Spring View Care Limited

Tutnall Hall Care Home

Inspection report

Tutnall Lane
Bromsgrove
Worcestershire
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Tel: 01527875854

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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

The inspection was undertaken on 13 December 2016 and was unannounced.

The provider of Tutnall Hall Care Home is registered to provide accommodation and nursing care for up to 35 people who have nursing needs. At the time of this inspection 34 people lived at the home.

There was a registered manager in post who was supported by a deputy manager. 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.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and had their medicines as prescribed. Since our last inspection in January 2016 we found improvements in the way medicines were stored.

People and their relatives told us they were happy with the care and support provided by staff. People felt staff understood their needs and they felt safe. Staff knew how to report abuse and unsafe practices. Staff were recruited based upon their suitability to work with people who lived at the home.

People were assisted in having enough to eat and drink to stay healthy. People were given choice of meals. Where necessary they were given extra help to eat and drink to stay well. People said they had access to health professionals, and there was a weekly visit from their GP. Relatives had been informed if appropriate and were confident their family member had the support they needed.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests. We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered.

People told us they were happy living at the home, supported by caring staff. People's independence was promoted. Visitors were welcome to see their family members or friends when they wanted.

Relatives said they felt included in planning for the care their family member received and were always kept up to date with any concerns. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

There was an improvement in the monitoring of the quality of the care and support delivered since our last

inspection in January 2016. The provider and the registered manager had introduced regular assessing and monitoring the quality of the service provided for people. The provider and registered manager took account of people's views and suggestions to make sure planned improvements focused on people's experiences.

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

This service was safe.
People felt safe living at the home. Staff had identified the risks relating to people's care and how to keep people safe as a result. There were sufficient numbers of suitably recruited, qualified and skilled staff on duty to keep people safe and support people with their health and social care needs.
People received their medicines as prescribed.

Is the service effective?

Good

This service is effective.
People received care from a staff team who had the skills and knowledge to meet their needs. People were always asked for their consent before care was given. People had access to health professionals when required.

Is the service caring?

Good

This service is caring.
People had positive relationships with staff that were based on respect and promoting people's independence. People were treated with dignity at all times. People were supported by a stable team of staff who they were able to build trusting relationships with.

Is the service responsive?

Good

The service was responsive.
People received care and support which was personal to them and took account of their preferences. Care plans had been regularly reviewed to ensure they reflected people's current needs. People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good

This service was well-led
The registered manager and provider had introduced regular audits to monitor and improve the quality of care provided to people living in the home.

Tutnall Hall Care Home

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 13 December 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor, who had experience of caring for older people and people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

We asked the local authority and the Clinical Commissioning Group [CCG] if they had any information to share with us about the services provided at the agency. The local authority and CCG are responsible for monitoring the quality and funding for people who use the service. Additionally, we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home, and three relatives. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and eight staff. We looked at seven records about people's care. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Good

Is the service safe?

Our findings

At our last inspection in January 2016, we found improvement was required on how the provider stored some medicines. On this inspection we were shown a new storage facility for medicines so there was now suitable storage and disposal of medicines in place.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I always get my tablets on time, but I only have them in the mornings." Relatives told us they were confident their family member had the medicines when they should and received appropriate support. All medicine records checked showed people received their medicines as prescribed by their doctor. We saw staff explain to people as they administered their medicines, what they were taking and sought their consent before they administered them. Staff were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed

When we asked people how safe they felt living at the home one person replied, "I'm sure I feel safe... staff are here to help me." Another person said, "Yes I do feel very safe because if I need any help the staff always come quickly." A relative told us, "[Person's name] needs a lot of support, but the staff are very good they give it. That reassures us [person's name] is kept safe."

We spoke with staff about how they make sure that people they cared for were safe. They had been trained and were able to tell us how they would respond, report allegations or incidents of abuse to internal and external agencies such as the local authority and the police. All the staff members told us, if they had concerns they would immediately report it to the registered manager and felt confident they would take action and report to the Care Quality Commission (CQC). The registered manager understood their responsibilities to share information with the local authority and CQC if they thought any people were at risk of harm. We saw from our records that the provider had reported incident notifications to CQC.

We looked at how staff managed risks so that people were safe and risks to their wellbeing reduced. We saw staff appropriately used different aids and equipment to manage and reduce risks for people's health and safety. In people's care files there were individual risk assessments to identify and monitor potential risks such as risk of falls. When a person had fallen we saw the provider had produced an action plan to try preventing a reoccurrence. One person told us, they had come to live at the home following several falls at their own home. They said "I'm much safer living here I know if I fall staff will help me." The person told us how staff has supported them to use a walking aid, to assist them with their mobility and reduce the risk of further falls.

People and their relatives told us they thought there were enough staff on duty to meet their needs. One person said they felt, "There were enough staff to meet their needs and at weekends the same amount of staff were available as weekdays. I can't tell much difference." One relative said, "There are plenty of staff, we always see them sitting with and helping people." We discussed the staffing levels with the registered manager who told us these were determined by people's individual needs and risks. They arranged the staff

rota so there were eight staff on duty on the early shift to assist people with getting up in the morning and six staff on the late shift.

We checked the response times when people used their call alarms for assistance. Throughout the inspection we saw and heard staff respond very quickly to the alarms. We saw call alarms were in easy reach of people, whether they were sat in the communal areas of the home or their bedrooms. One person confirmed this happened on a regular basis they told us, "If I press my buzzer, staff are always here within five minutes."

Staff told us the required employment checks were made before they started work at the home. When we checked the staff records we found that staff had two references, employment histories and Disclosure and Barring services checks (DBS). The DBS is a national service that keeps records of criminal convictions. These checks supported the provider to ensure staff were suitable to work in the home.

Good

Is the service effective?

Our findings

People who used the service and relatives we spoke with felt staff were well trained to meet their or their family's needs. One person said, "Staff are good… they know what they're doing." A relative commented, "[Person's name] appears happy and is cared for very well. Staff seem well trained."

We saw people were supported by staff that had received regular training and knew how to support people living at the home. The staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. Staff gave us examples of the specialist training they had completed and how this helped them to care for people in the best way for them as individuals. For example one staff member said, "I went on diabetes training, it enhanced my knowledge and helped me understand more about the side-effects of insulin. I now know what side-effects to look for."

Staff had the opportunity to discuss their training needs and any concerns they had for the people living at the homes during their regular one to one meetings with their line managers. All the staff we spoke with told us they were encouraged to identify any additional training they required at their one to one meetings with the line manager and through discussion at staff meetings.

We saw the registered manager kept a training matrix which highlighted when staff had received the training, to make sure staff had the skills needed to care for people and maintain their well-being. Staff told us about the training and support they received when they first came to work at the homes. Staff said they had been supported well by their colleagues, line managers and the registered manager. A staff member told us " I worked with staff who knew people well as part of their induction for five days before working with people alone….. So yes I felt prepared for my new role."

Registered nurses are required to revalidate their registration with the Nursing and Midwifery Council (NMC). The registered manager told us, they had completed their own revalidation and were supporting nurses to prepare for the process. They had delivered training to nurses and kept records to alert them when nurses were due to complete revalidation.

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 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). All the staff we spoke with told us they had received training in MCA and DoLS.

At the time of inspection, only five people had an authorisation of DoLS in place with a further 12 people awaiting assessment following submission of the necessary documentation. We saw copies of emails the registered manager had sent to the local authority, which evidenced that action had been taken to pursue

outstanding applications. Within people's care files we saw that any potential restrictions had been dealt with as per the MCA, with best interests meetings held and the least restrictive intervention being utilised. An example we saw, was where a person required the use of bed rails to keep them safe from falling out of bed.

People who lived at the home were positive about the food provided. One person said "The food is lovely and fresh, it's very good I don't leave much." We saw people were offered a choice of meal, and alternatives were offered if they didn't like what was on the menu. Each person's care file contained a section documenting their nutritional needs as well as dietary preferences. This provided guidance to staff on the level of support people needed to ensure they ate and drank enough. A screening tool was used and updated regularly to identify people at risk of malnutrition. Daily records showed that staff documented people's food and fluid intake and we also saw that people were regularly weighed. These records enabled staff to monitor and identify any issues or concerns. Where people's support needs around their food or fluid intake changed, staff liaised with people's GP and other healthcare professionals and care plans were updated to provide additional guidance to staff on how best to meet those needs.

People were supported by staff so they had access to health professionals and their physical health and well-being was promoted. People told us they had access to doctors, dentists, chiropodists and other health professionals as required. People told us they were regularly weighed. These records enabled staff to monitor and identify any issues or concerns. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. A relative confirmed they were contacted promptly if a person's condition changed. They said, "When [person's name] developed [medical condition name] we were told immediately."

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff supporting them. One person said, "It's a lovely home. You'd go a long way to beat this place." Another person said, "It's good here they look after you well. [staff member's name] is very good and caring." A relative told us, "It's a smashing place, very friendly."

A staff member said, "I love working here. It's not a hard job or me. I've worked here for twenty –five years, so I know people's needs really well." We saw numerous warm and compassionate interactions between people, staff, the registered manager and the providers. One person told us the provider was, "Very nice, very friendly. They always stop to say hello and ask how I'm doing."

People were supported by staff that knew them well and understood their individual needs and their likes and dislikes. We saw staff clearly knew people's preferences and how to communicate with them effectively. Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. Staff supported people in a way that they preferred and had chosen. Staff responded appropriately when a person appeared to become anxious. They spoke calmly and reassured the person. Another example we saw was when one person became anxious whilst waiting for their lunch to arrive. The staff member knelt down next to them, gently touched their arm and told them, "Dinner would be here soon." The person smiled back at them and looked more relaxed.

People were encouraged to be as independent as they could be. At lunchtime we saw that people were offered support from the staff when they needed it. A range of specialised equipment, such as specially designed cutlery and plate guards was in use to make it easier for people to eat and drink without assistance. Staff were aware of who might need some help.

At the home people could choose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. A relative confirmed they called at different times throughout the week and were made to feel welcome by staff and the registered manager. They told us, they were always offered refreshments to drink with their relative.

Most people had their own bedroom although some people chose to share a bedroom for company. Their bedrooms reflected people's personalities, preferences and choices. People told us, they had chosen to arrange the furniture and possessions the way they wanted in their room to make it feel homely.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own rooms. Where people chose to share a room a curtain divider was available to maintain people's privacy and dignity when receiving personal care. One staff member said,

"I always make sure I close the curtain, when I'm helping someone with personal care. I put myself in the person's position and treat them the way I would like to be treated." People chose what clothes they wanted to wear and what they wanted to do. For example one person told us, "I chose this glittery top to wear for the Christmas party this afternoon."

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidential.

Good

Is the service responsive?

Our findings

People who used the service told us staff knew what care they needed and how best to support them. One person told us, "Staff are absolutely marvellous, you only have to ask if you want anything and they are there. They [staff] are lovely." Another person said, "The staff are good, they do what they can for you."

People's needs had been assessed before they moved into the service to make sure their needs could be met. Care records showed that detailed assessments were carried out before people came to live at the home. Care plans had been written from the information in the pre-admission assessment. This meant that staff had access to the detailed personal information they required to support people in a way that they need or preferred. The assessments we saw covered health needs and daily living activities along with people's likes and dislikes. We saw that people, and their relatives, had been involved in planning the person's care. People's relative's had been asked to provide details about people's previous life history, so staff could use this information to converse with people and help them reminisce.

Where people's needs changed staff reviewed and up-dated the care plan. We saw where people had required treatment from a health professional, there was a written explanation of the outcome what needed to be changed to ensure they stayed healthy. For example when someone had difficulty swallowing their food, a referral to the Speech and Language Therapist had been made and the person was assisted to eat by having their food pureed. We saw this information had been passed on to the chef to facilitate and saw the person was now able to enjoy their meals.

Activity, entertainment and staff interaction was tailored to individual need, taking account of people's age and mobility. A full time activities coordinator was employed and worked in the home Monday to Friday. They knew each person very well and what each person liked to do. People were engaged in different activities throughout the day. People were asked if they wanted to attend and only participated if they wanted to. The activities coordinator kept a record of whom and when people chose to join in activities and so was able to monitor interactions to avoid people becoming socially isolated.

Everyone was engaged with and had the opportunity to participate in activity and entertainment as they wished. Some people preferred to stay in their room and have individual time with staff to chat, read newspapers or have their nails filed or painted. Where people chose to stay in bed, one person told us "[Activities co-ordinator's name] visits me when they can to read my book and poetry to me."

On the day of our inspection the provider had arranged a Christmas party for people living at the home and their relatives. We saw people enjoyed the music and sang and danced with staff and the provider. People laughed with staff when they sang and danced. People and staff enjoyed each other's company and had fun. There was a whiteboard in the lounge which contained details of what activities were on offer that day, the menu and the weather. People used the board to find out what was happening that day. The activities coordinator asked people if they were happy with the planned activity and discussed how they were going to be provided. People told us, they had plenty to do and enjoyed the music and activity in the home. The variety of activity and entertainment included going out from the home. Outings were arranged on an

individual basis, including trips to the local garden centre. One person told us, "I really enjoyed going out in the minibus to [garden centre's name] it was lovely to see all the Christmas decorations."

People knew how to raise a concern or make a complaint. One person said "If I wasn't happy with anything I'd tell staff." People told us, they would talk to the manager if they wanted to make a complaint, but they stated they had never had to. Staff also demonstrated understanding of supporting people to raise concerns. One member of staff told us, "If we see people are unhappy we talk to them. We report concerns to the senior on duty or the registered manager". Staff told us, they would follow the provider's whistle blowing policy.

The provider had a complaints procedure that was available to people and visitors to the service. It included the timescale for responding to complaints and the contact details for the local ombudsman. The registered manager had a file for the recording and monitoring of complaints. The provider had only received one complaint in the last year. We saw how they had responded to the complainant and the action taken as a result.

Good

Is the service well-led?

Our findings

Since our last inspection in January 2016 we found improvements in the way the provider monitored the quality of the care provided was required. At this inspection we found there was new system for quality monitoring within the home which included a number of quality audits. For example a monthly audit of care records, staff files and medicines. Where areas for improvement were identified we saw that actions had been taken. This was demonstrated in a monthly care records audit, some of the documentation had not been completed, and once this was identified it was rectified. The provider told us, they carried out unannounced quality monitoring visits every month. The registered manager explained that this was another opportunity to ensure actions from audits had been completed. We saw as a result of these audits a decision to re decorate the home had been made. For example the dining room was freshly painted. One person commented, "Have you seen the new curtains? They are lovely aren't they?" On the day of our inspection new carpet was being fitted in the hallway. The provider told us, "It will make the entrance to the home more welcoming for people."

The provider told us, they usually visited the home at least once a week where they carried out a walk around and met with the registered manager. They checked on the quality of care including which included speaking to people living at the home and looking at care records. The registered manager told us they "Felt supported by the provider in their role." They gave the example since our last inspection, they were on site more, so could monitor and manage the home better.

People and their relatives spoke positively about the registered manager. We saw during the inspection she spent a lot of her day, talking to people living in the home. The conversations we had with people who lived at the home, relatives and staff reflected the culture of the service as being caring, professional, friendly and homely. One person told us "[Registered manager's name] is lovely. She always comes around to say hello." A relative said, "[Registered manager's name] is very friendly, always listens to what I have to say."

Staff we spoke with felt the registered manager was approachable and supportive. The registered manager told us, they thought people benefitted from a stable staff team, because staff knew people they cared for well. One staff member said, "It's a good team here, staff turnover is low. We can bring our suggestions and concerns to her." Another staff member described staff meetings as being open and staff felt they could state their opinion and be listened to. For example staff had brought up the need to have a break during the shift, this was now facilitated. All the staff we spoke with were aware of the provider's whistleblowing policy if they wanted to raise a concern.

A staff member told us they felt valued by the provider and the registered manager. On the day of our inspection, staff were being awarded with long service awards. Time had been set aside at the Christmas party for a formal ceremony for people and their relatives to see, staff receive their certificates.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes

to their regulated services or incidents that have taken place in them.

The registered manager regularly used questionnaires to gain feedback from people and their relatives. Comments included, "Management and staff have been exceptional in their care and support for [person's name]. A person living at the home had written, "We have no reason to make any complaints regarding care." Another person stated "Outstanding. Pat yourself on the back and carry on." The feedback supported the registered manager to monitor the quality of the care provided.

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