Tricuro Ltd

Sidney Gale House

Inspection report

Flood Lane
Bridport
Dorset
DT6 3QG

Tel: 01308423782

Date of inspection visit:
30 April 2019

Date of publication:
18 June 2019

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

About the service: Sidney Gale House is a residential care home that was providing personal care to 35 older people, some of whom were living with dementia, at the time of the inspection.

People's experience of using this service:
There was a very homely and welcoming atmosphere where people were supported by staff who were exceptionally kind and caring. Feedback about the caring approach of staff was positive. People were treated with dignity and respect in a way that truly valued them as individuals. Sidney Gale House provided a friendly, welcoming and happy environment for people and visitors.

People received person centred care from staff who developed positive, meaningful relationships with them. Staff knew about people's life history, personal circumstances, their preferences, interests and communication needs. People had opportunities to socialise and pursue their interests and hobbies. Care plans were detailed and up to date about people's individual needs and preferences.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

Risks to people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible whilst still promoting their independence.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

There was strong leadership at the service and people and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported. There was a strong drive to continuously improve the service for people.

The registered manager and provider had robust quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. There was strong open culture that focused on learning lessons and finding different ways of making improvements for people.
Rating at last inspection: Requires Improvement (report published on 31 May 2018)

Why we inspected: This was a planned inspection based on the rating from the last inspection. The service has improved from 'Requires Improvement' and is now rated 'Good'.

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

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

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.

Sidney Gale House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector, and an expert by experience, who is a person who has personal experience of using or caring for someone who uses care services, and a specialist advisor who was a nurse.

Service and service type: Sidney Gale House is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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. There were 35 people living or staying at the service during the 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. We visited the service on 30 April 2019.

What we did:
Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. 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 spoke with 14 people and three relatives to ask them about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people. 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 spoke with the registered manager, and the provider's service manager. We also spoke with eight members of staff which included the management team and care staff. We looked at quality monitoring records relating to the management of the service. The registered manager sent us information about staff training, additional evidence to support outcomes for people and the management of the service. We sought feedback health and social care professionals who worked with staff at the home. We also asked for additional feedback from relatives and staff via our website. We did not receive any additional feedback.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included; "One hundred per cent safe. I haven't had any problem. If you have a problem there is always someone to ask", and "I feel really safe, they're always very helpful." A relative told us, "I think she is very safe, very safe with staff".
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included, manual handling, falls, nutrition and hydration and skin integrity.
- Risk management plans set out the support people needed to reduce the risks identified. These included actions such as supervision and the completion of monitoring charts. Staff understood these plans and described consistently the measures in place to reduce risks. For example, one person had a risk management plan in relation to them walking. The person said, "My problem is my legs, I walk with my Zimmer, they [staff] follow behind with the wheelchair in case my legs go in the opposite direction to where I'm going'.
- Equipment, such as lifts, and hoists were regularly checked by external contractors to ensure their safety.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People said they received support when they needed it. Staff were visible around the home, chatting and spending time with people. Comments from people and relatives about staffing levels included; "I'm quite sure. I see people [staff] about", "Some say there isn't, but there is", and "I would say there are sufficient. For example, when [relative] had a nosebleed, they called 111 for advice. They had a member of staff with them until I got here. On the whole I can always find someone".
- The service had a well-established, experienced core staff team. Since the last inspection more staff had been recruited and the use of agency had significantly reduced, so people were now always supported by staff they knew.
- The registered manager reviewed people's dependency to identify and to monitor staffing levels. This ensured the service met people's changing needs.

● The registered manager explained the recruitment processes remained unchanged since we found them safe at our last inspection.

Using medicines safely

● People were supported to take their medicines as prescribed and in ways that met their preferences. Some people managed their own medicines. One person told us, "They issue it to me and I give it myself. Only thing they check is that I've got it locked in my cupboard". Another person said, "I'm happy with it. I take about twenty a day".

● Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.

● The medicine administration records (MARs) provided contained the detail necessary for safe administration.

Preventing and controlling infection

● People were protected from cross infection. The service was clean and odour free.

● Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

● since the last inspection a dedicated member of laundry staff had been appointed. This had improved the laundry service to people.

Learning lessons when things go wrong

● There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.

● The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Where concerns were identified the registered manager, provider and staff team looked for ways to further improve the service.

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

Good: 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 fully assessed before they began to use the service. This helped to make sure the staff with the right skills to provide the care each person needed.
● Staff told us people's assessments were put on to the electronic record system two days before their admission. This meant all the staff were able to read about the person prior to them coming to stay.
● People received care and support in accordance with their assessed needs. Care plans clearly set out people's needs and preferences, staff updated them regularly as people's needs changed.

Staff support: induction, training, skills and experience
● People were well cared for by staff that had the training, knowledge and skills to meet their needs. One person said, "They know what to do".
● Where staff were new to care, they completed the care certificate, a nationally agreed set of standards. Staff had qualifications in care, and training methods included online, face to face training and competency assessments.
● The induction for new staff had recently been changed following a review of new staff's experiences that had showed the previous induction and support systems were not fully effective.
● Staff told us they were very well supported by their line managers and the registered manager. They said they had opportunities to receive feedback and discuss any further training and development needs through regular supervision and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet
● People praised the food. Menu choices for each day were displayed in each dining area, with alternatives available if needed. People's comments included; "Excellent. You get a choice of menu", "It varies [the menu]. At the moment it's quite good. Today if I didn't like the dinner, I could have had a jacket potato or an omelette", and "There's a choice for everyone and for every meal".
● People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.
● Where people were at risk of poor nutrition and dehydration, there were detailed care plans to inform staff about their needs. Their daily food and fluid intake and monthly weight was closely monitored. A relative said, "She has a bit of difficulty chewing. They are good at providing soup or things that are more manageable."

Adapting service, design, decoration to meet people's needs
● Improvements had been made to the environment of the service to make it more suitable for the needs of

people living there. For example, the home was more dementia friendly. On the ground floor people's bedroom doors were painted as front doors and had memory boxes outside them. This helped people in identifying their bedroom. There was also easy to read signage throughout the home.

● People's bedrooms were very personalised with their own belongings and photographs.

● There were limitations to the building in relation to the size of people's bedrooms and age of the building. It was hoped that in the future the home would be rebuilt. A relative told us, "Despite the building, they do a brilliant job and it feels like home to Dad".

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

● People had their healthcare needs met, and staff worked closely with local health professionals.

● People received timely medical support. For example, one relative told us their family member was diagnosed with an infection. They said the staff went out of hours to get the antibiotics, so the person could start the course immediately.

● People told us their health needs were well managed and they were supported to attend hospital, dental and optician appointments. People had access to specialist nurses, physiotherapists, consultants, occupational therapist and speech and language specialists.

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

● Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. For example, one person had initially needed to use bed rails. As their circumstances changed the best interests decision was kept under review and the bed rails were removed when they were no longer needed.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment. Where there were restrictions on people's liberty applications had been made.

●Where DoLS had been authorised, these were monitored, and any conditions were clear on the person's electronic care plan. Additional electronic monitoring had been included to ensure there were clear records that any conditions were being met. These were reviewed monthly.

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

Good: 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 caring culture that was promoted at every level. Staff were committed to providing an exceptional service and did so with kindness and compassion.
● Feedback about the staff from people and their relatives was without exception positive. Comments included; "They couldn't be any kinder. If you are upset, they're there for you", "They never panic, they are never in a mood with you", and "Yes, they're all friendly, they all know me. I talk with them".
● There were lots of thank you cards from people and their relatives that included how caring the staff were. Comments on the cards included, 'I never had to worry when I left her on a Sunday, as she received such great care', 'A huge thank you for the kindness and care for [person] over the last year. Another thank you for your kindness and patience to me'
● Staff were very attentive and caring. One person said aloud, "I'm not alright" but was not able to articulate what was wrong. Staff sat with the person and patiently went through a long list of options until they found out what the problem was for the person.
● People's anxiety and stress was minimised by the support they received from staff. Staff anticipated people's needs and recognised signs of distress at the earliest stage. For example, one person started to fidget in their arm chair. Staff immediately went over and discretely offered the person if they wanted to use the toilet which they did.
● A relative told us about how staff excelled at supporting their family member who was living with dementia, they said, "Mum has times when she wants to get up at 2am. They say come on then [name] and take her into the lounge, they let her knit then suggest after a while 'shall we go back to bed now'. This is where I think they know her so well. If she sleeps in, they are fine with that and they give her breakfast when she wakes up."
● People were supported to follow their faith and beliefs. The service had contacts with different faith leaders so if people wanted to worship they could do so. One person told us, "I pray each night. I have holy communion once a month".
● People and staff had taken part in an exercise to reflect what spirituality meant to them. They shared this information on a notice board, so everybody could understand how people's spirituality differed.
● Staff demonstrated an excellent understanding of equality and diversity and respected people's differences. The registered manager had worked with staff and sourced specific information, so staff were able to welcome people with diverse and different needs. This meant they felt relaxed and accepted when they moved in to or stayed at the service.

Supporting people to express their views and be involved in making decisions about their care
●People felt consulted and involved in decision-making and their views were listened and responded to.

Where people needed more support with decision making, family members, or other representatives were involved.

● The service had recently introduced a family portal that was a way for relatives to access, (where the person had given consent and/or were they were the legal representative) some aspects of a person's care records remotely. Relatives had fed back that this had given them reassurance that their family member was receiving the care and support they needed.

● Family member and feedback showed that people's loved ones were always made to feel welcome. One relative said, "We were told to treat it as Mum's home. I've never had any qualms here". One person said, "My sons come. They've got a parrot and a little dog they bring. They always chat away to the staff".

● Each person's care plan accurately reflected their individual communication needs. For example, they instructions for staff about how to help people with visual problems or hearing loss communicate effectively.

Respecting and promoting people's privacy, dignity and independence

● Staff spoke very extremely fondly about people they cared for and supported, using their preferred names. They respected people's privacy and dignity. Comments from people about privacy and dignity included; "Every time they knock the door and ask if it's alright to come in, even the cleaners. Nobody barges in on you", and "They put a towel round you, to keep you covered."

● People's care plans showed which aspects of care people could manage independently, and what they needed help with.

● Staff were extremely proactive in encouraging people to maintain and improve their independence. For example, one person who unable to mobilise and communicate when they moved in. The additional staff were allocated daily to work with the person on their speech and mobility, following advice from community physiotherapists and speech and language therapist. The person was now able to communicate verbally and was walking around the home. Another person was being supported to safely manage their own medication in preparation for returning to their own home. A relative told us, "I was here the other day when I saw a person undid her blouse, the carer encouraged her to do the buttons up in a very nice way".

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care responsive to their needs.
- Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them. People and relatives told us they were involved in annual reviews of their care plan.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and updates on the computerised care record system.
- People were encouraged to socialise and pursue their interests and hobbies if they chose to.
- The service employed two activities co-ordinators who planned activities in consultation with people. There was a weekly timetable of activities given to each person and displayed in communal areas. Activities for the week of the inspection included music, knitting, art, musical entertainers, Morris dancing and day trips out. The service had access to an accessible bus and driver once a month.
- The service had activity sessions with virtual reality headsets. Examples of experiences included going on a virtual trip to London and the experience had stimulated lots of memories and talking points for people, including people living with dementia. People really enjoyed and benefited from the experience. For example, one person who was struggling to integrate with other people was able to start conversations because of the shared experience.
- Where people preferred to spend time in their room, their wishes were respected. One person said, "A lot of it is not my scene, the others here seem to enjoy it. I'm a bit of a loner, as long as I've got my books, I'm happy on my own".
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Each person's care plans included their individual communication needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
- There had been no complaints made since the last inspection.
- Where there were minor concerns, the team addressed these promptly to prevent the concern becoming a complaint. People and relatives said they were happy they could make a complaint or raise a concern if they needed to. One person said, "If there was something, I didn't like I would call them". A relative told us, "Yes, we've made observations and have an open relationship with staff".

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness,

compassion, dignity and respect. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time.

● People were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected.

● There was a memorial book in the front entrance for people and visitors to remember people who had died.

● The service was preparing for the Gold Standards Framework revalidation. Which meant they were reapplying to be reassessed. They had also introduced meeting with family members to discuss 'comfort care plans' that could be put in place at the end of people's lives. These included what would make the person and their loved ones comfortable at the end of their lives.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff expressed confidence in the leadership at the home and said it was well run.
- The service was led by a very motivated registered manager and management team. Their commitment was to be providing a service that was person-centred and put people firmly at the centre of all they did.
- The registered manager worked flexibly so they were able to spend time with the whole staff team and people.
- There was an open culture at the home, based on key principles of kindness, compassion, respect for others, empowerment and promotion of dignity. Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Staff told us they were confident to do this.
- The registered manager held 'manager's surgeries' where staff could speak with the manager about anything they wanted to.
- Staff had been consulted about the performance of the registered manager. The feedback was overwhelmingly positive and commented on how they and their management style had driven the improvements at the services.

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

- The registered manager set high expectations about standards of care. They and the management team worked alongside staff and led by example.
- The registered manager and management team were able to remotely monitor and access people's electronic care records. This meant that the registered manager was able to make sure that the integrity of the service was maintained whilst they were not there. They told us the monitoring functions of the electronic system had increased communication between all staff and meant they were able to respond quickly to changes in people's needs.
- There were effective and robust quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These included a mix of electronic monitoring and regular audits around the service. The provider had also appointed a new quality lead and the quality assurance processes were being reviewed.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

● People were consulted and involved in day to day decisions about the running of the home through quarterly meetings. For example, people were involved in decisions about planned redecoration and colours of carpets, menu, trips and activity plans.
● Surveys of people and relatives showed they were happy with their care and feedback given about any suggestions for improvement related only to the building.
● Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.
● Staff all said they enjoyed working at the home and felt well supported. One member of staff said, "Morale is really good at the moment".

Continuous learning and improving care; Working in partnership with others
● The registered manager was innovative in how they were continuously learning and improving the service. For example, as part of the registered manager's monthly review of any accidents or incidents they plotted these on a map of the building. This was so they could review the area and whether they needed to increase any staff presence or observations in these areas.
● In addition, the registered manager had also started to ask staff to record any 'near misses' so these could also be reviewed. This included when people had any infections and the impact this had on them.
● The registered manager had reviewed the staff retention and turnover. They identified that some of the previous turnover may have been related to the induction and support systems in place for new staff. They have now implemented a clear induction and increased support and review sessions for staff. This has improved the staff retention and turnover and had contributed to the full staff team.
● The service manager told us learning was shared at a provider level through the electronic quality assurance systems. They shared any learning from safeguarding and accidents with registered managers during monthly meetings. The registered manager told us this had improved the peer support between the provider's other managers following any safeguarding incident or accidents.
● The provider had won an international award for their virtual reality beach project that has also taken place at the home. This included using a portable sand pit, so people could feel the sand between their toes whilst wearing the virtual reality head set. This had been used across a number of the provider's day care and care home services. One person commented on the you tube video that it increased their mood from 6 out of 10 to 9 out of ten after the experience.
● People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.