

Trust Care Ltd

# Town Moor House

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Town Moor House is a residential care home providing care and support for people. The service also provides support for people living with dementia. The service can accommodate up to 28 people. At the time of our inspection there were 22 people using the service.

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

Since our last inspection the provider had made improvements to safe care and treatment, person centred-care and good governance.

People were safeguarded from the risk of abuse. Risks in relation to people's care were identified and risk assessments detailed information about how risks could be mitigated. The home was clean, and people were protected from the risk and spread of infections. There were enough staff available to assist people to meet their needs in a timely way. Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. The provider had a safe recruitment process which assisted them in recruiting suitable staff.

A comprehensive training plan evidenced staff had received appropriate training to carry out their roles effectively. Competency assessments were also in place for things such as medication administration and moving and handling. People's needs were assessed, and care delivered in line with best practice. Care plans and supporting documentation included people's individual choices and preferences. We observed lunch being served and found people were supported to maintain a healthy and balanced diet which included their preferences. People were also supported with snacks and drinks throughout the day.

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.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. We saw staff gaining people's consent prior to carrying out care tasks. There was a homely atmosphere in the home and people appeared comfortable, happy and relaxed. People we spoke with were complimentary about the care and support they received.

Staff were responsive to people's needs and provided person-centred care. People were supported by staff who knew them well. The home had an activity co-ordinator who was responsible for arranging a suitable timetable of activities and arranging outings and entertainers coming into the home.

The management team carried out regular audits to ensure the quality of the service was maintained. The management team took appropriate actions to address any issues. People and their relatives had confidence in the management team and felt they were approachable.

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 23 July 2019). 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 improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 July 2019, where breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to all Key Questions.

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 Town Moor House 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, 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 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 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 ●

# 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 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

The inspection was carried out by two 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

Town Moor House 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. Town Moor House is a care home without 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

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, and care workers. We observed staff interacting with people. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- Risks in relation to people's care and support had been assessed and were managed effectively.
- Risk assessments were detailed, and we observed staff delivering care and support in line with them.
- People had personal emergency evacuation plans in place to show what support people required in case of an emergency.
- People felt safe using the service. One person said, "They [staff] definitely keep me safe. They're very good to me, all of them."

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

- The provider had a system in place to safeguard people from the risk of abuse.
- Staff were able to explain the safeguarding process and were knowledgeable about the different types of abuse and how to recognise them.
- Staff took appropriate actions if they suspected abuse. Staff told us the registered manager would take appropriate actions to protect people.

### Staffing and recruitment

- The provider had a system in place to safely recruit staff, this included pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff interacting with people and found there were sufficient numbers of staff to meet people's needs in a timely way.
- The registered manager completed a staffing tool to ensure there were enough staff to meet the dependency needs of people.

### Using medicines safely

- People received their medicines as prescribed and were assisted by staff who were trained in the safe administration of medicines.
- People who were prescribed their medicines on an as and when required basis [PRN], were assisted safely. People had PRN protocols in place which told staff when and how to administer them.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 maintain contact with their family and friends and visitors were welcomed at the home.

#### Learning lessons when things go wrong

- The registered manager and provider took appropriate steps to learn lessons when things went wrong.
- The registered manager completed an analysis of accidents and incidents. Appropriate actions were taken when trends and patterns were identified.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's needs were assessed, and care was delivered in line with standards and best practice guidance.
- People's choices and preferences were at the centre of their care and staff assisted people in a person-centred way.

Staff support: induction, training, skills and experience

- Staff received training and support which assisted them to carry out their roles and responsibilities in an effective way.
- The registered manager kept a record of training and scheduled training, so staff remained knowledgeable.
- Staff received supervision at regular intervals. Annual appraisals identified any concerns, what they have done particularly well and any goals for the coming year such as training requirements. Staff found these sessions valuable and supportive.

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

- People received support to maintain a balanced diet.
- Throughout the inspection, people were offered nutritious drinks and snacks at regular intervals.
- We observed lunch being served and found this was a pleasant experience. People were offered choices and staff checked people were enjoying their meals.
- Staff were supportive throughout the meal and recognised when people required assistance.

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

- People were supported to access healthcare professionals when required. For example, we saw involvement from district nurses, dieticians and doctors.
- Staff acknowledged and followed advice from other professionals to ensure people received care which met their needs.

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

- The service had a very homely atmosphere and was designed to meet people's needs and preferences.
- Signage around the service helped people navigate around the home.
- People had access to several sitting areas and were able to choose where they would like to sit and who

they wanted to interact with.

- People had access to outside space. This had been improved since our last inspection

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 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.

- The registered manager and staff team were knowledgeable about MCA and DoLS and worked within the principles of the MCA.
- Were people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff interacting with people and found they were caring, kind and considerate.
- People were complimentary about the staff and the support they gave them. One person said, "I love being here. I'm as happy as Larry." Another person said, "They [staff] are good to me."
- People were supported by staff who knew them well and we saw friendly and appropriate banter shared between them.

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

- People were involved in making decisions about their care preferences.
- We saw staff supporting people to make choices and staff respected people's decisions.
- Staff asked people what they would like to do and where they would like to sit and assisted them with their choice.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, ensuring care was supported in a dignified way.
- Staff ensured bathroom and toilet doors were closed to preserve people's dignity and spoke with people in a quiet, confidential manner.
- The registered manager and staff team 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found people did not always receive person-centred care which met their needs. This was a breach of regulation 9 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 9.

- The registered manager and provider had taken appropriate actions to ensure they and the staff team provided person-centred support for people.
- Care plan's detailed people's preferences and how they liked to spend their day. We saw staff were knowledgeable about things that meant a lot to people. For example, one person appeared to be a bit uncomfortable and staff quickly worked out they were a bit cold. Staff brought them a blanket and slippers. The person settled and was happy. One person told us on one occasion they felt very upset at night, "I used my buzzer and the staff came quickly and stayed with me until I felt better."
- The provider had employed an activity co-ordinator who was responsible for providing and arranging activities and social stimulation. Activities included trips out to various places of interest and events in the home.
- Some people were also supported with one to one activity as they struggled to join in groups or preferred to be alone. The activity co-ordinator said, "I use one to one time to ensure people are able to express how they are feeling and if they are upset or worried about anything."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided to people in a format they could read and understand.
- Care plans included information about supporting people to communicate. For example, where people

used hearing aids or spectacles, these were to be kept in good repair to aid effective communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and supported people in raising concerns when needed.
- People felt able to raise concerns and felt any issues would be dealt with in a supportive and timely way. One person said, "I feel confident to report anything of concern to the manager and it would be sorted out. The manager is brilliant and would make time for me."

End of life care and support

- Advanced care planning was in place and considered religion, palliative care, support, and professionals who may need to be involved in end of life care.
- End of life care plans were in place with the aim of supporting people and understanding people's wishes should they sustain injury or become seriously ill. The desired outcome was to follow people's wishes and respect people's preferences.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving Care

At our last inspection we found governance systems did not effectively monitor the service. This was a breach of regulation 17(1) 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 17.

- Monthly audits were carried out by the registered manager. Areas audited included medication management, accidents and incidents, pressure care, weight management, safeguarding, and complaints. Lessons learned and improvements were highlighted and actioned.
- A comprehensive support system provided by the quality support manager was in place for the registered manager and the staff team. This maintained an open culture of learning and development in all aspects of care and support.
- Members of staff told us they had supervision and received support from the registered manager. Staff welcomed feedback about their practice and identified this as a learning opportunity.

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

- The registered manager and the staff team worked hard to create a positive and person-centred culture in the home. People had their needs met and they were empowered to make choices about how they wanted their care and support provided.
- The registered manager and the management team created a culture that was open, supportive and inclusive. Everyone we spoke with felt the registered manager was good and trustworthy. One staff member said, "[Registered manager's name] has an open-door policy and believes in looking after the staff team. This gets the best out of us and creates a good atmosphere for our residents."

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 management team was made up of the registered manager, a deputy manager and a team of senior care workers. There was a clear oversight and support structure in place for all staff. Additional support was available through the quality support manager and the area manager.

- The registered manager and the team were clear about their roles and how they supported people and the wider staff team. The registered manager understood all their legal responsibilities.

#### Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies.
- There was clear evidence of working closely with the local authority and the local Infection Prevention and Control (IPC) team.