

Barchester Healthcare Homes Limited

Mount Tryon

Inspection report

Higher Warberry Road
Torquay
Devon
TQ1 1RR

Tel: 01803292077
Website: www.barchester.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mount Tryon is a care home. It is registered to provide personal and nursing care for up to 59 people across two floors, each of which has separate adapted facilities. At the time of our inspection 43 people were living at the service.

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

Risks to people were not always managed safely. Medicines management was not always based on current best practice. People's personal preferences and lifestyle choices were not always respected.

The systems in place to monitor the quality of service were not always effective. The culture within the service was not always positive and constructive.

The service met the accessible information standards. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

People's independence was promoted, and enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. The premises were clean, and staff followed infection control and prevention procedures. People's needs were assessed, and care was delivered by staff who were knowledgeable about people's care and support needs.

People were encouraged to maintain a good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

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.

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

Rating at last inspection

The last rating for this service was Good (published 27 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines and the management and leadership of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-Led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety, lifestyle and choice and governance.

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 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection Team

This inspection was conducted by three inspectors and a specialist advisor whose specialism was nursing care.

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

The service had a manager registered with the Care Quality Commission. 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 since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at 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 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management; using medicines safely

- Risk associated with people's care and the medicines management did not ensure people were always safe.
- People were not always protected from the risk of choking or aspiration. Four people had been assessed by a speech and language therapist (SALT). During our observation we noted all four people were given fluids in a spouted beaker. People with Dysphagia should not use straws or cups with spouts unless specifically advised by SALT, because straws and spouts can increase the risk of aspiration. Where people had a recommendation from SALT the need to seek advice on straws and spouts was highlighted. However, this advice had not been followed.
- People who had diabetes required regular monitoring of their blood sugar. We asked two nurses if they had carried out a control/calibration check of the glucometer prior to use. Two nurses told us this had not happened. We raised this with the registered manager. The registered manager could not demonstrate or give a satisfactory explanation as to why these checks were not in place. This meant they had not taken appropriate steps to reduce the risks associated with people's care.
- One person was prescribed medicine to be taken at mealtimes for diabetes. On the first day of our inspection we noted that the person had received their medicine two hours and thirty-five minutes after their last meal.

We found no evidence that people had been harmed however, staff did not ensure these people risks associated with people's care needs were reduced. These concerns were a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- People's risk assessments included areas such as mobility, falls, epilepsy and specific health conditions. Where risks were identified staff followed the guidance in people's risk management plans.
- People who were assessed as being at risk of malnutrition and dehydration had food and fluid charts completed and were being regularly reviewed.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security.

Staffing and recruitment

- Staff and relatives gave a varied response about staffing levels. Comments included "in times of shortfalls the deputy and manager get involved", "Not enough staff, but don't feel things are ever unsafe" and, "Staffing levels are good here". However, we observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The registered manager used a 'dependency tool' when carrying out initial

assessments on people's care needs. This enabled the registered manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regularly by the management team.

- Regular audits were carried out to ensure call bells were answered within a reasonable response time to ensure people's care needs were being met. On occasions where the audit had identified an above average response time, the registered manager investigated and took action to prevent re occurrence.
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew how to identify and respond to allegations of abuse. One staff member told us "I would report any concerns to the nurse and (registered manager)."
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience of care for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning resulting from incidents at team meetings and on an individual basis.
- We saw an example where a person had experienced a number of falls. The registered manager used this information to identify patterns and trends. They then used this information to make a referral to the person's G.P and put in place safety equipment to prevent re occurrence.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions relating to epilepsy and falls were carried out consistently and in line with nationally recognised best practice.
- Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risk risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Relatives we spoke with told us they felt staff had the necessary training.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff to learn about the service and the people they supported.
- Staff told us they felt supported and had regular meetings with their managers. These meetings provided an opportunity to discuss workloads and discuss their performance.

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

- Staff supported and met people's nutritional and hydration needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food. One person said, "Quality of food is pretty good". A relative said, "Dad loves trying new things out, he's well fed".
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. Alternative menus were available, if and when people changed their minds or requested an alternative meal. We did observe that the lunch time meal took a long time to complete. We raised this with the registered manager who agreed to review this.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.

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.

- People's rights under the MCA and DoLS were met as required.
- People's rights to make their own decisions were respected and people were in control of their support. Where decisions were made on people's behalf's, they were made by those who had the legal authority to do so.
- Where people did not have capacity to make specific decisions, the appropriate assessments were in place and staff acted in people's best interests. For example, some people in the home received their medication covertly. This is when medicine is mixed into food or drink without the person knowing. Records confirmed that this was carried out with the person's best interest in mind, and that relatives and healthcare professionals had been involved in the decision-making process.

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

- The home had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP.'s.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

Adapting service, design, decoration to meet people's needs

- The provider had ensured the service met people's needs in respect of design, decoration and adaptation.
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. During the inspection we observed how one person had their door open whilst in need of privacy. We raised this with staff however no action was taken to protect this person's dignity.
- We noted a full urine was on a person's table in their room. The person described the impact this had on their lived experience within the service. They told us "Sometimes I get so annoyed that it hasn't been emptied, sometimes I do it myself". The person explained that it was difficult to use the bottle when it was full and that sometimes the urine bottle could be left for long periods of time.
- We observed that on occasions staff would call out to people if their room doors were open before they walked in or knocked on doors that were closed. However, we witnessed occasions where staff did not follow this practice.
- People's personal preferences and lifestyle choices were not always respected. People's care records and highlighted the frequency and type of personal care they would like. However, people told us this did not always happen. One person's preference was to have a bath, but they told us they were only ever offered a shower. They said "I've never had a bath since I've been here. I was offered one a while ago, but it never came to anything".
- We further checked people's records and the systems in place to monitor personal care and bathing. These records could not confirm that people's lifestyle and care choices were being respected.

These concerns relating to people's privacy and lifestyle choices not being respected were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We raised this with the registered manager and provider who took immediate action to ensure this was addressed. However, this had not been identified prior to our inspection.

- Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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

- Despite our findings in relation to dignity and respect, records clearly showed that people's views and needs were considered, in particular what was important to people. Relatives told us people were treated

and supported well.

- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity and faith.
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with their care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative said, "If there are any issues or changes, then they get in touch straight away".
- Care plans were completed with people to ensure they reflected people's wishes.

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 preference

- Relatives praised the responsiveness of the service. One relative said, "(Person) has lost weight but they referred them and got them the help they needed". Relatives we spoke with told us they were involved in the care planning process.
- People were supported by staff who had a good understanding of their care and support needs. We saw examples of people's care plans being updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 initial assessments captured people's communication and sensory difficulties.
- Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss

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

- People were supported to live as full a life as possible during the pandemic and were enabled to participate in activities which followed social distancing guidelines and interested them.
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered, and on the day, we observed people engaged in activities.
- People were supported to maintain important relationships during the pandemic, through the use of technology and adaptations to the building. For example, an area of the home had been set up with a screen so people could meet with relatives whilst keeping safe..

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People and their relatives told us they knew how to make a complaint and were satisfied that it would be

taken seriously and dealt with effectively.

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection people were receiving end of life care (EOLC). Records confirmed that staff had received appropriate training in EOLC.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed. This meant in the event of EOLC people had a dignified and a pain free death.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to choking or aspiration, medicines management, lifestyle choices and wishes being supported been not identified by the registered manager or provider.
- Important information relating to people's care needs was not always complete or accurate. For example, one person had been assessed as high risk of developing pressure ulcers. The person's care record stated the frequency in when the person should be supported to reposition. We identified nine occasions when the recommended time for repositioning had exceeded the guidance in the person's care records. This has not been identified by the services quality monitoring systems.
- Two people's care records guided staff to follow SALT recommendations. However, both people's care records did not contain instructions and recommendations from the SALT Team. This had not been identified through the services quality monitoring systems.

We saw no evidence people had been harmed. When we raised these concerns with the registered manager, they took immediate action to rectify the problems. However, this had not been identified by the services quality monitoring systems. This was a breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was clear about their responsibilities for reporting to the CQC. Staff were also clear about their responsibilities and the leadership structure.
- Staff were positive about the skills and leadership of the registered manager. And deputy manager. A staff member said, "I know I can go to (registered manager) if I ever have a problem)".

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

- Through our observations and speaking with people, staff and nurses, it was clear that the culture within the service was not always positive and constructive. One person we spoke with told us "The staff are not a particular happy team at all, they often have arguments about who is doing what shift and when".
- The registered manager had already identified a concern about the culture prior to our inspection and demonstrated how they were addressing this. The registered manager also spoke with enthusiasm and commitment to addressing staff culture.

- The registered manager and deputy manager were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities and acted in accordance the duty of candour.

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

- Staff told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys People and their relatives also had opportunities to raise any comments via an open-door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and lifestyles choices not being respected
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not ensure these people risks associated with peoples care needs were reduced.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of service were not always effective.