. Staff understood the importance of supporting people to maintain their preferred routines. They were respectful of their diverse needs. Staff knew the best way of communicating with individuals which varied according to the person.

Relatives and staff told us the care was person centred and people's needs were reviewed regularly. There was an annual review of people's needs, which relatives and healthcare professionals were invited to. This was an opportunity to ensure that support plans were working for people. There were additional reviews throughout the year if people's needs changed.

People were cared for by staff who were kind and considerate. The staff were flexible to the needs of people and were able to safely support them. Staff had a flexible approach to their work to ensure they had enough time to sit and talk with people.

Relatives, staff and healthcare professionals told us the registered manager had an open approach where they could speak with them at any time. They told us the registered manager had created a positive culture which encouraged continual improvement. There were systems in place to monitor the quality of the service and to ensure any actions were followed up.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. The staff at the home understood some of the concepts of the Act, such as allowing people to make decisions for themselves.

The provider had developed a culture of learning and staff told us there were opportunities to attend various in training opportunities and work towards qualifications in health and social care. Staff told us they felt supported. Staff received regular supervision and an annual appraisal.

The registered manager and provider were supportive of new staff and told us they introduced them gently into the work. They were respectful of staffs' individual needs and were flexible in their approach to accommodate them.

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 received their medicines as prescribed.

People had risk assessments and care plans to keep them safe

People were supported by sufficient staff to meet their needs.

Is the service effective?

Good

The service was effective at meeting people's needs.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices and respect their rights.

Staff training included understanding dementia and positive behaviour approaches. Staff were knowledgeable about the support needs of the people they cared for.

People had access to health and social care professionals when required, Staff were proactive in ensuring emerging needs were acknowledged and acted upon.

Is the service caring?

Good

The service was caring. Staff demonstrated a caring approach.

People were respected as individuals. People were treated in a kind and friendly manner.

Staff were aware of people's daily routines and supported them in the way that they wished. People made individual choices about how they spent their time with the guidance of staff. This meant people were treated as individuals and their preferences were recognised.

Is the service responsive?

Good

The service was responsive to people's needs. Care plans clearly described the care and support each person needed.

People or those important to them had been consulted about the way they wanted to be supported.

People were encouraged to be actively involved in their care with meetings involving family and other health and social care professionals when required.

Is the service well-led?

Good

The service was well led. There was a system to ensure the quality of the service was reviewed and improvements identified and actioned

There were systems in place to involve health and social care professionals, relatives, staff and the people they supported to ensure an open and transparent culture.

Staff confirmed the registered manager was approachable and they felt listened too. Regular staff meetings took place; staff told us they felt supported by the management and the provider.

Trafalgar Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 November and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A Provider Information Record (PIR) had been returned to us. This 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.

The people living at the home could not tell us in depth about how their experiences of the support given at the home. In order to gain further information about the service we spoke with three visiting relatives and one health care professional. We also spoke with seven members of staff.

We sat in the main lounge and dining area for the majority of the inspection and observed staff interacting and supporting people. We also sat and talked with people during the lunch time period and observed this communal experience

We looked around the home and observed care practices throughout the inspection. We reviewed five people's care records and the care they received. We looked at three people's medication administration records, (MAR). We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports and quality monitoring audits.

Prior to the inspection we contacted two health care professionals involved in the care of people living at the home to obtain their views on the service.

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Good

Is the service safe?

Our findings

The service was safe. People were protected from harm and abuse. This was because they knew how to recognise potential abuse and their responsibilities in reporting concerns. We spoke with staff about their knowledge and understanding of safeguarding people in their care. All of the staff we spoke with could tell us the provider's policy on reporting suspected abuse and what statutory agencies could be contacted if necessary. Staff could also explain the provider's whistle blowing policy and told us about the circumstances when this might be used and agencies they would contact if they had cause for concern. We looked at the staff training records which confirmed that staff had received training with regards to safeguarding people.

Medicines were stored and administered correctly. Staff had received training and were assessed and deemed to be competent. There was always one medicines trained member of staff per shift. We observed part of a medicines round. We noted that the staff member administering sat with the person and waited whilst they took the medicines. We further noted that the staff member explained what the medicine was for.

There were regular checks of the Medicine Administration Record's (MAR) to ensure people had received the correct medicine at the correct time. We looked at the MAR and noted that it was not regular practice to 'carry forward' left over medicines onto the new MAR sheet. We spoke with the registered manager who agreed this should be done and took steps immediately to address this issue.

There were sufficient numbers of staff on duty to support people. The staffing rotas told us that there were five members of care staff on duty between 8am to 2pm. Between 2pm and 8pm there were four care staff on duty and two staff to support people throughout the night time. Staff were supported by the registered manager and deputy together with ancillary staff including a cook, cleaning staff and a handy person for general maintenance. Staff told us that although they felt it could be busy at times they considered the staffing levels were about right. We spoke with one visiting relative who told us they had no concerns over staffing levels "there always seem to be someone about to help if needed".

Staff recruitment had been carried out safely. All the necessary checks on prospective members of staff were completed prior to them starting employment. We looked at staffing records that evidenced that references, employment history and criminal records checks had been carried out. We also noted that there were written records of structured interviews with prospective staff to ensure all interviews with carried out in line with equal opportunities and best practice guidelines.

People had detailed support plans which included how to manage specific risks which had been identified. People's behaviours and risks were assessed over a period of time and were based on careful observation. This included historical information and involvement of people who knew the person well. People had up to date personal evacuation plans in case of fire to ensure staff could support them safely in the event of a fire.

Good

Is the service effective?

Our findings

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

Mental capacity assessments were meeting the requirements of the MCA. When people had expressed a wish to leave the home the registered manager had made a MCA assessment and best interest decision before making an application to deprive the person of their liberty(DoLS) had been granted by the approving authority. This demonstrated the registered manager was aware of the process to follow to ensure the person's rights were respected. Staff were aware of the MCA and what that meant for the people living at the home.

Where people living at the home were assessed as not being able to make decisions about the care and support they received, there were decision specific assessments in place in line with MCA,. There was evidence that best interest decisions had been made which had included people important to the person concerned.

We spoke to people about the food and drink on offer at the home. One person told us, "the food here is good; I am offered a choice. The food here is all home cooked". We spoke with relatives who told us they considered the food looked appetizing and there were plenty of snacks throughout the day. We observed staff providing drinks and snacks to people throughout the inspection, for example, sandwiches or biscuits with a hot drink or juice. We observed the lunch time period and noted that people were offered a choice of what to eat at the time people were served. Staff also told us that they asked what people wished to eat earlier in the morning but acknowledged that people's choices frequently changed. We noticed that when people were showing disinterest in their food they were offered an alternative. People were encouraged to sit and eat in the dining area, if that was their first preference, but when they left the room they were offered to eat their lunch in a different location. We observed that when people required support to eat it was provided in an unhurried manner. Staff were seen to be attentive to peoples support needs and monitored the amounts of food and drink people had discreetly. An example of this was two staff discussed how much a person had eaten before leaving the area showing concern the person had eaten little and making each other aware of the need to encourage the person later with alternatives. This evidenced that choices were offered and when required, further alternatives had been made available.

We spoke with staff about people's nutritional needs. They told us about the system they had for monitoring people's weights and how they used charts to monitor daily food and fluid intake. Where people needed to

drink or eat more staff were aware of this and offered extra food and drinks. We spoke with the registered manager who told us about one person's preference for biscuits. They acknowledged that this was an unhealthy option and we were reassured that the person's food and fluid intake were closely monitored to ensure these unhealthy choices did not have a detrimental effect to their health.

People had opportunities to see a doctor or specialist. We spoke to a visiting health care professional who told us that they visit once every two weeks to see or discuss all of the people at the home. They told us that staff knew people's health care needs well and were good at calling for advice or flagging up people of concern when they visited. They told us that this understanding benefited people living at the home because concerns were not left to develop, making early diagnoses and treatment possible. They also told us that staff were good at following any instructions and worked well with them to ensure people's health care needs were met. The staff we spoke with had a good knowledge of people's health care needs, peoples care records evidenced there was sufficient guidance to ensure these needs were consistently met.

Staff had opportunities to develop through training and support. New staff were required to complete an induction and care certificate. Staff told us about the training they had undertaken and how they accessed training. They told us the training was available through the provider's academy. We spoke with a senior representative of the provider who told us about the role of the academy. They informed us that they had developed a partnership with a local college to deliver training for those involved in the caring profession. They told us they had identified this as a need to ensure that they had good quality, well trained staff that would not only help ensure good quality care for the people they supported but to also develop the standards of the care sector.
Training covered areas such as dementia care, control of substances hazardous to health, health and safety and assisting and moving. The registered manager made us aware of how the service supported other parts of the organisation. They told us that one member of staff who was employed with the providers 'domiciliary live in service' was currently working at the home for a week before being given their first placement in the community. The reason behind this was to ensure the staff member was working to the expected standard and to address any cultural differences that may arise. The staff at the home told us that they had regular one to one supervision with the registered manager and that this gives them the opportunity to raise any issues they may have with their work and to discuss their personal development.

We spoke with a senior representative of the provider who told us about the role of the academy. They informed us that they had developed a partnership with a local college to deliver training for those involved in the caring profession. They told us they had identified this as a need to ensure that they had good quality, well trained staff that would not only help ensure good quality care for the people they supported but to also develop the standards of the care sector.

Good

Is the service caring?

Our findings

People were well cared for. We spoke with two relatives of people living at the home. They told us they considered people were well cared for. One relative told us that "staff have taken the time to get to know mum, they take time to sit and talk about things that interest her".

Staff told us that they worked well together to provide for people's support needs. One member of staff explained, "the work we do each day is organised by the senior on duty. We are told what needs doing, who needs support, we work as a team. If a person needs more time, another staff member will help cover." Our observations confirmed this. We observed staff sitting and talking with people when they served them a snack. Staff talked about things that interested each person. Staff were aware of people's emotional needs and gave reassurance as and when required. The atmosphere was relaxed where people and staff were at ease in each other's company.

We asked staff how they gained information about people's care needs. One staff member told us, "sit and talk with them, sometimes they can tell you. We also ask their relatives about their views, and ask them what we could do better and if there is anything they have noticed would be helpful". A visiting relative confirmed that they had been consulted about their relatives needs and felt staff had acted upon their comments. We looked at people's care records that evidenced that people important to the person had been consulted as and when appropriate.

This demonstrated that people were listened to and where people could not tell staff how to help them others were consulted so staff could meet their needs effectively.

Staff knew people's routines and respected them. One relative told us, " mum gets night and day mixed up and sits with staff at night. They let her do this but also encourage her back to bed for rest". We observed staff supporting people. They knew where people like to sit and for how long. For example, one person liked to walk around but after a while needed to be encouraged to sit down and rest. Staff were aware of this and encouraged them to sit where they normally sat but did not try to restrict them from walking around. Other staff were seen to give people information about what was happening in the home and encourage people to sit with others in activities that they knew interested them.

People were treated with kindness and respect. We observed staff in many situations actively listening to what people were trying to say and taking time to understand their needs. We observed staff holding people's hands when they appeared to need reassurance or human contact. We observed that when a person had accidently spilt food on their jumper the staff noticed this without undue delay, offered to help the person to a more discrete area of the home and got them a clean jumper to put on if they wished to

Good

Is the service responsive?

Our findings

People received care, treatment and support that was responsive to their needs. This was reflected in what people and their relatives told us and our observations.

People and their relatives were involved in the planning of their care needs. Relatives told us about being involved in their loved ones initial assessment, meeting the registered manager and having a discussion about things that were important. One relative told us "Staff were interested in finding out what was important to my loved one and what were their usual routine was like." Care records evidenced that people important to the person had been invited to participate in care reviews. A relative told us they were kept informed and the registered manager and staff communicated regularly and felt they were encouraged to be involved in care decisions. Care records recorded information about people's important relationships, their recreational interests, special friends and their achievements. People and their families had been directly involved in this process.

Staff gave detailed explanations about people's individual preferences and how they had been involved in making these choices. These included how and when people received personal care, and how they encouraged people to remain independent. Details about people's life history and memories important to them were recorded in their care records. We also noted on the doors to peoples rooms there was not only a picture of the person but also things that interested them. We spoke with the registered manager about the purpose of this extra information. They told us this gave staff information about people's interests so that they are reminded of things to talk with the person about that may relive anxiety or difficult situations.

We noted that there were planned activities to support the spontaneous activities that were observed throughout the inspection. We observed that a volunteer supported people with activities on the morning of the inspection, reading to a small group of people and talking with them about things that interested them. We observed staff in the main dining area providing spontaneous activities such as assisting people to work on jigsaws, providing people with reading material and sitting and talking with people. We further noted that one person who remained in bed had a staff member sat with them reading to them. A visiting relative told us that although their loved one had not been at the home long they had noticed there were things to do. We looked in people's care records that documented what activities people had been enjoying; these included 1:1 sessions with staff. The activities records had been audited by the registered manager to ensure all of the people living at the home had an opportunity for social interaction through activities.

People, their families and staff were encouraged to provide feedback about the service and how it could be improved through regular surveys. The surveys sought to understand what people thought about the service, staff, food and information provided. We looked at a selection of these and read many complimentary quotes. Surveys showed that people and their families were positive about their experience of the service. We looked at the latest satisfaction survey that demonstrated there was a high level of satisfaction with the service on offer.

Relatives told us that staff considered people's views and encouraged participation and involvement in the

home. For example, through relatives meetings. We looked at the last relatives meeting minutes from August 2016. These evidenced that relatives had been able to comment on the service and look at areas for improvement. One example of this was a concern over a person's certain behaviour that relatives found difficult to understand. The response was that staff would look at managing the situation better. There was evidence in the person care records that this had been acted upon.

Good

Is the service well-led?

Our findings

The home was well led. The registered manager had been in place for an extended period of time. There were quality audits and quality systems at the home to ensure the service offered met the needs of the people living there. These systems also sought to develop the service to ensure ongoing improvements. The manager was supported by the parent organisation in the development and maintenance of these systems. A number of audits were carried out regularly such as medication audits and infection control audits

There was a management structure in place at the home. The people living at the home could identify who the registered manager was. Staff were aware of the roles of the management team and they told us the registered manager was approachable and available to discuss issues most of the time however if not, the deputy manager was there to provide advice and guidance.

Staff told us that the organisation's values were clearly explained to them through their induction programme and training. Staff were given handbooks which described the aims and philosophy of the service. There was a positive culture where people felt included and their views were sought. There was evidence of regular meetings taking place between the people who used the service, their relatives and other professionals involved in their care. Staff meetings were organised and there were minutes of the discussions and actions agreed. The provider had introduced staff benefits in recognition of the work staff had carried out such as training achievements and long term service.

Staff confirmed they understood how they could share their concerns about the care and support people received. Staff also told us the registered manager and senior staff were responsive to suggestions about improvements to the service.

Staff told us of the value of regular team meetings where they could share their experiences and talk about how they had approached emerging situations. Staff told us that there was a handover of information between each shift so that emerging concerns were noted. Staff also told us about the positive team approach to caring for people where they would cover each other in order to meet people's needs.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the immediate actions or treatment that had been delivered. These accident / incident records were checked by the registered manager, who assessed whether an investigation was required and who needed to be notified.