

Trafalgar Care Limited

Trafalgar Care Home

Inspection report

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07 March 2022

10 March 2022

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19 April 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Trafalgar Care Home is a residential care home. The home is registered to accommodate up to 29 older people in one adapted building. Nursing care is not provided by staff in the home. This type of care is provided by the community nursing service. At the time of this inspection there were 18 people living in the home.

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

People lived in a home that had undergone substantial management and staff change. The manager and staff team were working to ensure continual improvement in the quality of the care people received.

Staff and managers were clear about their roles and systems had been implemented to ensure improvement. These systems needed to be embedded.

People told us the staff were kind and helpful we saw this was the case. Staff were attentive to people's needs and were both respectful and familiar in their approaches. One person told us, "They (staff) are friendly and helpful."

The management of risk within the home had improved. The Fire Service had been satisfied by works undertaken to ensure the safety of people and staff. We identified some situations where risk management was not adequate. These were addressed immediately; errors were rectified, care plans were updated to reduce the risk of reoccurrence and staff received guidance to ensure their understanding.

People were protected from the risks of cross infection. Staff understood how to wear PPE appropriately and the home was kept clean. People received visitors safely and their relationships with loved ones were valued.

Staff told us they felt well supported and this meant they were confident they had the skills and knowledge they needed. Training associated with risk management had been provided and further training was scheduled that reflected people's identified needs and development opportunities for the staff team.

People felt safe and were supported by staff who understood how to report safeguarding concerns.

Where people could not consent to live in the home, Deprivation of Liberty Safeguards had been applied for appropriately to ensure that people's rights were protected.

People received their medicines as prescribed. Care plans related to time dependent medicines were improved during our inspection.

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

Rating at last inspection and update

The last rating for this service was inadequate and there were breaches of regulation (published 27 September 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 28 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection, that rated those key questions, to calculate the overall rating. The overall rating for the service has changed from Inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trafalgar Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Trafalgar Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Trafalgar Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trafalgar Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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 from, and about, the service since our last inspection. This included feedback from the fire service and the local authority quality improvement team. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visits to the home we observed the care and support people received. Most people living in the home did not use words as their main form of communication. We spoke with six people who were able to tell us about their experience of care. We also spoke with the manager, two representatives from the provider organisation and seven members of staff. We asked the manager to invite all staff and the friends and relatives of the home to share their experiences. We received comments from two staff members and a relative. We reviewed records related to the care and support of three people. We also reviewed training records, meeting minutes, staff communication and documents related to the oversight of the home. We spoke with two health professionals who had contact with the home and received feedback from a third healthcare professional. We also spoke with two social care professionals visiting the home.

After the inspection

We sought more information related to the risk management of oral care and training. We discussed this with the manager on 10 March 2022.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was not consistent assurance about safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and mitigate risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were mostly supported to minimise the risks associated with pressure damage to their skin. Staff supported people to move in line with guidance in their care plans and were able to explain the care and support people needed to protect their skin. One person was not on the correct mattress pressure setting. We discussed this with the senior team. The error was addressed immediately, and detail was added to the person's care plan to ensure staff checked the setting was correct.
- People were mostly supported to eat and drink safely. Staff understood which people were at risk of not eating and drinking enough and knew how to support these people. There had been a period of time when the home did not have operational scales in place. This had been resolved and records showed that people who were at risk of losing weight were either gaining weight or had a stable weight.
- People were supported by staff who understood the consistency of food and drink that people could eat and drink safely. We observed that one person who had just been assisted to eat was laid flat in bed. This put them at risk. We discussed this with the senior team who rectified the situation immediately, updated the person's care plan to detail safe guidance and offered supportive guidance to the member of staff.
- Environmental risks were managed effectively. The stairwells in the home had been risk assessed and physical changes made to reduce risks people faced in using the stairs. The Fire Service had visited and checked on the actions to improve fire safety in the building. This work had been carried out satisfactorily.
- Fire drills were taking place. The manager was confident that both day and night staff knew how to respond if the alarms sounded.
- People were involved in risk management decisions. One person described how they knew they were safe on the stairs because this had been discussed with them. Another person told us how they were choosing to manage the healing of a small skin tear. Staff respected their decision and helped them maintain their skin health.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and that the staff were kind. One person said: "We are all very well

looked after. I feel safe."

- We observed that people appeared comfortable when staff approached them. One person who could be distressed due to the way their dementia impacted them was visibly soothed by the gentle interaction of staff.
- People were supported by staff who knew how to report safeguarding concerns.
- Deprivation of Liberty Safeguards applications had been made appropriately.

Staffing and recruitment

At the last inspection staff were not deployed in a way that met people's needs. There was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient staff to meet people's needs. The number of agency staff working in the home had drastically reduced and staff had been employed and inducted safely. This included checking staff references and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff described induction processes that made them feel welcome and supported. One member of staff described their training and shadowing opportunities and then told us: "I was made to feel really welcome. I have found the team very supportive."

Preventing and controlling infection

At the last inspection the provider had failed to ensure that risks associated with infection prevention and control were managed safely. There was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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 became assured that the provider was promoting safety through the layout and hygiene practices of the premises. The access to the laundry sink had been blocked by stored items, the senior team told us they would add this check to their daily walk round.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People told us they had seen their loved ones both in the home and gone out to spend time with them. The manager, senior team and provider organisation were committed to supporting people to maintain contact with their loved ones through facilitating visits in and out of the home.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely

- Medicines were administered in accordance with the prescription. A member of staff demonstrated how they ensured time dependent medicines were given appropriately. We noted that medicines care plans were not clear about when some medicines should be given before food. This meant there was a risk that these medicines may be given incorrectly. The senior team addressed this immediately.
- Where people were being given medicines without their knowledge there was information to show this had been decided in their best interests. The decision had been taken by professional representatives who knew the person well. The way these medicines were given was clearly described.
- People received their medicines safely from staff who had received specific training to carry out the task.
- Some people were prescribed medicines, such as pain relief, on an as required basis. There was guidance in place to help staff to administer these in line with people's needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant that whilst leaders and the culture they created promoted high-quality, person-centred care, the systems to achieve this needed to be fully embedded.

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

At our last inspection the quality of care and support was not monitored in a way that led to improvement in the quality and safety of people's care. There was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff and professionals spoke highly of the manager and deputy manager. Professionals made comments related to their efficiency and responsiveness.
- There were governance systems in place. These included regular audits and observation to ensure ongoing improvement. These processes were not yet fully developed and embedded. As a result the inspection process highlighted areas of improvement that had not been identified.
- The manager was in the process of preparing to register with CQC. This had been delayed by an administrative error by another organisation responsible for providing the manager with the replacement documents necessary for their DBS check.
- Staff told us they felt supported and received clear direction from the manager. One member of staff told us: "I have great support from the manger and deputy." Another member of staff commented: "The management are brilliant."
- There was a learning culture embedded in the team. The service development plan clearly identified the areas that still required improvement and the manager and deputy were able to describe the actions they were taking. The staff and manager were open and transparent throughout our inspection; acting efficiently to rectify areas for improvement identified. Where appropriate these were added to oversight systems and the development plan.
- Records made by care staff related to risk management were improved however, we noted that gaps were still evident that made it difficult to review the care and support people had received. We saw that regular checks were made on these records by managers and staff received feedback regularly praising improvements and highlighting where further work was needed.
- The staff and management were clear about the journey of improvement they were on. One staff member told us: "Everyone is working really hard. We will make it a really good home." Another member of the team told us: "We are working together to make further improvements."

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

- People told us they felt listened to and knew who they could approach to discuss any aspect of the home and their care.
- The manager described how they and the deputy spoke regularly with people and the feedback we received reflected this. The manager was responsive to a concern raised by a person during our inspection.
- Staff had received equality and diversity training; when they spoke about people's needs they used language that showed they understood a person centred approach and respected difference.
- A relative described how they were involved in discussions about their loved one's care and felt able to share their views and observations.

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

- The manager and deputy had a clear vision for the direction of the service which demonstrated a desire for people and staff to achieve the best outcomes possible. We heard about changes to the support and care people received which had a positive impact on their lives. One person who had been cared for entirely in bed had started to get up and enjoyed this time with other people.
- The team had plans to continue to improve people's experience of living in Trafalgar Care Home. This included work underway about the range of activities available to people.
- The team at Trafalgar Care Home enjoyed an open culture and described their commitment to providing high-quality care. Staff told us they were a "supportive", "friendly" team. One member of staff said: "I am proud to be part of such a great team."
- Staff felt supported and valued by the manager which supported a positive and improvement-driven culture. Team meeting minutes reflected open discussion and staff told us they felt listened to.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals told them.

Working in partnership with others

- Professionals were positive about their experience with the staff in the home. They were confident in the responsiveness of the home and reflected on positive communication.

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 provider and manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider and manager understood their responsibilities to notify CQC of certain events such as serious incidents and allegations of abuse.