Tralee Ltd

# Tralee Rest Home

## Inspection report

38-40
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

About the service
Tralee Rest Home is a residential care home. At the time of the inspection they were providing accommodation and personal care to 24 people. The service can support up to 36 people and is registered to provide support to older people and people living with dementia. The service was being provided in one adapted building based in a residential area of Whitstable.

People's experience of using this service and what we found
Feedback from people and their relatives was positive. Comments included, "We have a good time here, dancing and a good sign song." And "Tralee is a really special place. It really is a 'home' for the residents." And, " I can't thank [the registered manager] and all [their] staff enough for the warm, safe family environment they have created at Tralee so that my [relative] and all the residents can have a good quality of life."

People were protected from the risk of abuse. They were supported by staff who knew them well and had information about their risks and how to mitigate them. Medicines were managed safely. There was enough staff to support people and staff had been recruited safely. When incidents occurred, action was taken to reduce the risk of these occurring again. There were systems in place to ensure people were protected from the risk of infection.

People's needs were assessed. This included needs relating to people's equality needs such as disability, religion or sexuality. People had support to access healthcare when they needed this. There was support for people with eating and drinking and feedback about the food was positive. The service was adapted to meet people's needs including where people had dementia.

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. People were offered choices and had a say in their care. Staff understood the mental capacity act 2005 and how this applied to the people they supported.

People were happy with their care which was person centred. There were activities for people and the service was lively. There were quieter spaces for people to spend time if they wanted to. There was a complaints policy in place and people knew how to complain if they wanted to do so. Complaints had been responded to appropriately.

Staff were happy in their role and were positive about the management of the service. Staff received support and supervision. People knew who the manager was and were happy to approach them when they wanted to speak with them. People, relatives and staff were all invited to provide feedback through surveys and meetings. There were quality checks in place to drive forward improvements. The service worked in partnership with other agencies such as health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 04 September 2019 and this is the first inspection.
The last rating for the service under the previous provider was Requires Improvement, published on 26 January 2019.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# Tralee Rest Home

**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 Care Act 2014.

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
The inspection team consisted of two inspectors.

Service and service type
Tralee Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought and received 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the providers, registered manager, senior care workers, care workers, a cleaner and the chef. 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 five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, notes from meetings and quality assurance records. Six relatives or friends of people shared their experience of the service with us in writing.

Good

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew how to identify and report concerns. Staff were confident action would be taken if concerns were raised. One staff said, "I would go to the [managers] who are both very approachable. I'm definitely confident the managers would deal with it." There was information on display for staff on how to blow the whistle if they needed to. Staff were aware of this information.
- When safeguardings had occurred, they had been reported to the local authority and action had been taken to reduce the risk of events re-occurring.

Assessing risk, safety monitoring and management

- Risks to people were assessed and there was information for staff on how to support people to mitigate these risks. For example, where people were at risk of skin breakdown, there was information for staff on how to identify concerns and what to do if concerns arose. There was guidance in place to support staff to reduce this risk. For example, there were body maps for where to apply barrier creams. These creams are designed to help prevent skin breakdown from occurring.
- Staff were aware of the risks to people and knew how to support people with these. For example, staff knew who was at risk from diabetes and understood the signs that someone may be unwell with this condition. One person told us, "I do feel safe here and they look after me well."
- Risks to people from the environment were mitigated. For example, checks on the safety of the gas and electric supplies had been completed. Staff had undertaken fire drills. Equipment was regularly checked to ensure it was in a good state of repair and safe to use.

Staffing and recruitment

- There was enough staff to provide support to people. One person said, "It feels safe and secure, there is always someone around, I can't fault them they do anything for you."
- A dependency tool had been used to assess the staffing level needed to support people's needs. Where people were cared for in bed, and were not able to use the call bell, staff checked on them regularly through the day.
- Checks had been undertaken to make sure staff were suitable to work with vulnerable people before they started. For example, appropriate references were sought, and Disclosure and Barring service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's medicines were managed safely and administered as prescribed by their doctor. Medicine

administration records were complete and accurate. There was information on what people's medicines were for and how people took these medicines. Medicines were disposed of safely.
● Where people had 'as and when' medicines, such as pain relief, there was guidance for staff in place. For example, how often these medicines could be administered during a 24-hour period. Equipment such as blood sugar monitors were regularly checked to ensure they were calibrated correctly.
● Staff received training to administer medicines and their competency was checked regularly.
● People's medicines were reviewed. One person told us about how staff supported them to reduce their medicines when they moved into the service. This had a positive impact on their well-being. They said, "The care I got from all staff was fantastic, they were exceptional in their willingness to act on their view that my medicines were excessive."

Preventing and controlling infection
● One member of staff was not wearing the correct type of mask. We raised this with the registered manager who immediately sought advice from Public Health England and resolved the concern during the inspection. Guidance for staff was updated to reduce the risk of re-occurrence.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again. For example, when people had fallen the circumstances around the fall were analysed. Staff had used this information to reduce the risk to people and the number of falls at the service had been reduced.
● Systems were in place to monitor incidents and analyse trends to ensure that opportunities to reduce risk were not missed.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. Assessments were undertaken prior to people moving into the service and repeated to monitor changes to people's needs. The assessment included looking at risks to people, personal care, medicine, nutrition and hydration, and preferences.
- Best practice tools such as Waterlow were used and regularly updated. A Waterlow assessment is a tool used to understand the level of risk to someone's skin integrity. Where risk was identified, care plans were put in place to mitigate the risk.
- Assessments included needs relating to people's protected characteristics under the Equality Act 2010. These include disability, sexual orientation, culture and religion.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to support people. Training included areas such as safeguarding, moving and handling, fire safety and the mental capacity act. Some staff supported people to test their blood sugars and had completed training to do so. Staff had also undertaken diabetes awareness training. One staff said, "I found the training really useful as it was well structured, and you can go over bits again."
- Staff received regular supervision and appraisal and told us they felt supported in their role.
- New staff undertook an induction and shadowed more experienced staff to get to know people and their needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a menu on display at the service and people had a choice of meals. This included meals which met people's medical and cultural needs. People told us they were happy with the food. People were supported to have regular drinks and snacks throughout the day. One person said, "Plenty to eat and drink. They say what's on and if I don't like it, they find you something else. I am fussy yes, but they always find me something."
- Where people were at risk from a low food intake or weight loss their weight was monitored. One person had been losing weight. They had been referred to a dietician for support. A risk assessment was in place to mitigate the risk whilst staff waited for the dietician to assess the person.
- Where people were at risk from choking or had difficulty swallowing there was information for staff on how to support them safely. Staff were aware of this guidance and followed it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff supported people to access healthcare services where they needed to do so. This included GP's, district nurses, the speech and language team and dieticians.
● Some people had anticipatory care plans in place. These set out in advance what people would like to happen in the event that they became unwell. For example, if people wanted to go to hospital or remain in their home. There was information for people to take with them to hospital if they needed to go.
● People's oral health needs had been assessed and people had oral health care plans in place. People had access to dental care as needed.

Adapting service, design, decoration to meet people's needs
● The building had been adapted to meet people's needs. The communal areas and much of the accommodation was on the ground floor and was fully accessible. There was a lift to enable people to reach the upper floor.
● People's dementia and memory needs had been considered in the building's decoration. For example, there were signs in place to assist people to orientate themselves and find their own room. Toilet seats were in contrasting colours to assist people with dementia to use the toilet independently. There were quiet spaces for people to be if they wanted to spend time away from livelier communal areas.
● There were two bedrooms where the carpet was becoming worn and needed replacement before further wear occurred and they presented a trip hazard to people. We raised this with the provider who arranged the these to be replaced immediately after the inspection.

Ensuring consent to care and treatment in line with law and 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Capacity assessments had been undertaken to understand people's ability to make specific decisions for themselves. Where people were unable to make decisions for themselves these had been made in their best interest and recorded.
● Where people were deprived of their liberty applications had been made to the DoLS office for authorisation to do so. Checks had been made to verify if someone had power of attorney to make decisions about people's care and treatment.
● Staff understood the MCA and that people were able to make some decisions for themselves with support. One staff said, "Even where people don't have capacity, we can offer them choices, we explain things to them such as what the meals are like." Where people were not under DoLS staff knew they could go out independently if they wanted to do so, some people did so.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive and warm atmosphere at the service. People and their relatives told us they were well treated by staff. Comments included, "The staff are nice to me yes" and, "The staff go above and beyond to make sure the residents are well cared for both physically and mentally. [My relative] has been treated in a loving caring way."
- Staff spoke kindly to people and provided comfort and reassurance to people when they were upset. One relative told us, 'You can see from the team's faces that they really care about the residents. There is real empathy there. [My relative] seems really happy there and this puts our minds at rest.'
- Staff knew people well. One person's friend told us, "All the staff are lovely and no matter which staff member I have spoken to, they all know my friend very well and can speak first hand with confidence about [their] care, and in an appropriate manner."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their day to day care. People at the service were able to communicate their needs and preferences to staff on a day to day basis. Family members and friends told us the staff were good at keeping them informed and involving them in discussions as appropriate.
- People's preferences and choices were clearly documented in their care plans and staff were aware of these. These included information on how people like to be supported with personal care and how they liked to spend their time.
- Staff listened to people patiently when people wanted to talk to them. During the inspection people asked staff for assistance with various things and staff responded and provided the person with the time and attention they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected. Staff knocked on people's door before entering and asked people if they were happy for us to speak to them. Staff knew when people did not want to be disturbed in their room. Where people wanted to have keys to lock their room, they had these.
- There was information in people's care plans about what people could do for themselves to support staff to encourage people to remain as independent as possible.
- Staff spoke about people and to people in a positive and respectful manner. For example, they addressed people in the way they preferred. Their tone of voice was friendly, and they were patient when people needed to ask questions more than once or were confused.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were person centred. Care plans included the 'This is me' tool. The tool was produced to record information about people's background, important events in their life and their routines and preferences. Staff knew about people's backgrounds and what they liked to do. For example, staff knew about people's past careers, what they liked to talk about and what films they enjoyed watching. One relative said, "They are aware of what the residents need and really understand [my relative]."

● Care plans were up to date and contained information on a range of aspects relating to people's needs, including emotional wellbeing and mental health. People's care plans were regularly reviewed with people and their relatives. One relative said, "They keep me informed of what's going on and involved in decisions, communication is good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed. For example, where people had difficulty hearing there was information for staff about this.

● The registered manager was aware of the accessible information standards. Information was provided for people in accessible ways. For example, in large print. Some information such as the complaints procedure was available in audio format should people need to access this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● At the time of the inspection the activities co-ordinator was on leave. However, staff ensured people continued to have opportunities to engage in some activity. The service was lively, and some people joined staff to dance to music.

● Feedback about activities was positive. One person told us, "The activities person does baking and craft with us, [they are] very good, very enthusiastic." A relative said, "They treat my [relative] with love and respect and go above and beyond to make life fun and fulfilled for all the residents. There is a mix of activities, so all tastes are catered for." One person liked to undertake a craft. The registered manager had supported them to find an outlet for their produce. This made the person happy and gave them a sense of purpose.

● People had been supported to stay in contact with their families and friends. One relative said, "It' good

here. They make arrangements so I can bring the grandchildren in safely." Another told us, "They arranged regular video calls, pod visits and updates on their social media which we could view. [My relative] seemed to have the time of [their] life."

Improving care quality in response to complaints or concerns

● People and their relatives told us they had no complaints but knew how to do so if they needed to. The complaints policy was on display for people in large print. One person said, "I don't have any complaints. I am happy with my room; the staff look after me. I am happy here."

● There was a system in place to record complaints. Where complaints had been made these had been actioned and the action taken had been recorded.

End of life care and support

● People were supported at the end of their life.

● There was information on people's end of life preferences detailing what they would like to happen to them before and after their death. Anticipatory medicines were in place for people should they need these to relieve distress of pain in the final moments of their life.

● One persons loved one told us staff had supported a person well when a family member had died.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service. People were comfortable with staff and with speaking to the registered manager. One person said, "The manager is approachable, I cannot fault them."
- Staff were happy in their roles and this had a positive impact on how they interacted with people. One staff member said, "It's brilliant, we all work together. We all work as a team; we are all here for each other." Another said, "The residents and the team and the support from the wider care community is there, that's what makes it good here."
- Staff were positive about the registered manager and the support they received. One staff said, "Yes I feel valued. I feel supported and have regular supervision. The [management] listen to me and will give advice."

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 duty of candour responsibilities. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents that qualified as duty of candour. However, where other incidents had occurred the registered manager had been open with people and their relatives about events.

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

- There was a system of audits in place at the service. Where issues were identified though auditing an action plan was put in place. Concerns were addressed. For example, auditing had identified a concern in relation to the safe storage of medicines. Action was being taken to address this concern.
- Checks on staff competency had been undertaken to ensure they had the knowledge and skills they needed to undertake tasks such as manual handlining. The registered manager and deputy manager worked alongside staff and had an oversight of staff practice and performance. Staff also received regular supervision.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.

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

● People and their relatives were provided with opportunities to feedback to the service and hear about planned developments. There were online meetings for relatives. These gave relatives the opportunity to ask questions and feedback on plans. One relative said, "[The meeting] enabled us to be informed of what was happening regarding us being allowed to see our loved ones, and any other general things we wanted to talk about, which made me feel more involved in the care of my [my relative]."

● Surveys had been issued to people and there were meetings for them. Feedback from these was positive.

● There were regular meetings for staff and staff told us they felt listened too. One staff said, "When I raise concerns or ideas they listen if I bring them up."

Working in partnership with others

● The service worked in partnership with people to improve outcomes for people. This included GP's nurses, dieticians and the speech and language team.

● Where partners had given advice, this was incorporated into people's care plans. For example, care plans included information from the speech and language team about the support one person needed with safe swallowing.