

Barchester Healthcare Homes Limited

Mount Tryon

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mount Tryon is a care home with nursing for older people, people with a physical disability, people living with dementia and younger adults. It is registered for a maximum of 59 people. The home has a dementia care unit situated at first floor level, with people needing more general nursing or personal care on the ground floor.

Prior to the inspection, the home had undergone extensive refurbishment which included a number of bedrooms being redecorated, fitted with new furniture and the en-suite toilets renewed to a very high standard. At the time of the inspection 37 people were living at the home. However, this number was expected to rise over the coming few weeks as the newly refurbished bedrooms were now available.

The home was inspected on two occasions in 2017. In February and March 2017 a comprehensive inspection resulted in the home receiving an overall rating of 'requires improvement'. We found improvements were required in how the home shared information about people's nutritional needs to ensure these were fully understood by all those staff involved in people's care. The policies and procedures relating to providing safe care had not been consistently followed by the nursing staff.

In October 2017 a focused inspection of the key question, 'Is the service safe?' identified improvements had been made and the home's overall rating improved to 'good'.

At this inspection, in May 2018, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The key question of 'Is the service well-led?' has an improved rating from 'requires improvement' to 'good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

The home had a registered manager, appointed following the previous inspection in October 2017. People, relatives and staff told us the home was well managed and registered manager was supportive and approachable. Effective quality assurance systems, including care reviews, meetings and audits, ensured people received the care and support they required in a safe environment.

Sufficient numbers of well trained staff were on duty. People and relatives described staff as kind, caring and compassionate. Our observations showed staff were knowledgeable about people's care needs, attentive to people and it was clear they had developed close relationships with them. Staff told us they were proud to work at the home.

People were protected from the risk of abuse as staff recruitment practices were safe. Staff had received training in the protection of adults. Other risks to people's health, safety and welfare, such as the risk of falls or not eating or drinking well, were assessed and care plans provided guidance for staff about how to

mitigate these risks.

Medicines were managed safely and people's healthcare needs were monitored and guidance sought from healthcare professionals when necessary.

People were supported to make decisions about their care and to have maximum choice and control of their lives. People rights were respected and protected. Staff supported people in the least restrictive way possible; the policies and systems in the home supported this practice. Care plans provided staff with clear guidance and information about people's specific care needs, what to be observant for to indicate a person's health might be declining and what actions to take.

People and relatives told us they were very happy with the care and support they received. One person described this as "excellent" and another as "brilliant". Two relatives said their relatives' health and well-being had improved as a result of the care they received. One relative said, "She's come on leaps and bounds since she's been here." None of the people or relatives we spoke with had any complaints about the home. All said they felt they could discuss any issues of concern with the staff and registered manager.

People spoke extremely highly of the food, describing it as "excellent". People were offered a choice of meals at the time of serving with some people being shown plates of food to help them decide what they would like to eat. For those people who needed support we saw this was done appropriately with staff sitting with people, encouraging them to eat and engaging them in conversation.

Activity co-ordinators ensured people had the opportunity to become involved in leisure and social activities. People were able to contribute to activity planning and were provided with a timetable of daily events. The home held regular events where people from the local community were invited to visit the home.

Since the previous inspection in October 2017, the redesign and refurbishment of the ground floor had been completed to a very high standard. The home was clean and very well maintained.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---------------|
| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service has improved to Good | Good ● |

Mount Tryon

Detailed findings

Background to this inspection

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

This inspection took place on 22 May 2018 and was unannounced. One adult social care inspector, a specialist nurse advisor and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience caring for older people and people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks for key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

The majority of people living at the home were unable to share their experiences with us due to their frail health or living with dementia. We used the Short Observational Framework for inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people and five relatives. We spoke with the registered manager, deputy manager, two nurses, six care staff and the cook, as well as Barchester Healthcare Homes Limited regional director who was present at the home at the time of the inspection. Additionally, we contacted the local authority to gain their views about the quality of the service provided at the home.

We reviewed four people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service. Following the inspection we received feedback from a relative.

Is the service safe?

Our findings

Those people who were able to share their experiences with us told us they felt safe living at Mount Tryon and with the staff who supported them. One person said, "I love it here" and another said, "I have absolutely no concerns." All the relatives we spoke with said their relative received safe care and support. One relative said, "I trust the staff, yes, she is safe."

People were supported by sufficient numbers of staff on duty. In addition to the registered manager, there were two nurses on duty 24 hours a day and seven care staff from 8am to 8pm. In response to people's changing needs the service was increasing the staffing numbers at night from three care staff to four with a robust recruitment process already in place. One person told us they felt this increase was needed as there were times when they had to wait longer for assistance at night than they did during the day, although they had not been caused any distress by this. Records showed the registered manager reviewed people's staffing needs each month using a specific dependency tool. The results of the review in May 2018 showed the home provided more staff than the tool recommended. The home also employed housekeeping, laundry, catering and administrative staff as well as two activity coordinators. During the inspection our observations demonstrated people received prompt support from staff who were attentive to their needs.

Staff recruitment practices remained safe, with all newly employed staff undergoing pre-employment checks, which included a disclosure and barring (police check). Staff had a good understanding of the home's safeguarding and whistleblowing policies and their responsibilities to protect people from abuse. The registered manager liaised with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Risks to people's health, safety and well-being were assessed and regularly reviewed. Care plans provided staff with information and guidance about how to mitigate these risks. For example, some people were at risk of not eating or drinking enough to maintain their health or from developing pressure ulcers due to their poor mobility. Records showed these risks were well documented and people received appropriate care to mitigate the risks. For example, providing food and fluid in a way that made it easier and safer for people to take, monitoring their intake and making referrals to specialist advisors when necessary. For those people at risk of skin damage, pressure relieving equipment was provided and people's position changed regularly.

People received their medicines safely and as prescribed, including those people for whom it was necessary to give their medicine covertly (hidden in food). Only nurses gave people their medicines. Medicines were stored safely and records were clearly and fully completed. Random sampling of people's medicine records, against the medicine records confirmed the stock of medicines held in the home were correct. The local pharmacist had undertaken a review of the home's medicines practices in March 2018 and found these to be safe.

The home was very clean, tidy and very well maintained. Regular audits of health and safety issues such as fire equipment checks, infection control practices and hot water temperatures were undertaken to ensure the home remained a safe environment within which to live.

Is the service effective?

Our findings

The home continued to provide effective care and support from staff who were well trained and who knew people well. The home was supported by the provider's training department and training could be arranged as and when needed. Staff received training in topics such as dementia care and skin care. Health and safety training included safe moving and transferring of people with impaired mobility and infection control.

Staff told us they received the training and supervision they needed and felt very well supported by the registered manager. One member of staff told us, "I had my appraisal last week. It's a chance for me to talk to my manager. I'm doing my NVQ level 2 and going on to level 3." Specialist training was provided for the nursing team to support them to maintain their professional registration. The registered manager confirmed annual checks were made of the nurses' registration status with the Nursing and Midwifery Council. Staff new to the home received an induction which included classroom based training and working alongside experienced staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Where it was necessary to make decisions in people's best interests, these were fully recorded in their care plans. For example, for those people who would be unsafe to go out of the home without an escort, applications had been submitted to the local authority for authorisation.

People spoke extremely highly of the food. One person said, "We have very nice food here, I can't fault it. The choice is excellent and varied" and another person said, "The food is excellent here." We observed the lunchtime meal in both the nursing care and dementia care units. People were offered a choice of meals at the time of serving with some people being shown plates of food to help them decide what they would like to eat. For those people who needed support we saw this was done appropriately with staff sitting with people, encouraging them to eat and engaging them in conversation. Relatives were also able to have a meal if they wished. Prior to lunch each person was offered a glass of sherry, including those people who required their drinks to be thickened to reduce their risk of choking. People told us how much they enjoyed this and a relative said their relative looked forward to this each day.

People and relatives told us staff acted quickly and sought prompt medical attention when people were unwell. For example, one relative told us staff had been very observant and responded promptly when they saw their relation had a swollen hand. Records showed people were supported by staff to see healthcare professionals such as GPs, specialist nurses, occupational and physiotherapists, opticians and dentists. Records showed people were referred to healthcare professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Since the previous inspection in October 2017, the redesign and refurbishment of the ground floor had been

completed to a very high standard. New furniture was of good quality and the bedroom furniture provided secure storage for people's belongings. The lounge room and dining room on the ground floor were now two very pleasant separate rooms. These rooms opened on to the garden and patio areas which we saw people from both units enjoying. A hairdressing salon had been created which replicated a typical salon in the community. This meant people could attend the salon as they might have done before moving into the home, rather than have their hair washed and styled in their bedrooms. Staff said there were plans to further improve the dementia care unit on the first floor. This area continued to provide items of interest for people to engage with as they moved around the home, as well as clear signage to help people orientate themselves.

Is the service caring?

Our findings

At the previous inspections in February, March and October 2017, people and their relatives praised the kind and caring attitude of the staff. At this inspection in May 2018, people and relatives remained keen to tell us how caring the registered manager, nurses and staff were. People's comments included, "The people who work here are very kind people", "I'm quite comfortable here, the people are friendly and the staff are very good" and "All the people [staff] I've met have been really nice." A relative said, "Mum is very well cared for. The staff are professional, kind and respectful."

People and their relatives were involved in making decisions about how they wished to be cared for. People were treated with respect and their dignity and privacy was protected. We saw staff supporting people discreetly and seeking people's consent to provide care and support. Throughout our inspection we observed staff to be caring and compassionate towards people. For example, we saw one person had become upset. A member of staff immediately noticed and went to comfort this person. They knelt beside them, put their arm around them and asked them what was wrong. The staff member reassured this person, telling them they were safe and stayed with them until they were settled. We also observed staff singing to people and involving people in conversation as well as asking people how they were each time they passed someone while going about their duties. The atmosphere in the home was friendly and we heard lots of laughter between people and staff.

Staff told us they were proud to work at the home. They said they worked well as a team to ensure people received the care and support they required not only to meet their care needs but to have a good quality of life. Staff were aware of the values of the home: respect, integrity, responsibility, passion and empowerment. These values were themed throughout staff supervisions and meetings. Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

Is the service responsive?

Our findings

The home continued to provide care that was responsive to people's needs. People told us they were well cared for and their preferences about how they wished to be supported were respected. One person said, "I receive excellent care" and another said the care they received was "brilliant".

Relatives also told us how pleased they were with the care and support their relatives received. Two relatives told us how their relatives' health and abilities had improved since moving to the home. One relative said, "She's come on leaps and bounds since she's been here" and another said, "We knew straight away that this was the right place. It just felt right. He's got stronger since he's been here."

Each person had a care plan that described their care needs and the support required from staff to meet these. Care topics included personal hygiene, skin care, nutrition and hydration, mobility and manual handling, as well as any health conditions, such as diabetes. Each topic provided staff with clear guidance and information about people's specific needs, what to be observant for to indicate a person's health might be declining and what actions to take. The care plans were reviewed each month with the person and/or their relatives as appropriate. Health monitoring was undertaken regularly to identify changes to people's health and well-being. For example, those people at risk of not eating or drinking well were weighed each month to assess whether they had lost weight. Should a person lose weight, action was taken to increase their nutritional intake. Staff knew people well and were able to describe to us their care needs and how they liked to be supported.

People's communication needs were identified in their care plans. Staff were guided about how they should support people with their communication, for example with the use of pictures, for those people with limited verbal communication. Where necessary information was provided in different formats, such as large print, for those people with a sensory impairment.

Mount Tryon was able to care for people at the end of their lives. Staff had received end of life care training and a nurse was appointed as an 'End of Life Ambassador'. This nurse was undergoing more extensive training to ensure people's needs were fully met and people had a dignified and pain free death. People's relatives were supported to be involved as much as they wished and people's wishes for their care were known and respected.

The home employed two activity coordinators who provided social activities each day of the week. People told us they enjoyed these and said they looked forward to them. One person said, "We have activities every day. We also have trips out occasionally." Another person said, "I've learnt to play the bongo drums. Arts and craft and flower arranging are good here." People were able to contribute to activity planning and were provided with a timetable of daily events. These included Bollywood dancing, giant board games, musical entertainment, baking and arts and crafts. On the day of the inspection we saw people playing giant skittles and flower arranging. For those people being cared for in their room, records showed people received one-to-one time with the activity coordinators.

The home held regular events to encourage and maintain links with people from the local community. These included monthly coffee mornings; 'meet the professionals' breakfast where people could meet the home's staff and community based healthcare professionals; informative talks such as improving the lives of people living with dementia, and grandparent and grandchildren play days.

None of the people or relatives we spoke with had any complaints about the home. All said they felt they could discuss any issues of concern with the staff and registered manager. The home had not received any complaints since the previous inspection in October 2017. The home had received a number of 'thank you' cards from relatives praising the home for its quality of care.

Is the service well-led?

Our findings

At our previous inspection in February and March 2017, we rated this key question as 'requires improvement' as the provider's policies and procedures in relation to reviewing people's care needs and associated risks had not been consistently implemented by the nursing staff.

At this inspection in May 2018, we found the changes implemented following the previous inspection had been sustained and people's care needs were well documented and communicated throughout the staff team. The rating for this key question has improved to 'good'.

The home had a registered manager, appointed following the previous inspection in October 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff told us they felt the home was well managed and they had confidence in the new registered manager. One relative said, "I believe the home is very well run" and another said, "It's the best it has ever been." One member of staff who had participated in the previous inspections said, "It's going really well. Even better than when we last saw you." Nursing staff also said the home continued to improve and they felt very well supported.

There were effective quality assurance systems in place. Nursing and care staff were supported by regular meetings at which they were able to discuss people's care needs, the running of the home and make suggestions for improvements. Daily heads of departments meetings, with representatives from nursing, catering, housekeeping and maintenance ensured important information was shared at the start of each day. Regular daily, weekly and monthly audits of the home's practices were completed to ensure people received the care and support they required in a safe environment. The registered and deputy managers undertook regular 'out of hours' visits, including at night, to the home to monitor practice at these times and to ensure staff had all they needed to meet people's care needs. The registered manager submitted monthly reports summarising these audits to the provider's senior management and governance teams.

People and their relatives were encouraged to share their views using feedback forms and attending regular resident and relative meetings. The minutes from the most recent meeting in April 2018 showed people and their relatives were provided with information about the developments in the home and recorded their satisfaction with how the home was being managed.

Annual customer surveys were used by the provider to formally seek the views of people, relatives and staff about the home's performance. The results of the survey from 2017 demonstrated a very high level of satisfaction. In addition, the provider used the website www.carehome.co.uk to review the home's performance. We looked at this website and saw there had been seven postings since January 2018: all of these provided were very positive feedback about the home.

The registered manager and staff team kept up to date with current good practice by attending regular training events and meeting with the provider's other care home managers and the senior management team.