Tendring Care Homes Limited

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Inspection report

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Date of inspection visit:
15 December 2018

Date of publication:
17 January 2019

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

Tendring Care Home is a residential care home for up to 23 older people, some of whom were living with dementia. The building offers accommodation over two floors with lift and stairlift access to the first floor. People have access to communal living and dining areas, a conservatory accessible garden. There were 22 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff understood how to report any potential concerns. There were sufficient numbers of safely recruited staff available to meet people's needs and staff knew people well and understood the risks they faced and how to manage these. Accidents and incidents were reported, recorded and learning shared with staff. People received their medication safely and these were recorded accurately.

People were involved in pre-admission assessments which identified their physical, religious, emotional and mental health needs to ensure that these could be effectively met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had a choice of meals and drinks and spoke positively about the food. Staff received regular support through supervision and had access to relevant training opportunities to provide them with the correct skills and knowledge for their role.

People were supported by staff who were kind and compassionate in their approach. We observed the use of gentle, tactile contact and staff communicating with people in ways which were meaningful for them. People were offered choices about how they spent their time and were supported with respect by staff who protected people's dignity and promoted their independence. Visitors were welcomed whenever they wished to visit and were encouraged to feedback through meetings, surveys and informal discussions.

People's care records showed that their support was reviewed regularly and was responsive to changing needs. People were supported by staff to engage in a range of social opportunities which they enjoyed. People and relatives were aware about how to raise concerns if needed and felt that these would be listened and responded to. Any advance medical decisions were recorded and the manager explained that where people received end of life care, their preferences and wishes were discussed and recorded.

Feedback from people, relatives and staff was that Tendring Care Home was well managed. Quality assurance measures were used to identify any gaps or trends to continually improve the service people received. Staff felt supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke with four members of staff and the manager. We gathered feedback from a professional who had knowledge about the service.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Following the inspection we asked the manager to send us some policies and to seek consent for us to contact some relatives of people receiving a service. We also spoke with the manager about the professionals feedback received and actions planned to be taken.

Good

Is the service safe?

Our findings

People felt safe with the care they received and staff understood how to keep people safe. We observed that one person was walking without their walking aid. Staff quickly identified this and walked with the person to ensure they were safe. Another person needed assistance of a member of staff to walk safely and we observed that this was provided. Comments from people and relatives included "it's a safe environment and safe to move around, the maintenance is good" and "the staff make me feel safe".

People were protected from potential abuse because staff understood how to report any concerns. Staff received training in safeguarding and we saw that the manager had liaised with the Local Authority safeguarding team when they had a concern. Professional feedback identified that people were safe with support from staff and protected from abuse or harm.

People were supported by staff who understood the risks they faced and their role in managing these. Care plans included personalised risk assessments which explained the risk and what actions were needed to manage these. Examples included guidance for staff about the risks for a person who had a catheter and how to manage the risks of a person who had experienced falls.

People were supported by sufficient numbers of staff to meet their needs. One person told us "staff come quickly when we call and we don't have to wait". Staff felt that they had sufficient time to meet people's care and treatment needs and also spend time interacting with people. A staff member explained " we are encouraged to sit and spend time with people". A professional advised that staff did not always stay when they visited to provide clinical treatment for people. The manager told us that they would reiterate the importance of this to staff at an imminent staff meeting.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal convictions which might pose a threat to people. If agency staff were used, the manager explained that they used the same agency in which they had confidence.

Staff ensured that people received their medicines as prescribed and these were recorded accurately. Where people had medicines prescribed 'as required', staff asked people whether they wanted these and recorded in their Medicine Administration Record (MAR). Some people could not consistently communicate pain, staff understood the physical signs to be aware of to ensure that pain relief was given. Times of medicine administration were planned to ensure a safe gap between doses of medicines where this was required.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and hand sanitising dispensers throughout the building and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. We observed that all areas of the home were kept clean which provided a safe environment

for people. Comments from people included "its always clean here" and "there are no smells, its well cleaned".

Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment. Information for people and visitors about what to do in the event of the fire was displayed throughout the home.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. The manager explained that any learning or changes in practice as a result of incidents was discussed in supervision with staff and at staff meetings.

Good

Is the service effective?

Our findings

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Where people were unable to make decisions in relation to specific areas of their care and treatment, assessments of capacity and decisions in people's best interests had been made. MCA assessments were decision specific and included explanations of how decisions had been made. Best interests decisions had taken into consideration the principles of MCA, but had not been recorded. The manager sourced best interests documentation from the Local Authority and completed a decisions for one person during the inspection. They explained that they would ensure that best interests decisions for people were recorded as a priority.

Several people at the home had DoLS in place. The manager was able to explain which people had conditions attached to their DoLS and how they were meeting these. For example, one person had a condition that a risk assessment needed to be carried out about a particular area of their care. We saw that this was in place.

People were involved in pre-assessments which considered their physical, social, religious and mental health needs before moving to Tendring Care Home. These assessments formed the foundation of people's care plans and identified what support people required and how needs were met effectively.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Training was provided in some areas the service considered essential, these included fire safety, moving and assisting people, infection control and food hygiene. Other learning opportunities were provided either in response to staff requests or peoples needs. Additional training had been provided when the home started to use an electronic care planning system and feedback from staff about this was positive.

New staff completed the Care Certificate at Tendring Care Home. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We saw that new

staff had been supported to complete this and the manager explained that they were supporting all staff to work their way through the certificate in small numbers. They felt that the learning would be beneficial for all staff and some were in the process of undertaking this at the time of inspection.

People were supported to have a balanced diet and where people needed foods prepared in a certain way to eat safely, this was accommodated. People had choices about their meals and the options were displayed as photos in the dining room so people could make a visual choice. If people did not want either choice offered, the chef explained that they would make an alternative for the person. Some people required a diabetic diet which was provided for them. Mealtime was a sociable experience with people chatting with staff and each other. Comments from people about the food included "I had chilli con carne, it was very nice", "The sausage casserole was very good" and "the food is nice, well cooked". We observed that the chef came out to see people to informally chat and also ask about their meals and any changes or feedback.

People were supported to receive prompt access to healthcare services when required. People's records included details about referrals to health professionals and information from anyone visiting people at the home. We saw that visiting professionals included chiropody, District Nurses and GP's. Tendring Care Home had weekly visits from the local GP surgery and records showed that they communicated effectively about people's changing needs and were proactive in seeking advice if people were unwell.

People were able to access all areas of the home and go out into the grounds if they wished. Bedrooms were split across two floors and there was a lift and stairlift access to the first floor. The home had an accessible rear garden which people could access and there was also space at the front of the home which was also accessible. The home had two lounge areas and a communal dining room. People were supported to find their way around the home with pictorial signs. For example, for the toilets and bathroom. People were able to personalise their rooms with their own furniture and decorative items and a relative told us about what they had brought in from their loved one's home to ensure their home felt personal to them. Another person had asked for a different bed and this had been provided. There were two bathrooms and two shower rooms at the home so people had a choice of which they preferred and all but one room had ensuite toilet and handwashing basin.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff team and told us that they were kind and compassionate. Comments included "Staff are nice, always helping us", "(staff are) very very nice, very helpful, very kind" and "staff are lovely, really kind". We observed lots of examples of gentle, empathetic care. One person was snoozing in the lounge. Staff gently woke them by speaking to them quietly and rubbing their arm. They then got the person a drink and the person responded by sayng "Oh you're lovely". We observed another person sitting in the lounge. A staff member approached them and initiated conversation about how lovely they looked and the jewellery they were wearing. They then supported the person to walk to another room and sang to them while they walked. The person joined in the singing.

People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. Examples included one person choosing to stay in bed for the morning and staff popping in to check on them regularly, a person telling us they had chosen to have a cooked breakfast that morning, and a person being offered choices about where they spent their time and choosing to sit in the quiet lounge. A staff member explained how they offered a person choices visually when assisting them to dress in the morning as this enabled the person to make a choice about what they wanted to wear.

Staff communicated in ways which were meaningful for people and we observed that interactions were relaxed and punctuated with moments of laughter. People responded positively to staff speaking with them, staff used tactile contact to connect with people and we observed that staff spent time chatting with people in communal areas. People also had good relationships with each other and we observed informal chatter and banter amongst people throughout the inspection.

Staff were respectful of people's privacy and dignity and staff explained that they always knocked before entering people's rooms. The manager explained that they would enable people to have time spent in privacy with their loved ones if they wanted this and had done so for people who had previously lived at the home. People were supported to maintain their independence and were involved in some daily living tasks including washing up and cooking activities. Professional feedback indicated that staff did not always understand the need for privacy to receive clinical treatment. The manager told us that they would ensure that staff understood the need for privacy and dignity at the imminent team meeting.

Visitors felt able to visit whenever they chose and told us that they were always welcomed. One person asked a member of staff about their family visiting for their birthday. The staff member reassured the person that their family could come when they liked and they would provide drinks, cakes and sandwiches for a birthday tea for them all. The person was really pleased with this reassurance. A relative explained " I have peace of mind, they come to me with any problems".

We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice if requested. The service held a regular communion service for people and one person explained "We have communion here which I enjoy". Another person said "I go out to the

church a couple of Sundays a month".

The home was in the process of developing residents advocacy support for people. The manager explained that the role would involve chairing meetings with people and their relatives and offering support and time to people to raise any issues or discuss their support. They had identified a person for the role at the time of inspection.

Good

Is the service responsive?

Our findings

People's care plans reflected their individual needs, wishes and preferences and enabled staff to understand what was important to people. Details included people's previous occupations, those important to people, places they had visited and where they had grown up. This information was important because it enabled staff to interact with people about topics in which they had an interest. The chef explained that they read the care plans so that they could use the individualised information to choose conversations and interactions which were of interest to people.

Care plans were regularly reviewed and responsive to people's changing needs. For example one person had dementia and their mobility had been declining. Their care plan explained that they had used a mobility aid to walk. As their condition had deteriorated, their support needs had changed and were reflected in their care plan. We observed the person being supported to walk in the way described.

Communication between staff was effective and meant that staff could be responsive to people's changing needs. Handovers took place three times daily and the electronic care planning system was used to update staff about people's changing needs. There was also a communication book which staff read and signed when they started their shift to ensure they were up to date with important information about people. Staff communicated well together verbally throughout the shift to ensure they provided responsive care for people. Examples included a staff member letting other staff know they would be upstairs with a person for a period of time and staff communicating that a person had gone back to their room to make sure they were not missed when teas/coffees were provided.

People had call bells available to ask for staff assistance when needed and other technology was used by staff to alert them if a person got up to walk, if they were at an identified risk of falls. We saw these in place as described. We observed that where people used call bells, these were answered promptly.

People were encouraged to engage in social opportunities at Tendring Care Home. Some external resources visited regularly and other activities were arranged by the activity coordinator or other staff. People spoke with enthusiasm about the Chrismas decorations that they had made and were displayed around the home. A person said that they had also made decorations at Halloween. Another person explained that they had enjoyed baking recently and staff spent one to one time with people also. For example, a staff member spent time with a person their room, painting their nails. The home had purchased a small car since the last inspection and people were enabled to go out with staff when they wished.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. The manager explained that they would look at training around AIS and ensure that this was shared with staff.

People had 'hospital passports' in their care plans to ensure that important information about their care and treatment needs was shared if they were admitted to hospital. Details included how people preferred to communicate, support people needed to mobilise and contact details of those important to them. Not everyone had a hospital passport and the manager explained that the new electronic care planning system had an updated form which they were in the process of competing for everyone to make sure that the information they stored and shared was consistent.

People and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. There was a complaints policy in place which included details of the process for complaints to be investigated and responded to. We saw that where complaints had been received, these had been recorded, investigated and responded to and outcomes recorded. One relative explained "I'd be happy to raise any concerns if I needed to".

No-one at the home was in receipt of end of life care at the time of inspection. If people had any advance medical decisions, these were recorded. The home followed a national framework for end of life care to recognise when people were approaching the end of their life and provide appropriate support. The manager explained that they discussed and completed personalised end of life plans with people at the appropriate time.

Good

Is the service well-led?

Our findings

Tendring Care Home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had taken over as the provider since the last inspection and there was also a manager at the home who was in the process of registering with CQC. The manager explained that they had changed the governance structure at the service since the change in provider and the existing registered manager would be providing more of an oversight role. Staff understood the changes and were confident about their own roles and responsibilities at the home. The management team ensured that they linked with local and national resources to keep updated with changes and developments in practice and shared these with staff.

The management of the home were approachable and visible. The registered manager, manager and deputy manager were in the process of developing their own responsibilities. They were working together and considering each others strengths and interests as part of this process. Negative feedback from people about a ground floor bathroom had led to management rearranging the facilities for people. There was a different bathroom being developed to better meet people's meeds and the existing one would be made in to the managers office. This overlooked the front of the home so would be visible and easily accessible for people and visitors.

People, relatives and staff were involved and encouraged to feedback about the service through informal discussions, meetings and surveys. The home encouraged people and relatives to feedback using an online resource. The manager explained that they had handed out feedback forms from the online site at the recent Christmas party. Several relatives had completed these and the manager had then posted these off at their request. We saw that 18 reviews had been submitted using this system through the online resource since December 2017 and that the feedback had been consistently positive. Comments included 'particularly impressed at the amount of activities (relatives name)gets to do and the entertainment they have there', 'All staff are helpful and always welcoming when we visit' and 'have always found them (staff) conscientious, helpful, cheerful and above all caring'.

The home worked to drive continual improvements and ensure that care was of a high quality. They had recently introduced an electronic care planning system to ensure that recording was effective and efficient and feedback from staff had been positive. The manager explained that the system could enable relatives to access certain information about their loved ones where the person would be able to consent and this was to be developed.

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and gave us a

recent example.

Staff felt supported and valued by the management team. They explained that a manager was always available on call if needed and encouraged to raise ideas or suggestions. The manager explained that they were in the process of introducing 'champions' for various topics including nutrition, dementia and end of life care. Staff were being offered relevant training and had been chosen because of their interests and skills in different areas. One staff member spoke with enthusiasm about the role and was looking forward to developing further knowledge and skills.

Quality monitoring systems and processes were in place and up to date. These systems were regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, infection control, medicines and health and safety. Staff competencies were assessed which ensured that any areas for improvement were identified and acted upon.

The service worked in partnership with other agencies to provide good care and treatment to people. We saw evidence of staff working with a range of other professionals and saw that advice and guidance was regularly sought from external agencies including the Local Authority and GP's.