

## Barchester Healthcare Homes Limited

# Mount Tryon

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Mount Tryon is a residential care home providing the regulated activities of personal and nursing care and treatment of disease, disorder and injury to up to 59 older people, some of which are living with dementia. At the time of our inspection there were 34 people using the service.

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

The provider had failed to ensure governance systems and processes were effectively operated to assess, monitor and mitigate the risks relating to the health, safety and welfare of people at the service. These failings were similar to those identified at our last inspection. Governance processes to assess, monitor and improve the quality and safety of the service were not operating effectively and had failed to identify the issues we found during this inspection.

People were placed at risk of unsafe care as their care was not always planned to reduce risk and records were not accurately maintained. Care records we reviewed were not always accurate in reflecting people's needs.

Risks around nutrition and hydration were not always managed and care planning around people's specific care and treatment had not been completed.

Medication management had improved. We identified there were still further areas for improvement but did not identify that this had resulted in any impact on people.

Staffing levels in the service had improved. People and their relatives were positive about the staff team now being stable with no agency staff being used. We received some mixed feedback from staff about staffing levels who felt they were not always supported by the provider to deliver fully person centred care.

Staff received training in safeguarding and knew about the different types of abuse. Staff were able to explain reporting processes. We were assured the service was preventing and controlling the spread of infections.

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.

There were processes in place to ensure that accidents and incidents were recorded and analysed to identify trends or patterns. Regular health and safety checks of the environment and equipment used within it were completed.

The provider and registered manager encouraged feedback from people, relatives and staff through

questionnaires to improve the service people received. Staff we spoke with were positive about the registered manager.

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 and update

The last rating for this service was Requires Improvement (published 3 February 2023). The service remains rated Requires Improvement. This service has now been rated Requires Improvement for the last 4 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

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.

#### Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

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

The service was not well-led.

**Requires Improvement** ●

# Mount Tryon

## 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 Health and Social Care Act 2008.

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 one Inspector, a pharmacist from our medicines optimisation team, a specialist nurse adviser 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

Mount Tryon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mount Tryon is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). They were in the process of completing the most recent PIR request at the time of our inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We received a PIR from the provider shortly after the inspection which was returned inside the requested timescales.

We reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

### During the inspection

We spoke with 8 members of staff which included the registered manager, the deputy manager, members of care staff, catering staff and administrative staff. We spoke with 8 people who lived at the service and 3 people's relatives.

We reviewed a range of records, including 15 people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted 3 healthcare professionals and received feedback from 2 of them. We also spoke with a further 5 staff members. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not completely safe.

Assessing risk, safety monitoring and management

At our last inspection we identified that inaccurate records relating to the delivery of care presented a risk. This exposed people to the risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our last inspection we identified that people were not always protected from the risks associated with incomplete or inaccurate records. At this inspection we identified insufficient action had been taken to protect people.
- We had previously identified concerns around records relating to people's risk of skin damage exposing them to risk. We identified similar concerns during this inspection. For example, for one person the handover records stated they required repositioning every 2 hours, however their care plan stated every 4 hours. This placed people at risk of skin damage due to inconsistency in documentation to guide staff.
- Some care records we reviewed did not evidence people had been repositioned in a timely way in line with their assessed needs, which placed them at risk. Where people required pressure relieving mattresses to reduce their risk of pressure damage, there was no guidance on how the mattress should be set or the rationale for the current setting it was on. People's records relating to the use of pressure relieving equipment were not consistently recorded in their records.
- We identified that improvements had been made around the recording of people's fluid intake, however staff had failed to use the recording tool correctly to escalate concerns. For example, one person was assessed as having a target fluid intake of 1900mls a day. For the 3 days prior to the inspection, they had not achieved this, however the fluid form had been signed off as 'target achieved' which was not accurate. This did not indicate current systems were effective in identifying or escalating concerns. Whilst we only identified one example of this, it placed the person at risk.
- In addition to not identifying that one person had not achieved their target fluid intake, we identified another fluid record had not been checked by staff to ensure the person had achieved their target intake in the 2 days prior to our inspection. Additionally, we found an example of where a fluid intake chart target amount did not match the handover record.
- We identified that where people had not had a bowel movement for a period of time, this had not been escalated in a timely manner. We did not identify this had had a negative impact on people, however, did expose them to risk of unsafe or inappropriate care and treatment.
- One person required oxygen as part of their care delivery. We identified the person had no oxygen signage on their door, no specific care plan or risk assessment had been produced and there was no reference to the

potential infection prevention requirements for the equipment associated with the equipment being used. The use of oxygen within a care service increases risks to people and others in the service. CQC have published guidance on this and the service had not followed this guidance.

- One person who used a urinary catheter did not have a care plan to evidence the support they required. There was no information relating to the catheter size, type, or instructions for staff on the positioning, changing or cleaning of the equipment.

Systems had not been effectively established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Whilst we found no impact to people, the absence of systems continued to place people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were nominated members of staff appointed to ensure the environment and equipment was effectively maintained. This included checks in relation to legionella management, fire systems and equipment and mobility equipment. We reviewed supporting records that showed regular servicing and checks were completed.

- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed in the event of an evacuation.

#### Using medicines safely

At our last inspection we found people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12. However, further improvements were required in some areas of medicines management, specifically in relation to the recording of topical cream administrations.

- People's medicines were managed safely.

- There were suitable arrangements for storing and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective, although action was not always recorded as taken if the temperature was out of the normal range. Following the inspection, we were advised that all staff had been briefed of the correct action to take.

- When people were prescribed medicines 'when required', there were person-centred protocols available to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.

- Some people had medicines administered using patches. The application of these was recorded although it was not always clear that the site of application was changed in accordance with the manufacturer's directions. We also saw that there was no documented monitoring that the patches remained in place. Following the inspection, we were told that a revised monitoring system had been introduced.

- Where people received topical creams as part of their care and treatment, we found records were not always consistently completed showing that people had received their medicines as required. We did not identify that this had resulted in any impact on people.

- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.

- Medicines audits took place.



## Staffing and recruitment

At our last inspection, we identified the provider had not ensured there were sufficient numbers of staff to meet the needs of people using the service and keep them safe at all times. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing numbers within the service had improved and agency staff were no longer in use. People at the service, relatives and staff commented positively on this. Whilst improvements were noted, we still received some less positive feedback during our inspection.
- The provider deployed a set number of staff based on the calculations of a dependency tool. This dependency tool currently showed the service was overstaffed, which staff we spoke with felt was inaccurate as it did not reflect the layout and design of the service or people's daily changing needs.
- People and their relatives were mostly positive. Comments included, "There are times when staffing is an irritant. It's always been a problem but now it's going through a better stage, consistent people and the use of agency is now reduced." A relative said, "There's more staff, I haven't seen any agency for ages." We did still receive comments from some people who felt rushed by staff at times.
- Staff feedback was mixed, however some felt there were improvements since our last inspection. One member of care staff commented, "Staffing has improved dramatically, there is now a lot more staff." Others felt staffing numbers were still low at times, especially when there was unplanned sickness. Staff that worked in the 'Memory Lane' area upstairs felt they needed more support from the provider with extra staff to provide more person-centred care.
- We observed that during the day the atmosphere within the home had changed and was much more friendly and relaxed since our last inspection. Family members we spoke with also observed this change. It was evident staff had more knowledge about people and had the time to get to know them. We observed staff having a laugh and joke with people and being able to comfort them when needed.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers.

## Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the service management to identify any patterns or trends.
- Supporting records showed that following an accident or incident, relevant details were recorded, and a record of any action taken was evident. This helped to reduce the risk of further accidents or incidents.
- Staff were able to explain the processes and procedures they followed following a fall or incident to ensure it was reported correctly. This ensured adverse incidents were reported to the service management so they could take appropriate action.
- There were governance systems in operation that enabled the service management to have oversight of reported falls and incidents. These ensured that where required, any notifiable accidents or incidents were escalated.

## Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider undertake a review of the effectiveness of their safeguarding training to ensure it provides staff with a thorough understanding of safeguarding adults from abuse and the actions they need to take in relation to this. The provider had made improvements.

- People were protected from the risk of abuse as there were suitable reporting and escalation procedures for safeguarding.
- People at the service felt safe with the staff that supported them. One person said, "Yes, they help me to wash and dress, they are always nice and kind." A relative said, "Mum is very happy here, it's very nice, the staff are lovely."
- The provider ensured staff received training on how to safeguard people and staff we spoke with were able to identify different types of abuse and explain both internal and external reporting processes.

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

The 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- The registered manager had a tracker to monitor DoLS applications, their progression and their outcomes.
- Where required, we found capacity assessment and best interest decision processes had been followed prior to the implementation of certain practices. A manager within the service was currently completing a full review of all this documentation.

#### 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 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.

#### Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were currently no restrictions on people visiting the service.

# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. Whilst there was improvement in some areas of the service, we identified some governance systems were still not consistently reliable and effective. Some risks were not always identified or managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

At our last inspection we identified provider level failures to ensure systems and processes were effectively operated to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since January 2015, CQC have inspected this service 12 times. This has been in response to concerns raised by staff, relatives and healthcare professionals. This has resulted on occasions in enforcement action being taken. Following this inspection, the service has now been rated as Requires Improvement following 4 consecutive inspections.
- Whilst some improvements have been noted, for example in relation to medicines management and staffing, actions to address concerns in relation to providing safe care and treatment whilst mitigating known risks to people through the maintaining of accurate records continued to be inadequate.
- Whilst medicines management evidenced improvements, governance systems implemented had not identified the continued issues around topical medicine administrations, cool storage temperature checks or pain relief patch management. This evidenced the current auditing was still not fully effective.
- We identified that care planning around oral care provision was not recorded within care records. We were advised that the provider removed the oral care sheets from within people's care records but had failed to ensure this information was recorded within other documentation.
- Whilst a system had been introduced to monitor people's fluid intake, this was not effective in identifying evolving risk. For example, records we reviewed showed that despite people consuming less than their target fluid intake, it was signed as 'target achieved'. Nutrition records were also identified as not being completed in detail and that daily checks to monitor completion had not been done. Systems had failed to identify staff had incorrectly completed records.
- Governance systems around the management of clinical care had not identified risk. For example, we found people did not have care plans to ensure their catheter management was safe. Where people were using oxygen, it had not been identified there was no plan of care in place for the person or the equipment being used. The use of oxygen within a care service increases risks to people and others in the service. CQC

have published guidance on this and the service had not followed this guidance.

The provider had failed to ensure systems and processes were effectively operated to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This continued to expose people to risk and was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There was a clear staff structure and staff knew what their responsibilities were. Staff told us they understood their roles and responsibilities and knew the line management and structure of the service.
- The provider had notified CQC in full about any notifiable events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe. Performance ratings were displayed within the service and on the providers website.

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

- There were formal systems currently in operation to seek feedback from people, their families, and staff. The surveys completed were annually sent out and requested feedback on all aspects of the service.
- There was a 'Resident of the Day' scheme in operation where one person specifically was focussed on for that day. They were spoken with by activities staff, care staff, and catering staff to ensure their needs and preferences were being met.
- There were staff meetings held and staff we spoke with told us they attended meetings when possible. Staff we spoke with told us that communication was also frequent. We saw supporting meeting minutes that showed meetings were held at different levels. For example, there were clinical nurse meetings, all staff meetings and heads of department meetings.
- Daily management meetings were held with leads and heads of units. This provided senior staff across the home with information they could communicate to their own teams. Handover meetings were completed between shifts to communicate people's care and treatment needs.
- The registered manager told us there were community links in place and these would also be further developed in time to benefit people at the service. There were current links with local schools in place and the service worked in partnership with some charities. The service also has a monthly 'Community Dementia Café' open to the local public. This is designed to invite people into the service to provide some respite for families or support, coffee, cake and a chat.

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 relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, working in partnership with others;

- People, relatives and staff commented positively on the atmosphere of the service and the leadership. People's comments included, "Staff are always respectful. Nothing could be better; they are always very friendly." A relative said, "The improvement that they have made with more staff has helped, also having an activities coordinator."
- Staff spoke of a positive working environment. Some staff felt the provider could support them more. One told us, "I feel the home is heading in the right direction but just a little more support from Barchester with our staffing. We know [registered manager] can only do what she can do."

- When asked about the leadership of the service we received positive feedback. One said, "She's very friendly, when you approach her with any concerns, she speaks with you and says how she's going to work on it and resolve it." Staff also commented how the management supported them on the floor with what the registered manager described as a 'whole home approach' to care provision.
- Staff and the service management team worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.
- We contacted 3 healthcare professionals and received feedback from 2 of them. The feedback from one professional was positive and one told us they felt the service knew people well and provided safe nursing care. The second professional raised concerns about the record keeping within the service, similar to that we identified during our inspection. They also told us that during a visit to the service a member of the nursing staff had little knowledge about some of the people they were supporting. This professional stated they now only approached the service management for information on people. The professional spoke positively of the registered manager and deputy manager.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to identify and mitigate risks for some service users. Regulation 12(1)(2)(b)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate fully effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. regulation 17(1)(2)(b)