

# Bupa Care Homes (CFChomes) Limited

# Trowbridge Oaks Care Home

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Trowbridge Oaks Care Home provides personal and nursing care for up to 52 people. Accommodation is provided over two floors accessed by a lift and stairs. People had their own rooms and there were communal rooms such as lounges, dining areas and a garden accessed from the ground floor. At the time of inspection there were 43 people living at the service.

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

At our last inspection we found that people who lacked capacity did not have consistent records in place to demonstrate decision making. At this inspection we observed this had improved. 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 were living in a clean home that was well maintained. Windows were left open where possible and appropriate for additional ventilation. Chairs were spaced out to support social distancing and additional staff rooms had been created so staff could have their breaks safely.

People and staff were testing regularly for COVID-19 in line with government guidance. All visits to the home were pre-booked in advance and all visitors were screened. For example, staff checked visitors' temperatures and asked screening questions about COVID-19 symptoms. Any visitor to the home also had to complete a Lateral Flow Test (LFT) prior to being able to go into the home.

Staff had been trained on safe infection prevention and control practice and we observed staff to be working in a safe way. Staff wore the correct personal protective equipment (PPE) and had specific areas in the home where they could put on fresh PPE when needed. The provider had plenty of PPE stock available.

The provider was carrying out monthly infection prevention and control audits to monitor safe systems of work. The regional director told us this was increased to weekly and daily if there was any concern or any positive cases of COVID-19. In addition, there were other quality monitoring systems in place to drive improvement and monitor quality and safety.

People had timely referrals to healthcare support they needed, and records were in place to monitor any action taken. Staff were supported by a range of healthcare professionals from the local community.

People told us they enjoyed the food on offer and had a choice of both food and drinks. Mealtimes were relaxed with staff providing support where needed in a person-centred way.

People's risks were identified, assessed and recorded in their care plans with management plans in place. These were reviewed regularly by staff and updated when required. People's needs were assessed prior to admission and staff used tools to continue assessments regularly. Staff attended handovers so they could

keep up to date with people's needs and any changes.

During our inspection we observed there were sufficient numbers of staff available although the service had experienced challenges with staff shortages. Action had been taken to try and obtain agency staff and the provider was looking at various ways to improve recruitment. Staff had been recruited safely.

People had their medicines as prescribed. Prior to our inspection we received information of concern about medicines management. We found staff had taken action to address shortfalls identified.

People were supported by staff who were trained and supported by the management and provider. Staff had access to resources to support their well-being. People and staff told us the service was well-led and the management were visible and approachable. There was a registered manager in post who made sure regulatory responsibilities were actioned.

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

Rating at last inspection

The last rating for this service was good (published 7 September 2019).

Why we inspected

We received concerns in relation to management of medicines and how people were being cared for. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We found no evidence during this inspection that people were at risk of harm from the concerns. Please see the safe, effective and well-led sections of this full report. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trowbridge Oaks Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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

## 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 safe.

Details are in our safe findings below.

**Good** ●

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

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Trowbridge Oaks Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Trowbridge Oaks Care Home 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.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experiences of the care provided. We spoke with six members of staff, the deputy manager and regional director. We reviewed a range of records including seven people's care records, multiple medication records and records relating to the management of the service. We also looked at three staff files in relation to staff recruitment.

#### After the inspection

We organised to speak with a further six people over the telephone and 10 relatives about their experiences of the care provided. We also spoke with four members of staff and the deputy manager. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We contacted the local Healthwatch for feedback from the public about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to this inspection we received information about an incident of alleged abuse by members of staff. We also received concerns about how people were treated. During this inspection we did not observe or hear anything of concern. We observed people were treated with respect and the staff were seen to be caring.
- People and relatives all told us that people were safe. Comments included, "Yes, very safe I am so well looked after. Staff go out of their way to keep me as safe as they can", "I'm safe and happy" and "I do think [relative] is safe because of the consistency of staff which is important. I always see the same people when I visit. The COVID-19 measures are good here, I'm happy with staff and [relative] always gives me positive feedback."
- Staff had received training on safeguarding, and they knew they could report any concerns to the management. Staff were also aware of how to report any concerns to external professionals.
- Systems were in place to respond to any allegation of alleged abuse robustly so that the appropriate action could be taken.

Using medicines safely; Learning lessons when things go wrong

- Prior to this inspection we received information that the medicines management at the service required improvement. There had been incidents where people had not received their medicines as prescribed due to lack of stock.
- Staff had reviewed systems in place to order people's medicines. We did not see anybody who had missed doses of their medicines because they were not in stock. Recent audits completed also showed an improvement in the current processes used.
- Staff used Medicines Administration Records (MARs) to record when medicines had been administered. The MARs we reviewed showed people's medicines were being administered as prescribed.
- There were suitable arrangements for the storage of medicines. When topical creams, eye drops, and liquid medicines were opened, the dates were recorded to ensure they were discarded within the required time range. However, we did see one medicine which had not been disposed of after its in-use expiry period. The service removed this from the stock on the day of the inspection.
- When medicines were prescribed to be given 'when required' there were protocols to guide staff when doses should be administered. However, some lacked person-centred detail on when the medicine should be administered. This meant staff may not always give doses of medicines in the way intended by the prescriber. We shared this with the provider during our inspection, who told us they would review protocols to add in details.

Assessing risk, safety monitoring and management

- People's risks had been identified, assessed and management plans put into place. These had been reviewed regularly.
- Where needed, people had monitoring forms to record action taken to mitigate risks. For example, people who were at risk of malnutrition had food and fluid monitoring forms in place.
- Systems were in place to monitor and regularly check equipment and the premises. For example, the fire alarm systems were checked weekly. Records were kept of these checks and regular servicing had been carried out by external contractors.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff. On the day of the inspection we observed there were enough staff to respond to people in a timely way. One person told us, "There is mostly enough staff, but they are very busy. I have a bell but don't use it very often and they don't delay in answering it – pretty good."
- When there was short notice staff sickness, the provider tried to obtain agency staff to fill the gaps. This was not always possible, as there was also a shortage of agency staff. The regional director told us the provider had set up a recruitment task force to help services with recruitment of new staff. Staffing shortages were a national concern which they were working hard to overcome.
- People were supported by staff who had been recruited safely. Required pre-employment checks had taken place such as obtaining references from previous employers.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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).

At our last inspection we made a recommendation that the home reviewed regulatory guidance about MCA, best interests decisions and DoLS applications. 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. We found improvement had been made.

- People who lacked capacity had an assessment in place and their care plan recorded who had been involved in any best interest decision making. Staff had reviewed these decisions regularly to monitor for changes in people's abilities.
- Staff had applied for DoLS where appropriate and were waiting for some to be assessed by the local authority.
- The regional director told us since the last inspection they had worked hard to make the required improvements. They had reviewed people's records to ensure they were accurate and consistent.

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

- People's needs were assessed prior to moving into the home to make sure they could be met. Assessments were then completed regularly or as needs changed.
- Staff used nationally recognised tools to carry out assessments such as Waterlow, for assessing risks of developing pressure ulcers. Where people were identified as high risk, action was taken to try and prevent occurrence.
- People's oral health was assessed and kept under review. There was guidance in people's care plans to help staff to know what support people needed with their oral health.

Staff support: induction, training, skills and experience

- New staff had an induction when they started work and then were able to have updates as needed. The provider used the Care Certificate, as a base for their inductions. One member of staff told us they found the induction to be helpful for them to learn about their role. They told us, "It was a really good induction, if I had not had the training, I would not have known what to do."
- Staff were provided with updates as needed, which were a combination of online learning and face to face courses. Staff could have specific training for various health conditions. For example, the provider had identified staff needed a more in-depth dementia course which was being planned.
- People and relatives told us they thought staff were well trained for their roles. Comments included, "No complaints at all staff are very good", "Staff know what they are doing" and, "[relative] has [health condition] and the staff know what to do, they have the right skills."
- Staff were able to have supervisions regularly which enabled them to raise any concerns, talk about their training needs and their well-being. Staff told us there was always opportunity to talk with someone at the service.

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

- People enjoyed the food. Comments included, "Very good food. I enjoy the fish lunches, we are well fed in here", "The food is perfect" and "Lovely meals, I love the ice cream."
- People were able to choose their meals daily. People told us if they did not want what was on the menu, they could have anything else they wanted.
- We observed people having support to eat and saw it was provided in a timely and relaxed way. People were not rushed to eat their food, and staff sat down with people to support them.
- Kitchen staff were aware of people's likes and dislikes and aware of their specific dietary requirements such as allergies and nutritional concerns.

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

- Staff attended handovers to keep up to date with people's needs and any changes to their care. One member of staff said, "Handovers are very useful especially if you have had a few days off, the handovers are in depth."
- There was a daily head of department meeting that shared incidents, events and what was happening at the home with staff. This information was then be cascaded to others.
- Referrals to healthcare professionals were made in a timely way so people could have the support they needed. Records were kept of any advice and guidance given by professionals.

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

- People had their own rooms which they could personalise and furnish if they wished.
- The home was suitable for people's needs and aids were available where people needed them. For example, bathrooms had assisted baths or showers and handrails were available for people to stabilise and have support when bathing.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care from staff who enjoyed their jobs. We observed people being supported and cared for in a timely manner by staff who treated them with respect and kindness. One person told us, "They [staff] are always very kind – they can't do enough to help. The young ones make a fuss of me and treat me like their gran."
- The service felt homely and the atmosphere was relaxed and calm. People and relatives told us the staff were friendly which created a homely environment. Comments included, "It's a nice place, very caring people", "It's nice and friendly and you can rely on the staff to get things done", "It's extremely friendly every member of staff is friendly. They have a stable group of staff who they have retained" and, "It has a nice atmosphere and is quite calm."
- Whilst the pandemic and recent staffing issues had caused some anxiety, staff told us they were working as a team to do the best they could. One member of staff told us, "Morale fluctuates, everyone tries to have an up-beat happiness, there is nothing you can do about staffing, there is no point in moaning. A lot of staff were stressed with working during COVID-19, but now we have adapted to the situation. We try and be happy and not too stressed."
- Staff told us the registered manager and nursing teams were visible at the home and very supportive. All staff we spoke with felt able to approach any of the management team with any concern or to share any of their ideas for improvement. One member of staff told us, "We have really nice managers, you know what they want from you. The nurses are very supportive in what they want you to do, it is a good structure, you know what you are doing in your day."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities with regards to regulatory requirements. The rating from the last inspection was displayed at the home and on the provider's website. CQC received statutory notifications as needed.
- People and relatives told us the service was well-led. Comments about the management included, "It is well managed", "You can knock on their door and have a chat" and, "It is run very smoothly, and we received plenty of information during COVID-19. I know who [manager] is, but never needed to go to the office."
- The provider had a duty of candour process and policy in place. The regional director told us they were always honest and open about mistakes and aimed to learn from them.

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

- People had reviews of their care which they were involved in. Where appropriate, relatives were also invited to be part of the process.
- People had been supported to keep in touch with relatives during national lockdowns. This was by using various communication methods, by staff who knew them well. One member of staff told us, "We have been lucky the staff have been here a long time, residents know them well and have good relationships with them. We did provide a lot of facetime calls with families on a regular basis."
- Relatives appreciated the action of staff to help them keep in touch. One relative told us, "The Activities lady has excelled during the pandemic, keeping us in touch via zoom call - superb, unbelievably good." Another said, "They were very good at communications during the pandemic, and we got a weekly letter detailing what they were doing and new procedures for visiting."
- The provider had support systems in place for staff to reach out if they needed someone to talk with. There was a free and confidential helpline for staff and free counselling if they needed or wanted it.
- Staff supported each other by sharing acts of kindness written on stars in the front reception area. Staff told us this was a morale boost to show appreciation for each other.
- Staff meetings were held and minutes kept to record discussions.

Continuous learning and improving care

- Quality monitoring systems were in place to audit and regularly check all of the service. This included clinical areas such as falls and monitoring people's weight but also areas such as wellbeing and person-centred care.
- Some auditing took place on a monthly basis, some was quarterly. Results were analysed by management at the home and also the provider monitored performance to help identify any patterns or trends.
- The regional director told us they visited regularly and were able to access all the home's data. This enabled them to monitor outcomes for people and take action for improvement where needed.
- Improving the service was ongoing with new ways of working discussed and implemented if suitable. The regional director told us the provider was considering implementing electronic systems at the home which would improve key areas such as medicines.

Working in partnership with others

- Staff worked in partnership with a range of healthcare professionals to make sure people had the support they needed. We saw in people's records various healthcare professionals had reviewed people's health needs and provided staff with guidance and support.