

St Philips Care Limited

Tunstall Hall Care Centre

Inspection report

Tunstall Hall
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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

This inspection was unannounced and took place on 6 and 7 April 2016.

Tunstall Hall provides accommodation and care for up to 33 people, some of whom were living with dementia. On the days of our inspection 27 people were living there.

The home had a registered manager who was present for the inspection. 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.

People were given an annual quality assurance survey to complete and this gave them the opportunity to tell the provider about their experience of using the service. Regular meetings with staff gave them the opportunity to be involved with changes to the service. There was a clear leadership and people knew who was running the home. Governance systems were in place to promote good standards of care.

People felt safe living in the home and staff knew how to keep them safe. People felt supported because staff were always nearby to help them when needed. The provider's recruitment procedure included safety checks to ensure the suitability of people before they were employed. Safe care practices and systems in place reduced the risk of harm to people. Medicines were managed appropriately and people received them when needed.

People were cared for by staff who were trained and received regular one to one [supervision] sessions by the registered manager. Staff were aware of the Mental Capacity Act 2005 and when a Deprivation of Liberty Safeguard application should be applied for to protect people's human rights. Where people were unable to make a decision about their care a best interest decisions was made on their behalf. People had access to healthcare services to ensure their physical and mental health needs were met. Staff were aware of people's dietary needs and people were supported to eat and drink sufficient amounts.

People were treated with kindness, compassion and were supported to be involved in planning their care. People's diverse needs with regards to their race and religion were respected and staff ensured people's privacy and dignity were maintained.

People were encouraged to be involved in their assessment and were supported to pursue their hobbies and interests. People felt confident to share their concerns with the registered manager or staff and complaints were well managed.

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.

People felt safe living in the home. Staff knew when to share concerns of abuse with the registered manager and other external agencies to keep people safe. There was enough staff to meet people's care needs and staff knew how to reduce the risk of harm to people. People were supported to take their prescribed medicines and they received them when needed.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make their own decisions and were supported by staff who were trained and had received regular one to one sessions. Staff were aware of people's dietary needs and people were encouraged to eat and drink sufficient amounts. People had access to healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were involved in planning their care and staff provided care in a kind, caring and sympathetic manner. People's right to privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessment and their views were listened to and they were supported to pursue their interests. People were confident to share their concerns with the registered manager or staff and complaints were managed well.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service they had received. Access to

annual surveys enabled people to tell the provider about their experience of using the service. There was a clear leadership in the home and checks were made to ensure people received a good standard of care.

Tunstall Hall Care Centre

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.

This inspection took place on 6 and 7 April 2016 and was unannounced. The inspection team comprised of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we had about the provider to see if we had received any concerns or compliments about the home. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with eight people who used the service, five relatives, one healthcare practitioner, three care staff, the activities coordinator, the cook, the maintenance person, the deputy manager and the registered manager. We looked at two care plans and risk assessments, medication administration records, accident reports and quality audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "The staff make me feel safe and they always sort things out for me." Another person said, "I feel safe because of the way staff treat me." We spoke with another person who told us "I am able to express my needs and that makes me feel safe." The PIR informed us that staff had received safeguarding training and the staff we spoke with confirmed this. This training supported staff's understanding in recognising the signs of abuse and they told us they would share concerns of abuse with the registered manager. They were also aware of external agencies to share their concerns with to protect people from the risk of further harm. The registered manager knew when to share information of abuse with the local authority to keep people safe. Where the registered manager had made a safeguarding referral to the local authority they were able to tell us what action they had taken to protect the individual.

Staff knew how to manage risk to keep people safe. A staff member told us about the importance of keeping the environment safe and clutter free to reduce the risk of people tripping. Discussions with the deputy manager and the records we looked at confirmed that safety checks of the environment were carried out. These included checks of fire safety equipment to ensure these would support the safe evacuation of people in an emergency. Water temperatures were monitored to prevent the risk of scalds. Servicing of lifting equipment ensured they were safe to use. Some people required support with their mobility and staff knew how to do this and the equipment required to promote their safety. We saw staff support a person with their mobility and used the equipment as identified in the person's care records. Two staff members told us they had access to risk assessments that supported their understanding about how to reduce the risk of harm to people. These included assessments to prevent pressure sores and to identify the support people required to eat and drink sufficient amounts.

Systems were in place to prevent people having further accidents. Accidents had been recorded and showed what measures had been taken to reduce the risk of a reoccurrence. The deputy manager told us that accidents were monitored to identify trends and this had informed them that one person had sustained a number of falls. The person was referred to a falls clinic to help them reduce the risk of further falls. Another person was at risk of falling out of their bed and bedrails were put in place to stop this happening again.

People told us there was always enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "Staff are always around to help me and this makes me feel safe and secure." Another person said, "The staff are always there when you need them." Staff told us there were sufficient staffing levels to meet people's needs. The deputy manager said that staffing levels were determined by people's needs and this was reviewed regularly to ensure there were enough staff on duty. The property consisted of three floors and the deputy manager said this also influenced the staffing levels to ensure staff were deployed throughout the home. The provider's recruitment procedure included safety checks and the request for references. Staff confirmed these safety checks were carried out before they started to work at the home. This enabled the provider to select suitable people to work in the home.

People were supported by staff to take their prescribed medicines. One person said they received their medicines when needed. Staff who supported people with their medicines had received medication awareness training to ensure they had the skills to manage medicines safely. We saw that medicines were securely stored and records were in place to demonstrate the safe management of controlled drugs. The medication administration records were signed to show when medicines had been given to people. Some people had been prescribed medicines to be taken only 'when required.' For example, medicines for the treatment of pain. Staff had access to a written guidance about how to manage these medicines safely. We spoke with one person who told us they received their medicine to manage their pain when needed.

Is the service effective?

Our findings

People told us that staff knew how to care for them. One person said, "The staff are skilled and knowledgeable and they care for me well." Another person said, "The staff are very good and support me when needed." We spoke with another person who described the staff as "Brilliant." A visitor said, "The staff are skilled and know how to care for my [relative]." Staff told us they received regular one to one sessions from the registered manager that supported them within their role. Staff informed us that they also received regular training to ensure they knew how to care for people. The registered manager maintained a record of all staff's training and ensured staff received refresher training to update their skills. The deputy manager said that all new staff were provided with an induction to support them in their role and this was confirmed by staff. One staff member said their induction involved reading the provider's policies and procedures, training and working with experienced staff. We observed the registered manager supporting a new staff in their role and provided them with advice about how to communicate and engage with people.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. One person told us, "Staff always asks for my consent before they help me with my personal care needs." The staff we spoke with were aware of the MCA. One staff member said that people's consent was always obtained before they did anything for them. Another staff member said we encourage and support people to make their own choices. The registered manager informed us that some people were unable to make a decision about their care and treatment. They told us best interest decisions had been made on their behalf to ensure their rights were protected. The manager said other healthcare agencies were involved to ensure the decision made was in the person's best interest and this information had been recorded. The registered manager said that these decisions would be reviewed to make sure they were still necessary and appropriate for the individual.

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). The registered manager was aware of when to apply for a DoLS application to protect people's human rights. Staff were aware of who had a DoLS in place and the reason why the person's liberty had been restricted.

People told us that the meals were good and they always had enough to eat. One person said, "The food is lovely, we have a good cook." Another person said, "The food is very nice and we have a good choice of meals." Staff were aware of people's dietary needs and the cook said they often asked people what they like to eat. The cook said menus were frequently changed so people were offered a variety of meals. They were knowledgeable about suitable meals in relation to people's health condition, religion and culture. Both the

staff and the cook knew who required a soft diet due to their health condition. Staff told us that people had access to a speech and language therapist (SaLT) and a dietician to help them understand what meals were suitable with regards to their health condition. This information was also contained in people's care records. People told us they were able to have a drink when they wanted and we saw that drinks were regularly offered to people. Where concerns had been identified that people were not eating or drinking enough, charts were put in place to monitor this. A staff member said that monitoring charts were also put in place for people who had recently been admitted to the home. This enabled them to find out if the individual ate and drank enough to promote their health.

People's physical and mental health needs were met because staff supported them to access healthcare services when required. One person told us the GP and district nurse visited them regularly. We spoke with a visitor who said staff obtained medical intervention for their relative when needed. People told us they had access to an optician and dentist. The care records we looked at also showed that people had access to the mental health team to support them with their mental health needs.

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "The staff are lovely and are very kind to me." Another person said, "The staff couldn't be kinder." We spoke with another person who told us, "The staff are extremely kind." We saw that staff were attentive to people's needs and were kind and patient with them. One person was upset and anxious and we saw that a staff member was very patient and calm when reassuring and talking to them. One person appeared unsettled and a staff member approached them and asked if they were alright. The person told the staff they were hungry and they were provided with a snack and drink straight away. Staff were aware of people's specific needs and were able to tell us about the individual's preference. For example, one person preferred to dress in a certain way and this information was contained in their care plan. Staff were aware of the person's preference and we saw this person was dressed the way they liked. Staff took the time to sit and chat with people and showed an interest in their wellbeing. We saw that one person was experiencing difficulty with an activity they were doing and a staff member sat and helped them sort it out. We spoke with a visitor who said, "My [relative] is happy here and they tell me they are well looked after." A staff member told us, "I would be 100% happy for my loved one to live here."

People told us they were happy with the care and support they had received and were involved in planning their care. One person told us they were aware of their care plan and their keyworker supported them when needed. They said that staff were caring and funny and you can have a laugh with them. They told us that staff listened to them and supported them when needed. We spoke with five visitors who told us that the staff always kept them informed of changes to their relative's healthcare needs. They said they were happy with staff's approach and the level of care and support provided to their relative. One visitor said, "Some staff go above and beyond their duties to care and support people." The PIR informed us that people and their relatives were involved in planning their care. On the day of our inspection we saw that a person was involved in reviewing their care with staff and their family.

People told us that staff treated them with dignity, respect and maintained their privacy. One person said, "The staff always respect my privacy, they always knock my door before entering." Another person said they liked being on their own and staff respected this. One person said they were able to lock their bedroom door and this allowed them the privacy they wanted. We saw that people were able to socialise with other people who lived in the home but their choice to be alone was also respected. Staff were aware of the importance of promoting people's right to privacy. We spoke to a staff member who told they made sure people's dignity was maintained whilst they assisted them with their personal care needs. They said, "If people don't need any help to get dressed I leave them to do this in private."

Is the service responsive?

Our findings

People told us they were involved in their assessment and this ensured they received personalised care that was responsive to their needs. Staff were aware of how to meet people's specific needs. One person was unable to tell us about their experience of living in the home. However, they looked comfortable with staff who took the time to understand them when they used hand gestures to express their needs. For example, we saw the person use their hands to say they wanted a drink and this was provided for them. People were supported to eat and drink independently because staff had recognised the support they required to do so. For example, the cook informed us that special crockery had been purchased to assist people who had a visual impair impairment.

One person said they enjoyed listening to music and playing the piano and they were able to continue to do these things. They said there were lots of social activities available in the home. They told us, "There is always something going on." On the day of the inspection we saw people reading the newspaper, listening to music and making cards. One person told us they went into the town to do some shopping. Another people told us about pony therapy, where ponies were brought into the home so people could touch and stroke them. They told us about past trips to Wales and said they would like to go on more trips in the warmer months. The provider had recently appointed an activities coordinator to support people to pursue their interests. The activities coordinator was enthusiastic about their new role and was in the process of asking people about their interests and the things they liked to do. Information about available activities were displayed in the communal area and these included forthcoming celebrations for the Queen's 90 birthday and fund raising events.

People were able to share their concerns with the registered manager and were confident that they would be listened to and taken seriously. One person said, "If I have any concerns the registered manager always sorts it out for me." We spoke with a visitor who said they had raised concerns with the registered manager who then took action to improve the service. One person who used the service said, "Staff always put things right when needed." Another person told us that their keyworker always sorted out any concerns they had. The registered manager said they had not received any recent concerns about the service. They said they always made themselves available and this gave people the opportunity to share their concerns with them. We saw that past complaints had been recorded and showed what action had been taken to resolve them.

Is the service well-led?

Our findings

People were able to have a say in how the home was run. The registered manager said they made themselves available so people could talk to them about the service they received. We saw that the registered manager took the time to sit and talk with people and listened to their views. For example, we heard a person raise concerns about having a vase of flowers next to them and the registered manager removed it. Annual quality assurance surveys were given to people to complete. This gave them the opportunity to tell the provider about their experience of using the service. Information gathered from these surveys were fed back to people. Where necessary the registered manager would meet with the individual and their family to discuss any concerns identified. This enabled them to make improvements to the service where needed. For example, one person had requested additional channels on the television. The registered manager was in the process of addressing this. People were able to maintain links with their local community and said that staff helped them to access the facilities they required. The provider had a mini bus and this enabled one person to visit their chosen place of worship. One person told us that staff supported them to access a taxi so they could go where they wished. We saw that there was an open culture and that the registered manager and deputy manager engaged with both people and staff in a caring and professional way. People spoke positively about the support provided to them by the registered manager and the staff team.

There was a clear leadership and people told us that the registered manager was very approachable. One person said, "The manager is lovely and experienced." Another person told us, "The manager is very good and supports me well." We spoke with a relative who said the registered manager was approachable and they were happy with the service provided to their relative. The registered manager undertook regular training to update their skills and knowledge and received regular support from senior management.

People told us they were happy with the support and the service they had received. The PIR informed us that quality assurance and governance systems were in place to monitor and improve the service. We saw that these included checks carried out by the registered manager to ensure people's needs were met. For example, care plans were reviewed with people to make sure they received the support they needed. Where necessary external agencies were used for advice and support to improve the service. For example, interpreters to help people where their first language wasn't English. Medication audits were carried out to make sure people received their prescribed treatment. Complaints were monitored to identify trends so action could be taken to improve the service where needed. Staff training needs were regularly reviewed to ensure they had the skills and understanding about how to care for people. The registered manager said that regular meetings were carried out with staff and staff confirmed this. One staff member staff said, "The manager does listen to our views." They said they had shared concerns about the support people received with their personal care needs. They said the registered manager listened to them and took actions to improve the standard of care provided to people. The PIR informed us that they would be creating specialist or champion care workers within specific fields to drive improvements. This included dementia awareness and end of life care. The training records showed that a number of staff had commenced dementia awareness training to ensure they had the skills to care for people living with dementia.