

Trust Care Ltd

Town Moor House

Inspection report

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Date of inspection visit:
21 June 2018

Date of publication:
27 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 June, 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. At the last inspection in April 2016, the service was rated overall Good, but was rated Requires Improvement in responsive. At this inspection we found the service was rated overall Requires Improvement.

Town Moor House 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.

Town Moor House is a 28 bed home providing care and support to older people. The home also provides care and support to people living with dementia. The home is a converted older property near the centre of Doncaster.

At the time of our inspection the service had a registered manager. 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 told us they felt safe. Staff were knowledgeable regarding safeguarding and were aware of how to identify possible abuse and the correct procedures to record and report. Risks associated with people's care had been identified and staff were knowledgeable on how to manage the risks but documentation was not always reviewed or updated when needs changed.

We observed that there were enough staff available to meet people's needs in a timely way.

Medication systems were robust; however, we identified issues that meant these were not always followed by staff.

Accidents and incidents were monitored and the registered provider ensured lessons were learnt. However, the monitoring could be more detailed to ensure a thorough analysis.

The service was clean and had a maintenance programme. Some areas required attention however; these had been identified by the registered provider. We also found the environment did not always meet the needs of people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The management team were aware of who had an authorised Deprivation of Liberty Safeguards or if any conditions were attached. Consent to care and treatment was sought in line with current legislation.

However, we identified that best interest decisions were not always considered.

Staff received training on a regular basis. Staff were knowledgeable about their role. People received a nutritious diet, although documentation for recording this could be improved. People had access to healthcare professionals and staff followed their advice.

We observed staff interacting in a positive way with people. People told us the staff were very kind and caring. Staff were observed to be kind and considerate, the interaction we saw was very respectful. People's privacy and dignity was respected. However, staff did not always respect people when they were discussing care and treatment in communal areas.

People received care and support that met their needs. Staff were aware of people's needs and preferences. However, the care delivery could be more individualised and person centred.

A range of activities took place. People told us about the activities that they took part in and told us they were very good. People told us they felt able to raise concerns and complaints and were listened to. The registered provider learned lessons from complaints received and took appropriate actions.

Audits were in place to ensure policy and procedures were followed. However, we found they had not identified all the areas for improvement and could be more detailed. The registered provider had identified this and was improving the systems.

There was evidence that people had a voice and were given opportunities to be engaged and involved in the home.

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.

People were safeguarded from the risk of abuse.

Risks associated with people's care had been identified but care records were not always reviewed or updated

Systems were in place to manage medicines safely. However, these were not always followed.

There were enough staff available to ensure people's needs were met in a timely way.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were knowledgeable about people's needs and attended regular training to update their skills.

Care plans were in place to support people who lacked capacity. However, best interest decisions had not always been documented.

The environment could be improved to meet the needs of people living with dementia.

People were supported to maintain a balanced diet which met their needs and preferences. Although some documentation required improvement.

People had access to healthcare professionals when required, although from documentation it was not always clear if their advice was followed.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff discussed confidential information in communal areas so people's privacy was not always maintained.

Requires Improvement ●

Staff ensured people were treated with dignity and respect and their preferences were upheld.

We observed staff interacting with people who used the service and they were kind and caring.

People had opportunities to maintain relationships with their family and friends.

Is the service responsive?

The service was not always responsive.

People received personalised care that responded to their individual needs. However, documentation could have been more detailed and up to date.

A good range of appropriate activities were provided.

People were aware of the complaints procedure and felt able to raise concerns. People felt that staff would listen to them and resolve any issues.

Requires Improvement ●

Is the service well-led?

The service was well led, but systems required improving and embedding into practice.

The registered provider and registered manager were committed to ensure the service continued to improve.

Audits took place to ensure the service was maintaining quality. However, these were not always effective. The registered provider was implementing new systems to ensure this improved.

People were listened to and their views were sought.

Requires Improvement ●

Town Moor House

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 is 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.'

The inspection took place on 21 June, 2018 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were 25 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people living at Town Moor House and three relatives. We spent time observing people throughout the day going about their daily lives and looked round the home's facilities. We also 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 carried out three SOFI observations over the inspection.

We spoke with staff including a senior care worker, two care workers, an agency care worker, the cook, kitchen assistant, a domestic, the registered manager and the registered provider. We also requested the views of professionals who were involved with supporting people who lived at the home.

We looked at four people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, four staff files and quality. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People spoken with all said they felt safe living at Town Moor House. Their comments included, "I feel safe here because people are so kind," "The staff make sure we're safe. I live in the other side and they always walk me to my bedroom at night to make sure I get there safely" and "There's no reason not to feel safe here."

Relatives we spoke with told us they were confident people were safe. One said, "They look after [my relative] very well, I have no concerns."

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they could report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

We found staff received annual training in the safeguarding of vulnerable adults. Records showed this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. Staff spoken with were aware of their responsibilities in keeping people safe from harm.

Risks associated with people's health had been identified and staff were able to tell us about people risks and how they were managed. However, we found the documentation was not always reviewed or updated when people's needs changed to reflect the current risk management. For example, one person had deteriorated in the recent months and was no longer weight bearing, staff explained this and were fully aware of the person's current needs. However, the care plan and risk assessments still referred to the person walking and the risk of falls and leaving the building.

We also identified that staff were concerned about a person living at the home whose health had deteriorated over the last two weeks. We looked at the person's care plan and found gaps in the information recorded for the person. Although staff were aware the person was unwell the actions taken by them were unclear as they were not always recorded. The care plan showed the person had lost a significant amount of weight in one week. There was no information recorded about the actions taken by staff. However, when we spoke with staff they could explain the actions taken, which included, involving other healthcare professionals and introducing a food and fluid chart. Therefore staff were managing risks but the documentation did not support this. We discussed this with the registered manager who assured us the care plans would be updated to reflect the current risks and needs.

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people were able to evacuate the premises safely in the event of an emergency.

Accidents and incidents were recorded and a monthly analysis completed. The analysis and lessons learnt were very detailed and ensured any themes or triggers were explored to reduce risks. However, there could

have been more detailed analysis around the times of incidents and accidents occurring. The registered manager agreed this would be helpful and told us this would be implemented immediately. We received confirmation following our inspection that this had been completed.

During the inspection we observed there were staff on duty in sufficient numbers to keep people safe. The registered manager said staffing numbers were regularly reviewed to ensure they could meet people's fluctuating needs, and that they had the flexibility to add to staffing numbers when needed. Whenever we saw someone ask for help or support, staff were quickly available to assist. One person told us, "If I press the call bell it doesn't take long for someone to come." The registered provider also told us that they were recruiting for an administrator at Town Moor House as they had identified this would assist the registered manager and free her up for specific management responsibilities rather than general administration.

The registered provider had recruitment policies and procedures that the managers of the service were expected to follow when employing new members of staff. We viewed four staff personnel files and found three did not contain full employment history details. The application form completed by staff did state they must provide a complete record of their employment and although three of the staff hadn't, this had not been fully checked out and followed up by the registered manager. In two files we also found references had not been obtained from the persons previous employer. The registered manager told us two of the staff had not yet commenced their employment and prior to commencement she would ensure all required information was completed. We saw a check with the Disclosure and Barring Service (DBS) was completed for all staff before they could work with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Since our inspection the registered provider has written to confirm all staff files have been audited and no other errors or omissions were identified. They acknowledged that the files we looked at were not acceptable and told us, "The recruitment of an administrator will assist with recruitment."

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication administration. We saw predominantly procedures were followed by staff. Staff signed when medicines were received and administered and carried over amounts were recorded. However, we identified medicines prescribed to be taken as and when required (PRN) were not always administered following procedures. For example, one person was on a medicine to help with agitation and anxiety. This was prescribed to be given when required in the evening. We saw this was given every evening but there was no reason why recorded and nothing recorded to say how the person presented when the medication was given, if it was effective. Therefore it was not clear if the medication was being given as prescribed.

We found PRN medication was not always recorded on the MAR when it was administered. For example, one person's medication was recorded as administered on 11 occasions but this did not tally with the medication left in stock, the amount received minus the stock left showed the medication had been administered on 12 occasions or one dose had been refused or destroyed but this was not recorded.

We also found some protocols for PRN medication were not in place. The protocols guide staff on when to administer the medication. Although staff were knowledgeable on how people presented when they required their medication, this meant if a new member of staff or an agency worker was administering medication they would have no information to guide them. The registered manager told us they would improve the medication audit and ensure all errors were identified and rectified.

There was also no paper work to record the application of topical creams. The registered manager requested this from their supplying pharmacy and it was in place following our inspection. The registered provider confirmed this in writing.

We looked around the service during our inspection. We found the service was clean and predominantly well maintained. Relatives we spoke with told us the service was always clean. One relative told us, "I chose this home because it didn't smell, it is very clean."

Is the service effective?

Our findings

Staff told us the registered provider employed two training officers who provided them with a good level of training. Staff said they were prompted by managers to complete all required training and updates throughout the year. We saw notices on display confirming the training scheduled to take place in the coming months. One staff member told us, "We always learn something on the training and it's delivered in a way that is easy to understand."

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. We found evidence which confirmed staff had been provided with supervision and appraisal as per the registered provider's policy. Staff told us, "I feel well supported in my role" and "I can ask the managers and seniors anything either in supervision or at any time and they will offer their advice."

We asked people who used the service about the food available to them. Everyone was positive about the meals and drinks provided. Their comments included, "The food is very good. We're not starved of anything," "I only have a small appetite so they give me just enough," and "There's always plenty of drinks and snacks in between meals. We're very well fed" and "Staff come every day and ask us what we want. There's always a choice."

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for most people. However, one person was unwell and during lunch they became anxious and upset which meant people sitting with them also became upset. Although staff remained calm in their approach they did not offer any solutions to deflect the behaviours and reassure people.

We also saw one person had their meal placed in front of them and it was 20 minutes before staff went to the person and assisted them to eat, by which time the meal was cold.

We found where people were assessed as at risk of poor nutritional intake, they had food and fluid charts in place to be able staff to monitor and manage the risk. We found the charts were not always fully completed. From these charts it was not possible to establish if the people were eating and drinking adequately. We discussed this with the registered manager who agreed to review the charts and ensure staff completed these effectively.

We looked at the systems in place for ensuring people received effective care. We saw additional support from external healthcare professionals was readily available. We saw in people's care records that assistance had been sought from a range of external healthcare professionals, as required in accordance with each person's needs. Where an external healthcare professional had been involved in someone's care, the information in care plans and risk assessments did not always show the healthcare professional's

guidance was considered and followed. For example, it was recorded in one care plan that staff had been requested by a GP to obtain a sample from the person. There was no record that the sample had been obtained. When we asked staff, they told us they had tried to obtain this several times but had not been able to so they had contacted the GP to ask their advice. This was not recorded which meant there was no evidence of the actions taken by staff to carry out the healthcare professional's instructions.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at documentation and found that care plans were in place to support people who lacked capacity. We saw some best interest decisions had been documented however, we saw some had not been considered. For example, one person was refusing their medication and the medication was prescribed for a chest infection so it was clear it was in their best interest to take this as without it their health could deteriorate. Yet we found the staff had not considered administering the medication covertly and completing a best interest decision to determine if this was the best course of action for this person. This was completed during our inspection. We also identified that some relatives had signed to consent to specific decisions where people who used the service lacked capacity to make an informed decision. However, the relatives did not legally have the right to do this, best interests should have been considered and documented. We discussed these issues with the registered manager who assured us the requirements of the act would be met.

People were involved in decisions regarding the environment. People's bedrooms were very personalised and individual. There was a small patio and garden to the front of the home and the home overlooked the park and had access to this. Some people living at Town Moor House had a diagnosis of dementia; we found the environment could be improved to improve their quality of life. The registered manager and registered provider had acknowledged this and had plans to ensure the environment was more dementia friendly.

Is the service caring?

Our findings

Everyone spoken with said the staff were kind and caring and they were happy with the care and support they received. Their comments included, "Everyone is lovely and very kind," "I feel blessed to be here," "I am treated very well. They leave me alone unless I need them and that suits me," "Nobody tells us what to do. We make our own minds up about what we do" and "The staff are all very nice and don't interfere with things that are nothing to do with them."

Relatives told us, "[Name of family member] always looks well cared for when I visit. I think everyone is lovely and have no complaints" and "Things are good here. The care is good and the staff are very nice."

Relatives told us they were always made to feel welcome at the home and were free to visit at any time. One relative said, "There are no restrictions to visiting and I can visit at times which suit me."

Staff had a very good knowledge of people's needs and preferences, and understood each person's individual personalities well. Staff understood when people required support and involved representatives and advocates to ensure people understood their care and were involved.

We looked at people's care plans. The plans detailed what was important to the individual including their preferences and choices. Staff knew people well and were able to tell us how they supported people. The care plans described the support the person needed to manage their day to day health needs. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. There was a call bell system in the home and people were supported to use this. People who had hearing difficulties were referred to an audiologist and staff were aware who required hearing aids and the need to ensure they were working properly and worn.

We found staff spoke to people with warmth and respect. However, the day to day procedures within the home did not always consider people's privacy and dignity. During the inspection we saw visiting healthcare professionals and senior staff were reviewing people's care in the dining room. We also observed the staff on the telephone to GP practices and family members speaking openly in the communal areas so everyone could hear the confidential conversation.

At the same time people who used the service, relatives and staff were in the dining room and could hear their conversations. We also found the 'cupboard' used to keep people's care records was left unlocked throughout the day. This meant personal information about people who used the service could be easily accessed by people living in or visiting the home. This did not maintain people's dignity and promote people's right to privacy and confidentiality. Since our inspection the registered provider had confirmed all staff have been supervised to ensure they understand the importance of privacy when discussing care and treatment and that the records storage must be kept locked.

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us they felt involved in their relatives care. One relative said, "I am very happy with [my relatives] care."

People we spoke with could not fault the staff. One person said, "The staff are lovely, they are always there when you need them, I have no concerns."

From speaking with staff and people who used the service we found people received personal individualised care which was responsive to their needs and preferences. People told us they were involved in their care planning if they wished. We looked at care plan documentation and found care plans were in place. However these did not always have up to date information and were not person centred. For example, one person's care plan identified they presented with behaviours that may challenge. The care plan did not give guidance on how to manage the behaviour, yet from daily records it was clear they did present with some behaviour that challenged and there had been situations with other people who used the service. There was no management of the care need documented that would ensure staff supported the person appropriately to minimise the behaviours and improve their well-being. This was discussed with the registered manager who told us they would update the plan immediately. The registered provider also told us they had just reviewed their physical intervention policy and they had 'behaviours that challenge' training organised that was to be delivered to all staff.

We also found information in care plans was not completed, for example, The service provided care and support for people at end of life. We saw there was information in care plans regarding the decision to not resuscitate (DNAR). These had been drawn up by the person's GP and included the person where relevant and their families. There were end of life and advanced care plans in place. Staff were able to explain to us people preferences and choices. However, end of life care plans and the advanced care plans were either not completed or lacked detail and the did not show people's wishes regarding the end of their life did not evidence that it had been discussed or if representatives had been consulted to ascertain their wishes, choices or beliefs to ensure these were documented for staff to be able to follow in the event that their health deteriorated.

People told us they were provided with a programme of social activity. Their comments included, "You should have come yesterday. We had a 60's day, it was great. The staff dressed up, we had a singer and a lovely buffet tea," "I've recently been with staff to watch 'The Race for Life.' I didn't know people did that, I loved it," "We're going to a vintage car show soon, that'll be interesting," "People come in to entertain us, we always have a good time" and "We're kept busy when we want to be and left alone when we want to be."

Other activities available were church services, scout's games night and movement to music.

Relatives told us the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain. This included the provider's complaints policy which told people what they should expect from the service

and who to contact if they wanted to complain.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The management team consisted of a registered manager, a deputy manager and senior care workers. Staff told us they worked well as a team and supported each other. They told us they felt supported by the registered manager and the registered provider.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. The staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered provider and registered manager were approachable, supportive and they felt listened to. Their comments included, "They are very approachable and listen. I've recently had some family issues and they were very supportive," "I can go to them at any time and they will take time to talk," "Very supportive, very hands on" and "They want to make things better and will listen to our suggestions."

The registered provider had some systems in place to monitor the service and to identify areas to develop. However, we found these were not always formalised and documented. The areas we had identified that required improvement the registered provider confirmed they were aware of these and intended to take action. Yet we found no detailed action plan. We discussed this with the registered provider who told us they had employed a quality consultant who was working with the home to develop new systems to ensure the governance framework is formalised and there are clear action plans with lines of responsibility. The registered provider also explained they were improving all audit tools and had already implemented a new weight audit, this shows all weight loss trends and peoples current weight and who was at risk. The service was also introducing the malnutrition universal screening tool (MUST) so peoples risk of weight loss could be managed effectively.

Resident meetings took place regularly throughout the year to enable people to feel part of the planning to improve the service. People told us at the last meeting they had discussed what activities they would like to be involved in and if they had any ideas for different meals they would enjoy.

Staff could attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about how people had been and what they had been doing. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

People's care records were not always kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.