

Tewkesbury Care Home Limited

Tewkesbury Fields

Inspection report

The Oxhey
Bushley
Tewkesbury
Gloucestershire
GL20 6HP

Tel: 01684882265
Website: www.brighterkind.com/tewkesburyfields






Date of inspection visit:
11 April 2019

Date of publication:
03 December 2019

Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: About the service: Tewkesbury Fields is a care home that was providing accommodation and nursing care to 49 people at the time of the inspection. Care is offered to people living with dementia, physical disabilities and older people.

People's experience of using this service:

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. Provider checks had not identified this did not always happen promptly, and this had led to delays in CQC being advised of some important events.
- A registered manager was not in place at the time of the inspection, but a new manager had been appointed and was in the process of applying to become the registered manager for the home.
- People saw the manager regularly and found them approachable.
- People told us Tewkesbury Field was managed so the care they wanted was made available to them. People told us although there had been some changes in the staff running the home, and the care staff supporting them, they enjoyed living at the home, and would recommend living at Tewkesbury Fields to other people.
- Further meetings were planned by the manager with people, their relatives and staff, to ensure there were on-going opportunities to communicate information regarding the development of care and the business.
- Staff knew how to recognise the signs of abuse and understood risks to individual people's safety and supported them to stay as safe as possible. Staff were confident if they raised any concerns these would be promptly dealt with by senior staff.
- There were sufficient staff to care for people at times people wanted assistance, but staff experienced busy periods. The manager advised us they would review the current deployment of staff to address this.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff had received training and used the knowledge and equipment provided to do this.
- People told us they had opportunities to discuss the care they wanted. Staff explained how they assessed people's needs, and incorporated people's, their relatives' and other health professionals' views into their findings. This helped to ensure people were offered appropriate care, based on their preferences.
- Training had been provided to staff and people told us staff knew how to look after them. The manager had planned further training for staff, so they would develop the knowledge and skills needed to support people.
- People were very positive about their meal time experiences and told us they enjoyed making their own decisions about dining and snacks. Where staff had any concerns about people having enough to eat and drink action was taken to support them, so they would remain well.
- Staff knew people's health and well-being needs well, and ensured people had prompt access to the healthcare they needed from other health and social care professionals. This helped to ensure people's health and well-being needs were 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.
- People had developed good bonds with the staff who cared for them and told us they enjoyed sharing a joke with staff, and found staff caring.
- People were confident to ask for assistance and reassurance from staff when they wanted this, and staff took time to support people as people preferred.
- Staff knew what was important to the people they cared for and ensured they promoted people's rights to dignity, independence and privacy.
- People made their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- The views of people and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met.
- Staff ensured people had a wide range of opportunities to do things which they enjoyed, and which responded to their individual needs, including their sensory needs. This enabled people to be fully involved in life at the home, and to maintain links which were important to them in the local community.
- Systems were in place to take any learning from complaints and accidents and incidents, and to further improve people's care.
- Staff established people's wishes for their care at the end of their lives by talking to people and by consulting with their relatives and other health and social care professionals.
- The manager and provider checked the quality of the care provided and developed the service and took action to develop the home further.
- We found the service met the characteristics of a "Requires Improvement" overall.

Rating at last inspection: Good. The last report for Tewkesbury Fields was published on 30 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Tewkesbury Fields

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Tewkesbury Fields is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tewkesbury Field accommodates up to 74 people in one adapted building.

The service did not have a manager registered with the Care Quality Commission, however, a new manager had been appointed and was in the process of applying to become registered. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed:

- Information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse.
- Feedback from the local authority and professionals who work with the service.
- We assessed the 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 used all

this information to plan our inspection.

During the inspection:

- We spent time with people in the communal areas of the home and in their rooms and we saw how staff supported the people they cared for.
- We spoke with eight people who lived at the home, to gain their views about the care provided, and three relatives.
- We also spoke with the manager, the provider's representative, seven care and senior staff members, two activity staff and two catering staff.
- We reviewed a range of records. This included three people's care records and multiple medication records. We also saw records kept about safeguarding people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included minutes of meetings with people and staff, and systems used to check the quality of the care provided, such as residents surveys. We checked how complaints and any accidents and incidents were managed. In addition, we saw checks made on the training undertaken by staff, and checks made on the safety of the premises. We saw examples of compliments received in relation to the care provided at the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff had received training and understood what action to take in the event of any concerns for people's safety.
- Staff were confident if they raised any concerns these would be addressed by senior staff.
- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home and staff discussed people's safety needs with them. For example, staff checked people were not rushed, when assisting them to move round the home safely.
- Relatives were positive about the way people's safety was managed. One relative told us, "Everything is fine. (Family member's name) is much safer here than at home and I don't have any concerns."
- Staff had assessed people's safety needs and considered them when planning their care. For example, if people had increased risks to their safety when eating, or if people required extra assistance to maintain their health and well-being, or when people were anxious.
- Staff ensured people had access to the equipment they needed, so their safety was promoted.
- People's safety needs were regularly reviewed, and safety plans adjusted to respond to changes in their needs.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. This included obtaining references and checks with the Disclosure and Barring Service.
- People told us there were enough staff to care for them. One person said, "I always get help when I need." Another person told us staff promptly responded if they used their call bell, when they needed assistance. We saw people did not have to wait long for support.
- Staff told us there were busy periods, but also time to chat to people. We discussed staffing levels with the manager and the provider's representative, who gave us assurances they would review the current deployment of staff, to ensure people remained satisfied with the timely access to care they received.

Using medicines safely

- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Senior staff and the manager regularly audited the records of the medicines administered to people, could

be assured people were receiving their medicines as prescribed.

Preventing and controlling infection

- The home was well maintained and clean. One person told us, "It is very good here. It's very clean, we have clean sheets every day." Staff followed the training they received to promote people's health and to reduce the likelihood of infections.
- Staff confirmed equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, so risks to people were further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: 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

- The views of people and their relatives were considered when people's needs were assessed. One person told us they had opportunities to visit the home before they decided to move in. The person said, "I liked it so much, (and) I've decided that I will stay."
- Senior staff gave us examples of how they worked with other health and social care professionals as part of their initial and on-going assessment processes, to ensure they could fully meet people's needs.

Staff skills, knowledge and experience

- Staff had received training to develop the skills they needed to assist people. The new manager had identified some further training for staff was required, to develop their knowledge further. Staff had already started to attend this training, which was linked to the needs of the people living at the home.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People were very positive about their meal time experiences, which reflected their preferences. One person told us, "I have a cooked breakfast every morning as well. I enjoy my food, it's very good here and I have a good appetite."
- Where people needed support to maintain their safety when eating this was provided by staff.
- Staff regularly encouraged people to have enough to drink, and access to snacks, so they would have enough to eat and drink to remain well.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see other health professionals, when needed. This included access to GPs, and specialists such as mental health professionals and audiologists .
- Staff gave us examples of support they had provided, so people would be able to access other services. This included working with other health and social organisations, so people would have the care needed and their health and well-being needs would be met.
- Advice provided by health specialists was reflected in the way people's care was planned and the support staff provided to people.

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

- People's rooms reflected what mattered to them and enabled them to connect with their interests. One person who had recently moved to the home told us they had been encouraged to bring their own

ornament and pictures in, so they would feel at home.

- People enjoyed a number of communal areas and grounds to spend time quietly, or to spend time socialising as they wished. There was a dedicated area for people to enjoy spending time doing activities.
- Areas of the home had recently been refurbished. The manager was in the process of arranging for signage and décor to be put back up in communal areas, to help people to navigate round the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 and their relatives were very complimentary about the staff who cared for them. One person said, "The people, [staff], here are very friendly, which is a big thing for me. They pass the time of day and they have a chat." One relative told us, "The carers, [staff], themselves are fantastic. I couldn't fault them."
- Staff found out what was important to people and had developed bonds with the people they cared for.
- People told us they enjoyed sharing a joke with staff. One person told us about the caring relationship they had developed with a member of staff. The person told us, "[Staff member's name] is jolly, they tease me and that's good for me."
- People were confident to ask staff for support when they wanted this, and staff promptly helped them.

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

- People told us staff encouraged them to make their own decisions about their care. One person told us how much they valued staff checking what meals they wanted and how they wanted to spend their time. Other people highlighted they were encouraged to let staff know what interesting things they would like to do.
- Staff always checked with people before they provided care to them and listened to people's responses before assisting them.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity and independence was considered when their care was provided. One person told us because of the way staff cared for them they found them, "Kind and respectful."
- Staff gave us examples of the way people's independence was promoted. This included encouraging people to do elements of their own personal care they could comfortably do, themselves. This gave people a chance to recognise their skills and build their confidence.
- Staff knocked people's doors and checked people agreed for staff to enter.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff asked them about the care they wanted. One person told us they had advised staff what personal care they wanted, and said staff supported them in the way they preferred. Another person told us they were encouraged to let staff know what activities they wanted to do, and staff respected their decisions.
- One relative gave us an example of the way staff used their knowledge of their family members interest in sport when caring for them. The relative explained staff had bought a sports top for their family member. The relative told us how much pleasure their family member had wearing this, when watching favourite sport on the television.
- People's care plans reflected their histories, care needs and preferences. This included if people wanted support to improve or maintain their health and if people needed support to meet their communication needs.
- Staff told us people's risk assessments and care plans provided them with the information they needed to support people, and any suggestions they made for changing care plans in response to people's changing needs were listened to.
- People decided with staff what enjoyable trips and activities they wanted to do. These included celebrations which were organised to mark special dates and events, opportunities to spend time with pets, and regular music events.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods.
- Two staff members with responsibilities for activities explained how they adapted things people enjoyed doing, so people's differing sensory and communication needs were fully met. For example, activities were provided which people could all enjoy doing together, through musical and visual communication methods. One staff member told us because of this approach, "You see people's happiness improve."
- The manager told us they were planning to further develop the range of information available to people to support their communication needs, in line with the Accessible Information Standard, as people's needs changed. For example, by providing important documents, such as information on how to raise complaints, in large print.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not wanted to make any complaints about the care provided, as they considered it to be good. People were confident if they raised any concerns with staff and the manager these would be addressed.

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. One relative told us they had previously made a complaint, and their concern had been promptly addressed. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- Plans setting out people's wishes at the end of their lives were being developed, with people and their relatives, at the time which was right for them, so people's preferences would be met. Other health professionals' views were considered when decisions in relation to end of life care were made.
- Staff gave us examples of the care provided to people at the end of their lives. This was based on people's wishes. One staff member explained how subtle signage was used to ensure staff were supported to respect people who had passed away.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager had already identified their own training and development requirements in respect of DoLS and submitting statutory notifications to CQC.
- We identified four statutory notifications relating to deprivation of liberty safeguards authorisation which had not been sent to CQC. The manager acted within 24 hours to rectify this.
- The provider's systems and checks had not promptly identified these notifications had not been submitted. This led to a delay in CQC being advised of these important events.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will publish our actions, if actions are taken.

- No registered manager was in post at the time of the inspection. However, the provider had taken reasonable steps to address this. A new manager had recently been appointed and was in the process of applying to become registered manager for the home.
- People told us there had been changes to the senior and care staff caring for them, but people said the way the home was managed meant Tewkesbury Fields was a positive place to live. One person said, "It's my choice to live here and it's as good as it gets, really." The person went on to say if they had a loved one who required care they would recommend they moved to Tewkesbury Fields.
- Another person highlighted the services and care options put in place by senior staff reflected their needs. The person told us they regularly chose to go to the on-site hairdressing service and said, "Well I feel like a pampered pet! That's important."
- People and staff told us they saw the new manager often, found them approachable, and said the manager spent time talking with them about life at the home and their work.
- Staff met with senior staff each day to review people's changing needs and to discuss how best to support people. Staff were also supported to understand how they were to care for people through staff meetings and one-to-one meetings with their managers.
- The manager said, "I want people to feel living here is the best choice for them, that it's their home. We

provide really good care, everyone is visible, no one is left out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were encouraged to make suggestions about the care provided at regular meetings. People told us their suggestions were listened to. This included interesting things people would like to do and plans to change people's care, so they would continue to experience well-being.
- One relative highlighted and staff members told us there had been occasions where communication from senior staff in relation to long-term plans for the business could be strengthened. However, staff told us this had improved, recently. The manager had arranged further meetings with people and their relatives and staff to ensure there were additional opportunity to communicate.
- Links had been developed with community organisations, such as faith groups and arrangements had been made to support people to keep connections they enjoyed, locally, such as lunch clubs.

Continuous learning and improving care

- Senior staff, the manager and provider checked the quality of the care people received. For example, checks were made to ensure people's medicines were administered as prescribed. The manager reviewed any incidents or accidents, and concerns and complaints, so any learning would be taken from them.
- The manager regularly undertook informal observations of the care provided, so they would be assured people's needs and preferences were met.
- The provider also checked the quality of care provided at Tewkesbury Fields. Where any actions were found, action plans were put in place to drive through improvements in people's experience of care.
- The views of people living at the home, their relatives and staff were periodically checked through surveys. The manager told us they planned to undertake further surveys, including other professionals, so they could be assured people continued to enjoy a good quality of care.
- The manager kept up to date with best practice through meetings with the provider's representative and other care providers. The manager was in the process of developing further links with other health and social care organisations, to develop the home further.
- People benefited from living in a home where there were effective relationships between staff and other health and social care professionals. This helped to ensure people's needs were met quickly when their needs changed, and for staff to continually develop their practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not sent CQC the statutory notifications they were required to.

The enforcement action we took:

Fixed penalty notice.