

Trust Care Ltd

# Town Moor House

## Inspection report

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## 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

### About the service

Town Moor House is a residential care home providing care and support for older people. The service also provides support for people living with dementia. The service can support up to 28 people.

On the day of our inspection 26 people were using the service.

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

On the day of our inspection there were adequate numbers of staff available to meet people's needs. However, deployment of staff was not effective. Agency staff were being used who did not know people. We looked at systems in place for recruiting new staff but found these were not always effective.

Medication systems were in place however, these were not always followed. Risks associated with people's care and support had been identified, however, they lacked detail to ensure risks were managed safely. Staff understood safeguarding and whistleblowing procedures and would use them when required. Accidents and incidents were monitored, and lessons were learnt. However, one incident between two people was not reported.

Staff were knowledgeable about people needs, however, care was very task focused and institutionalised. Staff said training was good however, it was not clear if it was effective. Staff were supervised and supported. Staff felt the service was improving since the new manager had been in post.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a balanced diet; however, people could be offered more support to ensure needs are met. People had access to health care professionals. The environment was not dementia friendly and there was limited accessible outside space. The outside space available was predominantly utilised as a smoking area for a small number of people who smoked.

When staff engaged with people they were mostly kind and caring. However, we observed some staff did not engage when providing support and were task focused. From care plans we looked at it was not possible to see if people were involved in their care planning. Staff we spoke with understood people's needs however, did not always follow care plans to ensure they respected their choices. Care and support provided and observed was not person-centred.

We looked at care records and found they did not always reflect people's needs. People did not always receive personalised care. People were listened to and complaints were appropriately dealt with and resolved. End of life care was included in the new electronic care plans to be used when required.

The service had an activities coordinator who was new in post and who was willing to learn to improve the quality of people's lives but this is in the early stages. Care staff did not provide any social stimulation.

A new manager had been appointed and commenced employment at the service in March 2019. Audits were not always effective and had not always identified concerns raised on inspection. Although the new manager had acknowledged the shortfalls in the systems and was working with the provider to address them. The new manager was instilling positive values to improve the culture of service and one staff member told us, "The new manager is a breath of fresh air."

People and relatives were involved in the service, quality questionnaires were sent out and regular meetings were held.

#### Rating at last inspection

The last rating for this service was requires improvement (published 26 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. Since our inspection we have been provided with a detailed action plan from the provider who is addressing the issues we identified at inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# Town Moor 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that when they are registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR as part of our planning. We also spoke with other professionals supporting people at the service, to gain further information about the service.

#### During the inspection

We spoke with four people who used the service. We spent time observing staff interacting with people. We spoke with nine staff including care workers, senior care workers, the cook, the kitchen assistant, the laundry staff, the regional support, the quality lead and the manager. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service. 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data sent to us by the manager. We have also received an action plan from the manager which detailed how they will address the shortfalls we identified and a detailed environmental action plan from the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. However, risk assessments in place did not give sufficient detail to ensure people were supported to stay safe. For example, one person required the use of a hoist and sling to safely transfer them. This person's care plan identified the loop configuration, but did not give detail on what size or type of sling should be used.
- Staff we spoke with could tell us about the risks associated with people's care. However, these were not always documented. For example, a person we saw could present with behaviour that may challenge and the risk assessment did not give staff information on how to manage the risk to reduce the person's anxieties. There was use of agency staff who had limited information available to ensure people were supported safely and in line with their needs.
- People had personal emergency evacuation plans [PEEP's] in place to show what support people required in case of an emergency. However, these could be more detailed, and person centred.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with people's care were not always managed safely.

### Staffing and recruitment

- The provider had a recruitment policy which assisted them in the recruitment of staff, however, this was not always carried out in line with the provider's expectations.
- We looked at staff recruitment files and found they did not always contain the relevant checks needed to ensure staff were recruited safely. The manager told us this would be addressed immediately.
- We spent time observing staff interacting with people who used the service. We found there were enough staff to assist people, but staff were not always deployed effectively. For example, staff stood behind the food counter in the dining room talking and were not engaging or supporting with people who were sat having morning drinks.
- The provider was using agency staff and was in the process of recruiting to the staff team.

### Using medicines safely

- People's medicines were not always managed in a safe way. We saw an audit had been completed on 17 June 2019 by the manager which identified some issues that required addressing. However, we saw the same issues and no actions had been implemented as part of the audit. We saw missing signatures, one person did not have a protocol in place, for as and when required medicines and the refrigerator required

defrosting.

- The room where the medication refrigerator was kept was used as a storage room we found coats, umbrellas, old lamps and bags in the room and a notice was clearly displayed which said, 'No coats or bags to be left in here.' There was also a box in this room which had a large number of medicines in, which we were told were to be returned. However, there were not recorded in the returns book. This room was accessed by a key code and was potentially accessible to a number of staff. Medicines to be disposed of should be recorded and kept securely until they are returned to the pharmacy.
- The temperature of the medication room was recorded but was regularly above the recommended temperature limit. We discussed this with the manager and quality lead and since our inspection the provider has confirmed the storage for medicines would be moved to a new room which would solve this problem.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. The manager kept a log of safeguarding concerns and recorded actions taken to keep people safe.
- Staff we spoke with were aware of the safeguarding and whistleblowing systems. Staff informed us that they received training in this subject.

Preventing and controlling infection

- People were not always protected by the risk and spread of infection. We completed a tour of the home with the manager and found some areas were not kept clean. For example, one bathroom had worn units which exposed wood which could not be cleaned effectively.
- The provider had identified the need to replace carpets due to an offensive odour and were in the process of obtaining quotes.
- At our last inspection we found the service was predominantly well maintained. However, the condition of the laundry required improvements. At this inspection we found that this had not improved. The walls and surfaces in the laundry were unable to be kept clean due to their porous nature. We received confirmation following our inspection that works were due to commence on 10th July 2019.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns.
- The manager completed a monthly audit to ensure any lessons were learned and action was taken to minimise the risk of further accidents and incidents occurring.
- We looked at care records and found one incident between two people had not been reported appropriately. We raised this with the manager during our inspection, who told us they would take appropriate action.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed but care and support not always person-centred or delivered in line with people's choices and preferences.
- People's diverse needs were not always met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were not always recorded or taken into consideration. The new manager had identified this and was working with staff to ensure this was improved.
- Staff we spoke with were knowledgeable about people's needs and choices. However, the provider was using a number of agency staff, who would rely on detailed documentation to ensure people were supported appropriately.

Staff support: induction, training, skills and experience

- Staff received training to fulfil their roles and responsibilities. However, the use of agency impacted on staffing as the agency staff did not know the people who used the service.
- Staff told us they felt they were supported by the new manager.

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

- People received food and fluid which supported them to maintain a healthy balanced diet. Although the mealtime experience could be improved. For example, some people could have been assisted quicker to ensure they didn't become distressed or review the seating arrangements to improve the experience for people. We also saw one table did not have a tablecloth or placemats in place.
- We observed staff serving drinks and snacks but did not offer support to ensure people ate and drank their refreshments. Since our inspection we have had confirmation this is being addressed by the new manager.

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

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

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

- The service was not appropriately decorated or designed to meet people's needs. Most people using the service were living with dementia and required things such as good signage, décor which met their needs, light and open spaces and access to outside space.
- There was a lack of pictures on the walls and no tactile stimulation for people.
- The home had some signage to assist people to navigate around the home, but this could be improved.
- The décor was dark and heavily patterned, which was not an appropriate environment for people living with dementia.
- A small outside space was available but was used as a smoking area for very few people. This limited the space for use by other people. This space could have been made more pleasant as there was nothing in the area only garden furniture.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Where decisions had been made on behalf of people, they had been completed in the person's best interests and documented within their care plan.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We spent time observing staff interacting with people who used the service. We found staff were mainly kind and caring. However, we saw a couple of interactions which could have been delivered in a more respectful way.
- Staff were task focused and provided an institutional environment for people. For example, people were taken to the hairdresser and left sat in a que outside the bathroom waiting for their turn. Staff interacted with people when they needed to complete a task, there was no friendly exchanges between them.

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

- During our observations we saw people were not involved in decisions about their care. Staff did not always explain the tasks they carried out.
- Care plan documentation did not reflect that people had been involved in creating and updating them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- People's independence was not always promoted. For example, staff did not support or encourage people to do things for themselves.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always receive person-centred care which met their needs and preferences.
- We looked at a sample of care plans and found they did not always reflect the care and support people required. The manager was in the process of transferring paper documentation on to an electronic system. We looked at both paper and electronic records and found they did not contain enough detail to ensure care was delivered in a consistent way.
- The provider had recently employed an activity co-ordinator who was available four hours a day Monday to Friday. The hours worked were flexible depending on activities arranged. On the day of our inspection the hairdresser was visiting the home and the activity co-ordinator was available during the afternoon. No social stimulation was provided by other staff which meant that during the morning, many people were left with nothing to do.
- We observed staff interacting with people and saw they were task focused. One person's care plan said the person liked a friendly approach and 'banter' with staff. We observed this person being assisted to mobilise and staff did not speak with the person or engage in any form of communication. This was not in line with the persons needs and preferences.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive person-centred care which met their needs and considered their preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complains would be handled.
- The manager dealt with complaints appropriately and recorded actions taken. The provider learned lessons from complaints raised.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The manager told us that end of life care planning was to be incorporated within the new electronic care plan system.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found these standards were not always followed. Staff did not communicate effectively with people and there was lack of information in a format that people living with dementia could understand. The new manager was aware of this and had plan to ensure this was improved.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection there was a manager in post who was in the process of registering with the CQC and had commenced work at the home in March 2019. A registered manager is a registered person. 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.
- The manager was supported by a deputy manager and a senior team.
- Staff understood their roles and responsibilities and knew when to ask for support from the manager.
- Staff told us that they worked as a team and felt valued and supported. However, this was not evidenced from our observations. We did not see staff work together as a team to provide person-centred care. Staff were complimentary about the new manager. One staff member said, "[New manager] is like a breath of fresh air."

Continuous learning and improving care

- The provider had systems and processes in place to monitor the service. The manager completed a range of audits which included infection control, laundry, care records and medication.
- Actions raised as part of the audit process were recorded but not always actioned by the provider. During our inspection we identified issues with the management of medicines, care plans, person centred care and risk management. Some of these had been highlighted by the provider but not addressed. Other issues we identified had not been identified as part of the audit system.
- We spoke with the manager who informed us that governance systems were being discussed with the provider. The provider was looking at making changes to ensure all aspects of the service were monitored.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Governance systems did not effectively monitor the service.

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

- Care and support was not always person centred. Information was not always contained in people's care plans which would assist staff in delivering a more person-centred approach to people.
- The manager acknowledged that the service was not dementia friendly and was working with the provider

in developing an environment suitable for people living with dementia.

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The manager was knowledgeable about what to raise and had informed CQC of events as required. The one incident we found which had not been reported was reported immediately after our inspection.

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

- People and their relatives were invited to attend resident and relative meetings to discuss ways to improve the service. Following these meetings, minutes were available.
- The provider sent out questionnaire to people and their relatives to gain feedback about their experience. However, the outcome of this was not displayed in the home and the management team were not aware of the outcome of the most recent survey.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure people received care that was person-centred, individualised, met their needs or preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure risk assessments contained the required information. They lacked detail and were not always followed to ensure people's safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure systems were operated effectively to ensure improvements in the quality and safety of the service provided.