Assured Care Services Limited

Tenby House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Tenby House is a residential care home for up to 32 people, the majority of whom are living with dementia. At the time of our inspection, 25 people were living at the home. Accommodation is provided over two floors and communal areas include a sitting room, a further sitting room/conservatory and a dining room.

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. At this inspection we found the service remained Good.

People felt safe living at the home. Staff had been trained to recognise the signs of potential abuse and new what action to take. Risks to people had been identified and assessed and actions taken by staff to mitigate risks. Staffing levels were safe and checks completed on staff before they commenced employment. Medicines were managed safely and people received their medicines as prescribed. The home was clean and staff wore protective clothing such as aprons and gloves, to prevent the risk of infection. Lessons were learned when things went wrong.

People received effective care from staff who had completed a range of training and had regular supervisions. People enjoyed the food on offer at the home and had a choice of menu. Healthcare professionals and support were provided for people as needed. There were ongoing plans to improve the building and people were involved in choosing colours when redecoration took place. 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 were looked after by kind and caring staff who knew them well. People were involved in all aspects of their care and had choices over their lives. Staff treated people with respect and compassion and were given the privacy they needed.

Personalised care was delivered to people that was responsive to their needs. Care plans provided detailed information about people, including their preferences and life histories. People's cultural and religious needs were documented and their spiritual needs were met. Activities were organised at the home if people wished to participate. External entertainers also visited the home. People were happy at the home and had no complaints. Where complaints had been received, these were dealt with satisfactorily by the provider. People's wishes for their end of life care were documented.

People spoke positively about the management of the home and their feedback and views were obtained in a variety of ways. Relatives' feedback was sought and positive comments had been recorded. Staff felt valued in their roles and supported by management. Systems were effective in measuring the quality of the service and to drive improvement. The service met all relevant fundamental standards.

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**

Tenby House

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 comprehensive inspection took place on 6 February 2018 and was unannounced. The inspection team comprised two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events that the provider is required to tell us about by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who lived at the home and three relatives. We spoke with the area manager, the care manager, three care staff, the administrator and a laundry assistant. We also spoke with a GP who was visiting the home at the time of our inspection. After the inspection, we spoke with the provider who is also the registered manager of the home. We spent time observing the care and support that people received during the time of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records relating to people's care and how the home was managed. These included three care records and medicines records. We looked at staff training, support and employment records, audits, minutes of meetings with staff, complaints, policies and procedures and accident and incident reports.

Good

Is the service safe?

Our findings

We asked people and their relatives what made them feel safe at Tenby House. One person said, "The general environment makes me feel safe. This is my home and that's why they knock on my door before they come in". Another person said, "It's very calm and peaceful here and it does feel safe". A relative told us, "Mum has only been here a short time, but since being here she's got her spark back and I'm sure it's because she feels safe here. She wasn't coping at home". Locks were fitted to people's bedroom doors and people were offered keys if they wished, to keep their rooms secure. Staff had completed training in safeguarding adults at risk and described the different types of abuse they might encounter. Staff told us the training was about keeping people safe, recognising any potential abuse and how to report any concerns. A notice was on display in the hall area of the home which gave details of who to contact in relation to safeguarding issues.

Risks to people were identified, assessed and managed safely. A relative said, "Dad is safe here. There's always someone around. There are also sensors everywhere, in his room, under cushions; he's monitored closely to be kept safe". We observed sensors in place in people's rooms, to signal when doors were opened, and on the stairs, to monitor when people were using the stairs. One person smoked cigarettes and a risk assessment had been drawn up. This stated the person could only smoke outside and their cigarettes and lighter were kept in the office. The person had agreed to this arrangement. People's risks in relation to skin integrity, nutrition and mobility were recorded in assessments and provided guidance for staff. Where people had sustained falls, these were reported appropriately and action taken as needed, for example, a referral made to the local authority falls team. Personal emergency evacuation plans had been completed should people need to leave the building in the event of an emergency. Risks in relation to the safety of equipment and the premises were all up to date and records confirmed this. The provider told us they were considering the installation of closed circuit television to monitor people's safety in communal areas.

There were sufficient numbers of staff to keep people safe. A relative said, "We visit at all sorts of the time of day and there's always a good number of staff around. They keep a very close eye on Dad and because he is very frail and prone to falls, they are brilliant. If his bell goes off they are there immediately". During the day, six care staff were on duty, with additional housekeeping, cooking, administration and maintenance staff. At weekends, five care staff were on duty during the day. At least two care staff were available at night, sometimes three. The care manager was also 'on call' if needed at night. Agency staff were rarely needed as existing staff could work overtime. Staffing levels were calculated based on people's care and support needs. Safe recruitment systems had been established and staff records we looked at confirmed this. Before new staff commenced employment and were allowed to support people, their suitability to work in a care setting was vetted. Two references and checks were made with the Disclosure and Barring Service (DBS) and new staff's employment histories were examined.

Medicines were managed safely. The home used an Electronic Medication Administration Record (eMAR) system for recording the administration of medicines. We checked a sample of eMARs and these showed medicines were administered to people as prescribed. The records included a photo and profile of each person, including any allergies and medical needs. We observed a staff member administering medicines

and they wore an apron which stated 'Do Not Disturb – completing medicines round'. The staff member was courteous with people and asked them if they would like any painkillers which were prescribed as needed. Each eMAR was completed immediately after a person was given their medicines. We checked on the administration of specific drugs, how these were managed and stored. These were managed safely. Temperatures in the medicines room and refrigerator were recorded and within safe limits. We looked at how medicines to be taken as needed (PRN) were recorded. The description of when to give these to people did not give sufficient guidance to staff if they did not know the person. For example the administration of Lorazepam for one person was to be given for extreme agitation, but there were no other details. However, staff we spoke with were able to describe in detail the exact circumstances of when to administer the medicine although care plans did not provide this information to staff. This issue was discussed with the home manager who immediately updated the guidance to staff within the care records. Staff had completed on-line medicines training and their competency to administer medicines was checked by senior staff at least annually. Audits in relation to the administration of medicines were received daily from the pharmacy.

The home was spotlessly clean and there were no offensive odours. We observed staff wearing personal protective equipment such as aprons and gloves as needed. The laundry assistant described how soiled washing was dealt with. A member of staff had received additional training in infection control and was the 'infection control champion' which meant that staff could go to her for advice and support on this topic.

Lessons were learned when things went wrong. For example, patterns and trends were identified when people sustained recurrent falls. Reflective practice was used so that staff could discuss any concerns in relation to people's risks and safety, at staff meetings, supervisions and at daily handover meetings between shifts.

Good

Is the service effective?

Our findings

People's care needs were holistically assessed. Before people came to live at Tenby House, a pre-assessment was completed that highlighted any risks or needs that people might have and these were planned for before admission. Families were also involved in this process. An electronic care planning system enabled staff to have easy access and updates about people's health and support needs. For example, if staff needed to see what the outcome of a GP's visit had been, the electronic system enabled staff to click on a particular icon which would immediately select the details relating to the GP's visit. Staff had been trained in an initiative that enabled them to recognise early warning signs in relation to possible deterioration of people's health.

Staff had the skills, knowledge and experience they needed to deliver effective care and support. We asked staff about their induction and whether this prepared them for their role. One staff member talked about the training they had completed, including fire safety training on the first day. New staff shadowed experienced staff for at least two weeks. One staff member said, "This eased me in and I had a chance to get to know people's needs". New staff completed the Care Certificate, a vocational, work-based qualification. Opportunities to study for National Vocational Qualifications or Diplomas in Health and Social Care were also available to staff. Training was organised that complemented the requirements of the provider's policies and procedures. The majority of training was delivered electronically and staff could access this from their home computers if they wished. Mandatory training included fire safety, moving and handling, safeguarding, mental capacity and first aid. Other training related to dementia, equality and diversity, confidentiality, food hygiene and food safety awareness. Some training was delivered on a face to face basis. Training opportunities were discussed as part of staff supervision meetings and at group supervisions. Supervisions were held with staff every three months and an annual appraisal. People and their relatives felt staff were skilled and experienced. One relative told us, "It's not an easy job here, there's so much they have to do, but we've never see any of the staff looking miserable or moaning, about work or each other. They know what's going on. There's none of this, 'Oh sorry, I don't know, I'll have to find out', which I'd find frustrating". Another relative agreed and said, "It shows to us that they work as a team".

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. We observed people having their lunch in the dining room. A menu board was on display which showed the day's menu in written and picture form. Two staff members were serving food and as each meal was placed in front of people, they were told what it was and asked if they were happy with it. One person was given rice, but on seeing that other people had roast potatoes (part of a different meal choice), they asked if they could have potatoes too. Their plate was swiftly and cheerfully taken away by staff and replaced with their food choice. People were chatting with each other and lunchtime was a social event. We observed staff were friendly and spoke to people politely. There were warm interactions from staff who smiled and spoke with people as they assisted them. Staff maintained good eye contact with people and lowered themselves to people's level as they were seated. Staff responded immediately when one person was observed not to be eating. They asked the person if they would like anything else and they replied, "Yes, a ham sandwich". This was promptly provided. People who ate slowly were given the time to do so and were not hurried by staff. Special diets were catered for. Where people required soft or pureed food, a

diabetic diet or their food to be fortified, these meals were prepared individually and labelled, so staff knew who the meal was for. We checked people's weight records, whether they needed a special diet and saw referrals had been made to specialists, such as speech and language therapists, as needed. Comments from people were positive in relation to the food on offer. One person said, "The food is excellent and nourishing. If I don't go to the dining room, they will bring it to me here and I can eat it in front of the tv". Another person told us, "There's a choice every day and it's home-cooked" Throughout the day, drinks and biscuits were freely available to people. One person commented, "Sometimes at night I'll say I'd like a cheese sandwich and staff go off and rustle one up for me. That's service for you!"

People had access to healthcare professionals and support. A GP visited every Tuesday and we spoke with the GP on the day of our inspection. They told us that staff were careful to ensure any actions arising out of their visits were followed up. The GP felt the home was well managed and run, with staff who were caring and loving with people. The GP added that staff were always available during his visits and he had no concerns. The GP said appropriate referrals were made when people's medical needs dictated. Some people were cared for in bed and some people were receiving palliative care. The home was part of an NHS project which meant that people who required prompt nursing advice and support received this. The area manager said, "The nurses are great. Within half-an-hour of our call, they are out". Records showed that people had access to chiropodists, dentists, opticians and community nurses.

The area manager told us there were ongoing plans to improve the building and that people were involved in choosing the colours when redecorating took place. There were no baths at the home, but showering facilities were readily available. We were told that people were made aware that there were no baths at the home before they came to live at Tenby House. There were two lounges that people could choose to sit in. One had a television on, whilst the other lounge was more of a quiet area. People could choose where they wanted to sit and some people spent time in each lounge during the day of our inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had completed training on MCA and DoLS and had a good understanding in this area. For example, one staff member explained the importance of allowing people to make their own decisions where possible, when decisions might be taken in their best interests and the importance of least restrictive alternatives. Another staff member took the lead for mental capacity as 'Mental Capacity Champion'. Everyone who came to live at Tenby House, even people on short breaks, had capacity assessments completed. The majority of people were subject to DoLS and a spreadsheet showed where DoLS had been applied for.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and provided with the emotional support they needed. One person said, "The staff know me so well. When I first came here I was in a much smaller room with not much of an outlook and I mentioned that. I was then moved to this room and it is lovely. I have a really nice view into the garden and that does me good. Staff listen and really care. I was taken ill and had to go into hospital and the manager and his wife came in to visit. Doesn't that just show you how much they care?" Another person told us, "The staff spend time talking to me and I have found this to be a very good environment. I don't need physical help, but mentally they have been my strength. It is also rewarding to look and see how much the staff help everyone else here. They are quite selfless and an inspiration". People's preferences and life histories were recorded in their care records. Life history books for people were maintained in their rooms. 'This is Me' documents included photos of people and their life stories; these were very detailed and accessible. Information in relation to people's language and spiritual needs was also recorded.

People were encouraged to be involved in all aspects of their care. We asked people if they were given choices about their lives and whether they felt in control. We asked about their choices of when they could get up and go to bed and if they had a choice of male or female staff to support them. One person said, "I'm never rushed and can get up or go to sleep when I want. I shower once a week. I could shower more often if I wanted, but I don't need to. I don't mind who helps me". Another person told us, "I am content with what I've got. I can make my own choices. I choose to spend most time in my room. I've got lots of books and I'm happy. By and large this is a well-run place with nice companions and a happy crew who are always eager to do things for you". Visitors were made to feel welcome at any time. A relative explained, "We decided when Dad first came in here that we would just turn up at all sorts of times so we could make sure that the care was consistent and were relieved to see we had nothing to worry about. We can come in at any time and will always be made welcome".

We observed staff genuinely cared for people and treated them with respect and compassion. Staff were friendly and patient when offering or providing support to people and had a good understanding of people's needs in relation to their dementia. Staff spoke with people in a kindly manner and by their preferred name. People were treated with dignity and respect and had the privacy they needed. A relative said, "I know when we are here the staff always knock before they come into Dad's room. We always go out if they are going to do personal care, but I know they draw the curtains. We have been consulted in his care and reviews have taken place as his health has changed". One person said, "I get a good, good service here. The staff are very polite. They call me [stated their name] which is what I like. I don't care for it when someone shortens my name. Staff are pretty marvellous. They cope with everything. They never walk straight into my room, they always knock".

We saw feedback from a social care professional with regard to a particular incident. The feedback in relation to how staff managed the incident was positive and talked about the person's privacy and dignity being respected because staff put a screen around the person. Other people in the communal area were reassured and encouraged by staff to remain engaged with activities that were taking place at the time.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information for staff about people's care and support needs. Care plans were held electronically and updated once a month. People's care needs were documented and included their physical needs, health conditions, nutritional needs, mobility, day and night care and mental health. Separate dementia care plans had been drawn up where needed which assessed people's short and long-term memory, their needs, risks and the support they required from staff. Where people had particular health conditions, advice for staff was specific on how to manage these, for example, in relation to what action needed to be taken and any emergency medicines that needed to be administered. People told us they were involved in reviewing their care plans. One person said, "The care they give us is first class. I have a vague memory of a care plan, but I was in a very bad place when I came here,. I'm slowly being pieced together and I'm sure as things progress, I'll be approached and asked what the future holds". A relative said, "Mum did her own care plan and we're happy with the way everything has been dealt with".

The majority of people stayed at Tenby House on a permanent basis. However, some beds were allocated to people for short-term breaks and there were emergency placements for people living with dementia. The area manager explained the arrangements that had been set up for people who needed to be admitted quickly. Referring to Social Services, the area manager said, "They're brilliant. We get all the information we need about people on support plans". When people needed to be admitted into hospital, 'hospital packs' could be printed off which provided health care staff with people's current health and support needs. Daily notes for people were kept electronically and completed by staff. These enabled staff to have up-to-date information about people's care needs, such as continence and what mood people had been in that day.

People's cultural and religious needs were documented. Holy Communion was available weekly for people who wanted it. One staff member told us about a person who had lived at the home in the past who followed a particular religion which meant they did not celebrate Easter or birthdays. When people in the home chose to commemorate religious festivals, this person was supported so they did not have to participate. We asked people if they were able to practice their faith and one person said, "The priest visits to give me the Sacrament. I'm not too worried now about getting out to the church. You don't need to be in a church to pray. It's what's in your heart that counts, not where you are". One person's particular needs meant they found it easier to access books through an audio system or on screen, where the print could be enlarged.

An activities organiser visited three days a week and a variety of activities was on offer such as exercises, adult colouring and painting, 1:1 games, Bingo and newspapers. A weekly programme of what was planned was on display and we were told that external entertainers and musicians also visited the home. On the day of our inspection, there was no organised entertainment, but when we asked people if they felt bored, everyone told us they were happy just to be with other people and chat, watch television or go to their room for peace. Nobody said they felt bored or wanted more entertainment than that already on offer. Staff regularly went around to ensure people had drinks and enquiring that all was well. One person said, "Yesterday we had music to exercise by. They produced a soft ball and we had to throw it to each other.

There's a gentleman who comes in with a portable organ once every month or so and he is very good. We've had sheep, goats, and parrots in here; it's all good fun". Another person told us, "I'm not really one for being entertained or playing games. I like to read and as long as I have my books, I'm happy".

We asked people what steps they would take if they were unhappy about anything and if they knew how to raise a complaint. One person said, "I've no complaints at all, but if I had to make a complaint, I'd go to the manager". Another person told us, "I count my blessings and I was only thinking the other day, 'What do I need?' and I don't need anything. I have it all here. This is home from home. I have no complaints. If something went wrong though I know I could speak to [named area manager]". We looked at the complaints log which showed no complaints had been received during 2018 to date and three complaints had been received in 2017; all were managed satisfactorily. An advocate could be organised if people required support to make a complaint. The provider's complaints policy stated that all complaints would be resolved within seven working days.

Where possible, people's last wishes in relation to their end of life care had been documented. The area manager said, "We try and start the process as early as possible and include people's life stories". We asked people and their relatives if they were involved in planning, managing and making an advanced decision regarding their end of life care. A relative said, "I was quite shocked when Dad came in here and when discussing his care plan, the subject of end of life care was brought up. [Named area manager] was very kind and compassionate and explained it was a subject no-one wants to discuss, but it is better to make these decisions before they are needed, because when the time comes, emotions are high and it's the last thing you'll want to be speaking about. She was right and I'm glad that it is now done, because we had time to think about things and everyone knows what's what".

Good

Is the service well-led?

Our findings

We looked at the provider's Statement of Purpose which described the aims and objectives of the organisation and how the service would help the people it supported. The Statement of Purpose provided detailed information about each objective and how these would be met. For example, we read, 'The objective of Tenby House is that management will ensure that residents shall live in a clean, comfortable and safe environment and will be treated with dignity, respect and sensitivity to their individual needs and abilities'. It then went on to describe how this would be achieved through effective procedures, risk assessments, maintenance of equipment and staff training. From the evidence produced at inspection, each objective recorded in the Statement of Purpose had been met.

Staff told us they felt supported in their roles and understood their responsibilities in relation to sharing any concerns they might be worried about under the provider's whistleblowing policy. Staff understood the need for honesty and transparency in relation to Duty of Candour. The care manager told us, "We go through this at supervisions. It's about transparency, telling relatives about any incidents, for example, any medicines errors. We tell the relatives and residents if they have capacity". The care manager told us that staff were fully involved in looking at what worked well and what did not work so well, then contributed to any plans to rectify any issues and make improvements. The area manager felt supported by the provider, who was also the registered manager. She said, "We speak all the time and have regular meetings". The area manager and care manager were responsible for the day-to-day management of the home and the provider visited monthly. The provider/registered manager had overall responsibility for Tenby House and another two locations. 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. Each location had a separate care manager.

Staff felt valued by the management team and that they were given the support they needed. For example, we were told of one staff member who had difficulty with writing in relation to documenting their understanding of various training topics. As a result, they had been encouraged to complete their training in the office, where the administrator was on hand to provide support. Staff meetings took place and staff were encouraged to make suggestions about the running of the home. Records confirmed that staff meetings took place and each staff member was given a hard copy. We asked staff about their values and philosophy in relation to their work. One staff member talked about the need to treat people as individuals, to make sure they received person-centred care, to involve people, treat them with respect and dignity, as though they were a family member. Another staff member explained it was about ensuring the best care was given to people and to make them happy. They talked about promoting choice and independence and that people's needs were central.

We asked people for their views about Tenby House. One person said, "The manager is the best and he brings out the best in everyone. It's very relaxed here and it's nice to have everything done for you". Another person told us, "We all get along, just one big family". People and their relatives were asked for their feedback through annual surveys and we looked at the results of these. Feedback on a range of areas, such

as food, cleanliness, planning of care and staff, all received positive comments. Where issues had been raised, these were dealt with promptly. For example, one person stated they did not have a remote control for their television, so a universal remote control was bought for them. Residents' meetings had been found not to be an effective way of obtaining people's views, so people met with a staff member individually to give their comments about the home. The area manager told us there were plans to organise a session via social media to obtain relatives' views. We looked at some positive feedback from relatives. One relative had written, 'Thanks to you all for the care you gave to our father. He was happy and we knew he was safe in your care. I would recommend Tenby House to anyone'. Another relative thanked the staff and stated, 'Everyone at Tenby House works so hard to look after people with very challenging conditions'.

A range of systems was in place to measure and monitor the quality of care, the service provided overall and to drive improvement. For example, audits were completed in relation to medicines, care records, falls and recruitment processes. An external consultant also carried out audits for the provider. Documents we needed to look at as part of the inspection process had been scanned and saved on the provider's computer system, which made them easily accessible. The administrator said, "We don't have to search for documents because they're all scanned onto the system".

Some beds at Tenby House were 'block booked' by the local authority, for people who required short breaks or emergency placements. The provider worked closely with social services and the dementia crisis team and the partnership worked well.