

Bradwell Hall Nursing Home Limited

Trentham House Care Home

Inspection report

Chivelston Grove
Trentham
Stoke-on-trent
ST4 8HN

Date of inspection visit:
22 October 2019
23 October 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trentham House Care Home is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service is provided in one adapted building over two floors. At the time of the inspection 39 people were using the service, all were being accommodated on the ground floor due to the first floor undergoing building work. The service can support up to 90 people.

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

People did not always receive their medication in line with recommended guidelines.

People were supported by a staff team that knew them well and were kind and caring. People told us they enjoyed living at Trentham House Care Home and felt safe. We saw people were treated with dignity and respect by trained staff.

Staff knew how to recognise, and report signs of abuse. People had risk assessments in place to ensure they were safe which were reviewed and updated. People's care plans provided staff with information to support people effectively and detailed people's preferences.

Accidents and incidents were effectively monitored to identify and address any patterns or themes. Lessons were learnt, systems were improved, and staff were kept informed. Systems were in place to manage infection control.

People could choose where they wanted to spend their time and could choose to spend time alone with visitors should they wish. People had access to a variety of activities and could take part or observe should they wish to. Staff engaged well with people in an unhurried manner and meaningful conversations took place.

People told us they enjoyed the variety of meals on offer and could choose alternative options. People had their dietary needs assessed and planned for which included support from external professionals to support with their needs.

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.

The provider had a complaints system which was accessible to people, relatives and visitors and the registered manager was accessible and open with their response.

The provider was aware of their responsibilities and had robust systems in place to continually monitor the home and to identify where improvements could be made.

There was a positive staff culture in the home which promoted a positive atmosphere for people who lived there.

The home had good links with the local community and local neighbours were invited into the home to celebrate events.

Statutory notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

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

Rating at last inspection

This service was registered with us on 08/11/2018 and this was the first inspection.

Why we inspected

This was a planned inspection as per our inspection programme.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Trentham House 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.

Inspection team

The inspection was carried out by two inspectors, one assistant inspector, a pharmacy inspector 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

Trentham House Care Home 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 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

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, registered nurse, senior care workers, and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated '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.

Using medicines safely

- We reviewed the information for three people and found that the protocols in place to guide staff in how medicines should be administered needed strengthening as they were not detailed enough.
- Records used to monitor the application of pain relief skin patches were not being completed to a standard that would demonstrate these patches were being applied safely and in accordance with the manufacturer's guidance.
- The service used homely remedies for the benefit of people using the service. A homely remedy is a product that can be purchased. For example, from a pharmacy or supermarket, by the service for the relief of a minor ailments without the need for a prescription. The service was not able to evidence that the use of these medicines for each person had been checked by the general practitioner. The service was therefore unable to show that the use of these medicines was safe for everyone living at the service.
- The registered manager assured us actions would be taken with immediate effect.
- Processes were in place for the timely ordering and supply of medicines. Medicines administration records indicated people received their medicines as prescribed. Time specific medicines were being administered in accordance with the manufacturer's guidelines.
- Supporting information to assist staff in administering medicines that had been prescribed on a when required basis were in place. The information reviewed was person centred and detailed enough to ensure these medicines were administered consistently. Speaking with staff, we found there was a good knowledge base for when to administer these medicines.
- All medicines were stored securely in clean and well organised treatment room. Appropriate checks and storage of controlled medicines were in place.
- Refrigerator temperatures were being correctly measured and ensured the refrigerator was being maintained within the correct temperature range of between two and eight degrees Celsius.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Trentham House Care Home. One person said, "I am definitely safe here. If you need them [staff] they are there for you and try and help as best they can." A relative said, "I know [relative] is safe, I go home feeling satisfied."
- Staff told us they had received safeguarding training and could demonstrate they understood their responsibilities in relation to identifying and reporting abuse. One staff member told us, "If I had concerns I would speak to a senior or a nurse and tell them about it. I could go straight to the registered manager or other organisations such as, social services or the Care Quality Commission."
- There were policies and procedures in place to support staff to address any safeguarding concerns they

may have. Safeguarding information was displayed in the home to support staff.

Assessing risk, safety monitoring and management

- People's risks were assessed and planned for. One relative said, "Since [relative] has been here they have had no more falls because they [staff] manage [relatives] risk." Another relative said, "[Relative] had a couple of falls. They [staff] have made the bed lower and put an alarm mat down and that seems to have done the trick."
- Risk assessments gave staff guidance to reduce the risk of avoidable harm. Plans were reviewed and updated to ensure staff could provide up-to-date care and support.
- Assessments contained details about specific health conditions, so staff could support people in the most effective way.
- Staff knew people well and told us the actions they took to keep people safe.

Staffing and recruitment

- People told us they didn't have to wait too long to receive support and our observations on the day of the inspection confirmed this.
- Staff gave us mixed reviews about staffing levels and told us they could benefit from more permanent staff. The registered manager understood the pressures staff could be under and had started to implement new ways of working to ease the pressure. They told us, "Hostesses have been employed now to support during meal times, especially breakfast time." They went onto to say, "We are constantly recruiting, I want to get the staff in place before the other units are opened."
- Staff recruitment procedures ensured staff were subject to pre-employment checks to ensure they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Preventing and controlling infection

- The home was free from malodour and was clean and tidy. One person said, "It is presented very nicely here, it is clean and they [provider] are spending a lot of money on the place." Another person told us, "Staff wear gloves when they come to help me."
- Staff told us they had received training and wore personal protective equipment (PPE) such as gloves and aprons when supporting people or carrying out specific tasks. We observed staff following infection control practices during our inspection.

Learning lessons when things go wrong

- The registered manager had systems in place to share learning with the staff when things had gone wrong.
- The registered manager said, "We communicate with staff through supervision, this could also include instant supervision, getting staff members to reflect and if they do the same thing it is recorded. If they need learning, we will send them on training. We also share lessons learnt through staff meetings and sometimes do a flash meeting."
- Staff confirmed lessons learnt were shared with them.

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.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed via a pre-assessment. The registered manager said, "We also get a lot of information from the family too." This ensured their needs could be appropriately met.
- People and their relatives confirmed they had their needs assessed prior to moving into Trentham House Care Home. One relative said, "[Relative] was assessed by the staff when they were in the hospital."
- People's needs were documented in their care plans. For example, we saw one person who suffered from discomfort and pain in relation to their nervous system. This had been documented well and staff had been provided with flash cards which detailed signs to look out for.
- Care plans were in the process of being transferred from paper records to electronic records which meant staff could access them more easily via electronic tablets. Therefore, records were reviewed and updated with necessary changes more frequently.
- Staff told us they read care plans to keep up-to-date with people's care needs and to support them to deliver effective care.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had the skills and knowledge to effectively support them. One person said, "I think they [staff] are well trained."
- Staff told us they received a good induction and ongoing training to develop and enhance their skills and knowledge. One staff member said, "Seniors help me to do my role, they ask me if I am comfortable with what I am doing and if I want any training."
- Staff received regular supervision and appraisals to support them in their role. One staff member said, "They are good and helpful."

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

- People had their nutritional needs met. One person said, "It is marvellous, there is more food than you can eat." Another person said, "The food is excellent, I wouldn't want to leave."
- Where people had specific dietary needs such as allergies or intolerances, these were catered for accordingly.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.
- Where people needed support with modified diets, these were presented nicely. Moulds were used to ensure the food remained presentable and appetising.
- The dining experience was positive and calming. People were supported and given choice in a calm and

unhurried way.

- People had daily access to a tuck shop, which we observed being taken around the home.

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

- The registered manager worked well with other agencies and organisations to provide effective care and treatment.
- People told us they had access to health care professionals when they needed. One person said, "The GP comes if you are poorly and the optician came to see me a little while ago."
- The registered manager told us, "I have organised some oral health training next year. We do oral health assessment and oral health plans to identify concerns and people's preferences in how they like to have their teeth cleaned. The activity worker will go around every 12 weeks and give people a new toothbrush."
- People's care records contained details of relevant health and social care professionals who worked alongside the home to deliver improved outcomes for people.

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

- Trentham House Care Home was undergoing extensive building work to improve the environment. The registered manager and staff told us how the providers were very responsive and will supply additional equipment as and when needed.
- People were able to recognise their own rooms, photographs and names were on the wall next to their bedroom doors. There was other signage throughout the home to support people with direction.
- Adaptations of the service were being planned for as part of the renovation. The registered manager told us, "There is an action plan which includes; signage, staff board so people and visitors know who is on duty that day and we are making the home more dementia friendly, including table ware and staff uniforms."

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). 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.

- Where people had been restricted of their liberty, applications for DoLS authorisations had been made to the local authority.
- Where people lacked the mental capacity to make decisions for themselves, assessments had been completed to evidence people had been consulted about their decision-making ability.
- People told us staff asked them before helping them and explained what they were going to do. We observed this in practice.
- The registered manager and staff had a clear understanding of the MCA principle.

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.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they felt cared for living at Trentham House Care Home. Comments we received included, "The staff are very kind, I like the staff, they are respectful and very hard working", "The staff are caring, and they look after me" and "The staff look after me well."
- Relatives we spoke with told us they were happy with the care their relatives received. One relative said, "The staff are very nice to [relative], [relative] is always dressed presentable, clean and tidy."
- People had equality and diversity plans in place, although records we saw were basic and did not go into detail. We raised this with the registered manager who assured us this would be addressed.
- People were supported in following their religious beliefs and the registered manager told us how the home would support people accessing a place of worship of their choice.

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

- We observed caring and positive interactions from staff who knew people's needs well. Staff were seen to be respectful of people's wishes and views and we saw people were offered choices.
- Staff understood the importance of involving people in making decisions for themselves. One staff member said, "We [staff] offer choices every day to people, such as, what they would like to wear, if they would prefer a bath or a shower and what meal they would like."

Respecting and promoting people's privacy, dignity and independence

- People told us how staff preserved their dignity. One person said, "They [staff] always make sure I am covered up." Another person said, "Staff are always respectful of my dignity, I never feel embarrassed or awkward when receiving personal care."
- Relatives we spoke to told us how they believed people's dignity was upheld. One relative said, "There are some fantastic carers here, they will explain what they are going to do, and they treat [relative] with dignity."
- Staff we spoke with told us, "[Person's name] likes to wear a skirt so when we are hoisting them we always make sure we put a blanket over their legs", and "We always do personal care in people's rooms."
- People were able to spend time alone with their visitors should they choose to.
- Staff promoted independence where possible and we saw this in practice during our inspection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

End of life care and support

- At the time of inspection there was no one who was receiving end of life care.
- People had end of life plans in place. However, people's advance wishes in respect of their care during their end of life had not been consistently gained.
- A relative we spoke to said, "I had a brief discussion about end of life care about [relative] when they were first admitted here."
- The registered manager told us they would ensure discussions were held with people to seek their wishes at this time of their lives and stated this would be added to their action plan. They also told us how people who are nearing the end of life are referred to other professionals who will support the person and their relatives.

We recommend the provider seeks guidance to ensure people's advance wishes are recorded in relation to their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's care needs. These included memory diaries which detailed people's likes and dislikes.
- Staff knew people well and could tell us about people's individual likes and dislikes. Staff told us how they speak to people and their relatives about obtaining important information in relation to people's preferences. People and relatives confirmed this took place.

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.

- The registered manager was aware of their responsibilities in meeting the AIS. They told us how they have ordered an interactive board which would support people with their communication and increase engagement.
- Staff were supportive of people's communication needs and would accommodate people when necessary.
- We observed one person who appeared distressed and staff engaged with them to establish what may be wrong using simple symbol card-based communication aids.
- Some people had their own technology such as electronic tablets and mobile phones to keep in contact

with people who were important to them.

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

- On the day of our inspection we observed people watching TV, listening to music, and having their nails painted. During the afternoon a singer came into the home, and we observed people singing and tapping their feet.
- One person told us about the activities co-ordinator, they said, "We have an excellent entertainments person, they arrange for people to come in from outside. We play bingo, ball games and skittles."
- One staff member said, "We try our best to get as much information as possible about people. For example, [person's name] who like to play the organ, we arrange this for them and also encourage them to socialise in the lounge."
- The registered manager told us how they had external visitors come into the home with petting animals such as ponies.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The home had received complaints which had been addressed in line with the service policy.
- People and relatives told us they would feel comfortable making a complaint and would know who to speak with.

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

This is the first inspection for this newly registered service. This key question has been rated 'Good'. 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

- The registered manager operated an open-door policy. People, relatives and staff confirmed this. One relative said, "The manager is approachable and will always call back if they are not around when I phone."
- Feedback we received from people and their relatives about the registered manager was positive. Comments we received included, "The manager is good, the ethos of the home is good" and "They [managers] are always open to suggestions, they listen and understand and don't dismiss anything."
- Staff commented they were supported by the management team, they stated they were approachable and accessible. One staff member said, "I love it here, everyone goes the extra mile."
- The registered manager believed in the importance of supporting staff to develop. The registered manager said, "If we see potential in a staff member we will support them to achieve this."
- The registered manager valued the staff team and recognised their commitment. This was done by celebrating employee of the month and advertised in the monthly newsletter and in the reception area.

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 understood their responsibilities in meeting the duty of candour. They said, "If we are responsible for anything it is about us being open and honest and transparent for that mistake. If we are at fault, we hold our hands up and apologise. A root cause analysis will be done and we will take learning from it."

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

- Regular audits were undertaken to assess the quality and safety of the service.
- The registered manager had systems in place to monitor and evaluate practices. Where shortfalls had been identified actions had been taken to address the issues. For example, people's care plans needed to be updated to reflect their risks, we saw this had been added to the service action plan and had been completed.
- The registered manager was aware of their registration requirements and had notified us about relevant events that had occurred at the service as required by law. The registered manager told us they had a tracking system in place.

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

characteristics

- Resident and relative's meetings took place to obtain feedback about the home. The registered manager told us how there was a lack of resident's in attendance and how they are looking at ways of improving this. For example, running meetings as smaller groups. We saw minutes of meetings that evidenced where suggestions and feedback had been acted upon.
- Residents had also completed surveys about the running of the home. The registered manager told us how they are looking at ways to introduce a friendlier version for people, to further encourage participation.
- Staff were involved in regular meetings and had the opportunity to feedback about the home and working conditions through a yearly survey.
- The home had good relationships with their neighbours. The registered manager said, "We held a summer fayre and we are going to have a Christmas fayre. We have had a pie and peas night. We sent invites out to neighbours and lots of relatives, we have a good response. We do charge a small amount, but this helps the relatives fund." They went onto say, "We allow some of the neighbours to hold their meetings here."

Continuous learning and improving care

- The registered manager had developed an action plan which was reviewed monthly.
- The registered manager had developed their own skills and knowledge to benefit the people and staff at the home. They told us how they were going to become a train the trainer which meant staff would have more training to enhance their skills and knowledge.

Working in partnership with others

- Trentham House Care Home worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority safeguarding team, GP's and specialist health professionals.