

Care Mithra Ltd

Care Mithra Ltd Trading as Trimley Residential 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trimley Residential Home is a residential care home providing accommodation and personal care to up to 26 people. The service provides support to older people and people living with dementia in one adapted building. At the time of our inspection visit there were 10 people using the service.

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

There were systems in place to reduce the risks of avoidable harm and abuse. People's care records included risk assessments and guidance for staff in how to mitigate them. People were provided with their medicines safely. The registered manager had reviewed the processes to ensure when people were supported with creams were being recorded. The service was visibly clean and good infection control processes followed. Relatives told us they could visit their family members when they chose to.

There were enough staff to meet people's needs and recruitment was done safely. Staff were trained to meet people's needs effectively and received guidance and support in supervision and staff meetings.

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.

Prior to people using the service their needs were assessed, which informed the care plan. People and, where appropriate, their representatives were consulted about the care provided. People's care plans identified their individual needs and preferences and guided staff in how people's needs should be met. Care plans included, where people had chosen to discuss, their end-of-life decisions. People had access to activities to reduce the risks of boredom.

The registered manager and provider had systems in place to monitor and assess the service, identify shortfalls and address them. There was a complaints procedure in place.

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

Rating at last inspection

The last rating for this service under the previous provider was requires improvement (published 25 October 2022).

This service was registered with us under the current provider on 8 November 2022 and this is the first inspection.

Why we inspected

This comprehensive inspection was undertaken because there was a new provider and the service had not

yet received a rating under this provider.

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.

During our inspection we were told by social care professionals that a concern had been raised, which was in the process of being investigated. As a result, this inspection did not examine the circumstances of the concern. Once the concern has been investigated we will consider a regulatory response, if required. However, the information shared with CQC about the concern indicated potential concerns about the management of risk. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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 ●

Care Mithra Ltd Trading as Trimley Residential 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 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 undertaken by 1 inspector.

Service and service type

Trimley Residential Home 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. Trimley Residential Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During our visit to the service, we spoke with 2 people who used the service and 2 relatives. We also spoke with 4 staff members, including care staff, the registered manager and the nominated individual, who was also a director of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including meeting minutes, safety checks, 3 staff recruitment files, medicine administration records and records relating to the governance of the service such as falls and incident analysis, audits, and audit action plan. We also observed part of the morning medicine round and the staff interactions and care and support provided to people in the shared lounge.

Following our visit, we reviewed some records which the registered manager sent to us securely. These records included staff training records, 4 people's care records, and incident reports. We also received electronic feedback from 3 relatives and 7 staff, including senior staff, care staff and activities staff.

We fed back our findings of the inspection on 29 March 2023 to the registered manager and nominated individual.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risks of abuse, including policies and procedures and staff training. Staff confirmed they had received the training and understood their role in reporting concerns.
- Where concerns had been raised, the registered manager told us they provided professionals, which were responsible for investigating safeguarding concerns, with information requested. This was confirmed by social care professionals.

Assessing risk, safety monitoring and management

- People's care records included risk assessments, and guidance for staff in care plans about how they were to mitigate the risks.
- A person's relative told us how they had seen the staff regularly support their family member to change position, which reduced the risk of pressure ulcers.
- There was a large staircase in the service, which had been risk assessed and keypad doors installed to reduce the risks of harm to people accessing the stairs and falling down them.
- Safety checks were undertaken in the service, such as legionella, fire safety equipment checks and daily walk arounds to monitor the safety of the service. In addition, care staff checked equipment used was safe and working in people's bedrooms, for example, mats used to alert staff when people were attempting to independently mobilise.

Staffing and recruitment

- The registered manager told us how recruitment was ongoing in the service, lots of new staff had started working in the service. We saw 3 staff were undertaking an induction to the service during our visit. There was a tool in place used to assist the provider to calculate the numbers of staff required to meet people's needs.
- People, relatives and staff told us they felt there were enough staff numbers in the service. During our inspection visit, we saw staff were visible and responded to people's requests for assistance promptly. We also saw there was always a staff member present in the shared lounge who monitored the safety of people. A relative said, "I feel there are enough staff on hand to help residents with their needs and keep them safe."
- Staff records showed checks were undertaken prior to staff starting to work in the service, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We observed part of the morning medicine administration round and noted this was done safely by the staff member responsible for supporting people with their medicines.
- The provider told us they had purchased a tabard for staff to wear when supporting people with their medicines to indicate they were not to be disturbed. We had noted the staff member answered the telephone during the medicine round, the registered manager told us this was due to information required about a person's medicine.
- Medicines were stored safely, and checks undertaken to ensure they were stored at recommended temperatures. Where people were prescribed medicines to be given as required (PRN), protocols were in place to guide staff when these should be administered.
- Medicine administration records showed people received their medicines as required. However, there were some gaps in cream charts, the registered manager told us actions being taken to ensure these were completed, including changing the format for recording and monitoring these daily.
- Where staff were responsible for supporting people with their medicines, they had received training and their competency checked.

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

- Visiting was supported by the provider in line with current government guidelines.
- Relatives told us they could visit their family members when they wished to. During our visit, we saw relatives visiting their family members. One person said, "I am waiting for [relative] to come, they come every day."

Learning lessons when things go wrong

- The provider and registered manager had systems in place to learn lessons and these were disseminated to staff in meetings and daily, where required.
- Analysis of falls and incidents were undertaken to assist the registered manager to identify, for example, trends and put measures in place to mitigate future concerns.

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

- Prior to people starting to use the service, a member of the management team visited them and undertook an assessment of their needs, which was used to inform the care plan. This included the input from people and their representatives, where required, such as their relatives.
- Policies reviewed included good practice guidance, including National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff told us they felt they were provided with the training they needed to meet people's needs. Those new to the service told us about their induction period which included training and shadowing more experienced colleagues. A staff member told us as well as their induction they received, "1 to 1 mentoring and guidance by the manager and consultant who comes every week."
- The induction incorporated The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff were provided with 1 to 1 supervision meetings, which provided a forum to discuss their work, receive feedback and identify any training needs.

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

- During breakfast, we saw people had a choice of what they wanted to eat, when and where in the service they wanted to take their meal. People told us they always had a choice of meals and enjoyed the food. One person said, "I enjoy the food and I get enough."
- When people required assistance to eat and/or drink, this support was provided by staff at the person's own pace.
- We saw people had access to drinks throughout our visit and were encouraged to drink. Regular access to drinks was confirmed by people using the service, relatives and staff. A relative said, "Each time I visit, my [family member] is drinking a tea/coffee/water or [they are] about to be served one." However, records of what people had to drink did not always show they were offered or had drunk the recommended target. The registered manager was aware and daily meetings reviewed people's fluid intake and senior staff were supporting new staff in the electronic system.
- During our visit we heard a discussion between a care staff member and catering staff member regarding how they were encouraging a person to eat, they referred to a person liking sweet things and had provided honey with their cereal, which they had liked the day before. This demonstrated the staff were responding to people's needs and likes regarding their diet.

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

- People's records demonstrated where people required the support of health care professionals this was provided.
- Referrals were made if people had, for example, lost weight to a dietician. The records included the date and outcomes from the health professional visits and guidance was incorporated in the care plans to ensure people received consistent care.
- A relative said, "The staff seem to be vigilant and have identified a [indicator of the person becoming unwell] that I maybe wouldn't have noticed and were quick to contact [their] doctor for it to be treated."

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

- Since the new provider had taken over the home, there had been a lot of redecoration and replacement of floors, which was ongoing. We found the service was accessible to people. The nominated individual told us they had plans to fully renovate the kitchen.
- As well as people's private spaces, there was a large shared lounge and dining room, and a room in the front of the house where people could sit quietly or meet with their visitors in private, if they did not wish to use their bedrooms.
- There was a secure garden in the rear of the service with covered areas and seating, where people could access in the warmer weather.

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 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.

- Where required, DoLS referrals were made to ensure any restrictions were lawful. These were documented and kept under review, such as when they expired or needed updating.
- People's care records identified people's capacity to make decisions, and where they lacked capacity the arrangements in place to support decisions made in their best interests, including appointed people.
- During our visit, we observed staff asking for people's consent before providing any care or support.

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 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

- People's records identified their diverse needs and how these were to be met.
- During our visit, we saw staff interacted with people in a caring and compassionate way. For example, when a staff member supported people with their medicines, they asked for permission and then thanked the people for letting them support them.
- People using the service and relatives commented on the kindness of the staff who supported them. One person said, "They are kind." A relative said a staff member had told them as well as caring for their family member, they were there for the relative too, which they felt was caring.

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

- The service operated a resident of the day system, where people were consulted about their care and where required the care plan was reviewed and updated in line with their comments.
- The registered manager told us they included relatives, where appropriate, in reviewing people's care plans and had sent invites to relatives to look at and discuss the person's plan of care. Relatives spoken with confirmed they had reviewed their family member's care plan and felt consulted about the care provided.

Respecting and promoting people's privacy, dignity and independence

- During our visit, we saw staff respected people's privacy, for example, knocking on doors before entering, and speaking with people if they needed personal care support quietly, as to not be overheard by others.
- People's records identified how people's privacy, dignity and independence should be promoted and respected by staff. We saw staff encourage people's independence, such as when they were drinking.

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 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

- People's care records included assessments of their individual needs and guidance for staff in how these needs were to be met.
- During our visit we saw staff were responsive to people's needs and care and support provided where needed, such as when a person attempted to mobilise independently. One person coughed and the staff immediately went to them to check they were okay and offered a drink.
- Relatives told us their family members always looked clean and well cared for then they visited.
- People's records identified the areas of care people could attend to independently and where they required support. We observed this in practice during our visit.

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.

- The registered manager told us, where required, documentation could be provided in accessible formats, such as larger print.
- People's care records included information about how they communicated and guidance for staff in how to communicate effectively with people.

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

- During our visit we saw people participating in a range of group and 1 to 1 activities, such as adult colouring, playing dominoes, and playing bingo. One person's relative told us, "There is always something going on." They also participated in the bingo with their family member, which they enjoyed and could win chocolate,
- Whilst a staff member played dominoes with 1 person, another person who had refused to play, directed the staff member on the rules. The person playing asked us to make a note on the perceived rule breaks of the staff member, which made people laugh.
- We did note, when a person was given a newspaper to read it was over a week old, which was pointed out by the person. We spoke with the registered manager, and they told us about plans for 2 people to go to the local newsagents each morning to get the daily newspaper.
- During our visit, we observed a staff member talking to a person about going out into the community to

look at the horses nearby. The person told us they had been before and liked doing this.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and complaints were addressed in line with the provider's procedure.
- The nominated individual and registered manager told us any concerns were addressed where possible to reduce formal complaints. Records of actions taken as a result of concerns were recorded. The registered manager gave us an example, of a relative asking for a specific juice for a person, which was provided.

End of life care and support

- We received positive feedback from relatives regarding end-of-life care provided to people using the service. A relative told us of the compassion showed by the registered manager to relatives.
- People's care records identified their choices and decisions relating to when they were requiring end of life care and support.

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

- Since the provider had taken over the service, there had been a lot of improvements made in the service, including in the environment.
- Relatives told us how they felt the provider was caring and their family members were provided with the care and support they required. One relative told us how the balloons around the service had been provided by the service for Mother's Day and how at Christmas a buffet had been provided for people and relatives.
- Staff told us about the positive working relationships they had with the registered manager and nominated individual, where they felt supported and any concerns they had were addressed. A staff member told us, "When I have approached management with issues that need addressing that it has been brought forth and dealt with."

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

- There was a duty of candour in place, which was understood by the registered manager and nominated individual.
- We saw records of responses sent to relatives where they had raised a concern, where they were provided with an explanation and apology, in line with the duty of candour policy.

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

- The registered manager understood their roles and responsibilities in managing the service, including sending us the required notifications of specific incidents.
- The registered manager was supported by the nominated individual and a consultant, who had been sourced to support the management and developing systems in the service.
- The registered manager undertook checks in the service, such as daily walk rounds and daily meetings to check all actions to keep people safe and the care provision were undertaken. The registered manager kept the nominated individual updated and they responded by ensuring any actions were taken, as required. A staff member told us, "Before anything goes wrong [nominated individual] is already aware of the situation, even though we don't know how he gets to know that quickly.... [Registered manager] and [nominated individual] come day and night unannounced."

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

characteristics

- The registered manager told us they had recently sent out satisfaction surveys to people and relatives. Some had been received, and the registered manager told us they would be analysed, and any actions taken as required as a result of comments received.
- Relatives told us they had met with the provider, and they kept them updated with any changes in the service.
- Staff were kept updated in any changes in the service and requirements of their role in staff meetings. They were provided with the opportunity to make suggestions on any improvements that could be made in the service.
- We saw a recent newsletter sent to people's representatives which identified changes made in the service and, for example, activities people had enjoyed.

Continuous learning and improving care

- Audits and monitoring systems supported the registered manager in identifying any shortfalls. Where areas requiring improvement were noted from the audits, the registered manager had developed an action plan, which was kept updated and provided to the nominated individual, so they were aware of actions taken.
- The registered manager told us how they kept updated with changes in the care industry by receiving regular updates for organisations, including CQC. The nominated individual, who was new to the care industry, told us as part of continuous improvement, they had read many reports on our website and used these for learning to improve the service.

Working in partnership with others

- The registered manager told us they had good working relationships with social and health care professionals.