Mrs Paula Woolgar

Tusker House

Inspection report

57 Pine Avenue
Hastings
East Sussex
TN34 3PP

Tel: 01424421573
Website: www.tuskerhouse.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Tusker House is a residential care home providing personal care to 23 older people, some of whom were living with dementia. The service can support up to 72 people.

People's experience of using this service and what we found
Appropriate measures were in place to keep people, visitors and staff safe from the risk of infection from COVID-19. The home was clean and tidy. Staff used personal protective equipment (PPE) appropriately. The provider followed government guidance to ensure testing took place regularly. Visitors were welcomed to the home and supported to visit their loved ones.

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

People needs and choices were assessed, planned and reviewed. Staff received regular training and supervision which enabled them to provide the care and support people needed. People were supported to eat and drink a variety of homecooked meals and snacks throughout the day. People were supported to access healthcare as needed.

There was a quality assurance system and regular audits helped the provider to identify areas that needed to be developed. There was a positive culture at the home. Staff knew people well and understood the importance of person-centred care. Care plans contained the information staff needed to support people, and daily notes reflected the care people received and what they had done each day.

Rating at last inspection and update
The last rating for this service was requires improvement (published 9 September 2019). At this inspection we found improvements had been made and the rating has improved to good.

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of effective and well-led only. This enabled us to review the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Inspected not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the IPC part of this key question.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Tusker House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Tusker House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was not required to have a registered manager therefore the provider is 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided and one relative. We spent time talking with and observing people's interactions with staff. We spoke with eight members of staff including the provider. We reviewed a range of records. This included four people's care records. We looked at one staff file in relation to their induction program. A variety of records relating to the management of the service, including audits and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with five staff and received feedback via phone and email from seven relatives.

Inspected but not rated

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the Preventing and controlling infection part of the key question.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Before each visit, visitors were required to take a PCR test and an LFD test. Some relatives told us they found this burdensome and unnecessary. The provider explained that some people's relatives were concerned about visits to the home and the potential of an outbreak, so the testing had been implemented to provide reassurance and keep people safe. Following our feedback, the provider said they would review this policy and support relatives to take an LFD test at home providing it was safe for them to do so.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. There was a visiting pod with glass division and speaker system. Relatives could either visit through the pod or come into their loved one's side of the pod and have face to face visits. For face to face visits visitors wore personal protective equipment (PPE) which included masks, aprons and gloves. Visitors to the pod did not require PPE. Throughout the pandemic, people who were receiving support with end of life care were able to receive regular visits from family in their bedrooms.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were following current government guidance on PPE. PPE was available throughout the home and staff were seen to be using it appropriately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout. Changes had been made to the cleaning schedule to ensure increased cleaning of high-touch areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had not been a COVID-19 outbreak at the home. However, systems were in place to ensure that this could be managed safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
At the last inspection we asked the provider to make improvements to ensure Mental capacity assessments and best interest decisions had been completed. At this inspection we found these improvements had been made.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were specific to individual decisions. When people were deemed not to have capacity, best interest decisions were made. These decisions were made with the person, their relatives where possible, staff and professionals.
- Mental capacity assessments took into account the best time of day for each person. For example, one person's MCA had been completed in the morning as the person was more alert at this time. Another person had an MCA regarding a pureed diet. This MCA took place at a mealtime and the person was able to demonstrate that they preferred the puree as they did not like lumpy food.
- Staff received mental capacity and DoLS training which was regularly updated. They were aware of how people made decisions and how they expressed their choices. They offered choices in different ways depending on the person they were speaking with.
- The provider had applied for DoLS for people and had an overview of DoLS that were in place and those that had been applied for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs and choices were assessed before they moved into the home. The provider had closed the home to new admissions at the start of the pandemic. However, the home had recently re-opened and one person had been admitted to the home. The assessment had taken place following a local authority assessment and via phone and video calls with the person and their family. This helped ensure the person's needs would be met at the home.

● Nationally recognised tools, such as Waterlow and malnutrition universal screening tool (MUST) were used to assess people's level of risk of skin damage and malnutrition. These were regularly reviewed to ensure people received appropriate care.

Staff support: induction, training, skills and experience

● Staff received the training and support needed to help them meet people's needs. When staff started work at Tusker House they completed a two-day face to face training program. This included, safeguarding, moving and handling and infection control. Following the training staff were required to complete an assessment to demonstrate their understanding of their learning. Staff then completed an in-house induction which introduced them to the day to day running of the home, fire safety and policies and procedures. During this time, they worked with senior care staff to get to know people and understand their needs until they were assessed as confident and competent to work with people unsupported. This was demonstrated through the induction process when staff reflected on their learning to demonstrate how they would support people, for example with communication, fluids and nutrition and personal care. Staff told us the induction allowed them time to get to know people and understand their care needs.

● There was a training program which staff completed training and had regular updates. The provider told us training was provided face to face and this had been restricted during the pandemic. The provider spoke of the importance of the face to face training. They told us this enabled the training to be bespoke to Tusker House. For example, practical moving and handling training took place at the home and was based on people's actual needs. One staff member told us, "Training prepares us for what we need. What we are taught is relevant, (the trainer) knows the home and residents and that's what really helps."

● Staff told us the training helped them develop appropriate skills to meet people's needs. Some staff told us there had been less training recently. The provider had acknowledged this due to the pandemic. However, training had now recommenced and there was a training program to ensure staff received all the relevant training planned for the coming months. The electronic care planning system identified each day which training was needed for staff.

● Staff had received training specific to COVID-19 and the provider told us this was being refreshed. It would be delivered at each training course over the coming months to ensure all staff completed it.

●Staff had received regular supervision and had recently received their annual appraisals. Staff told us they were able to discuss any concerns during supervision.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to have enough to eat and drink and were encouraged to maintain a balanced diet. One person told us they were enjoying their meal. From observations we could see other people were enjoying the food they were eating. A number of people living at Tusker House were very frail and needed a lot of support at mealtimes. Staff told us they knew how important nutrition and hydration was to keep people healthy. They said this was something that was done well at Tusker House. We saw people were supported appropriately at mealtimes. Some people needed prompting and encouraging, others needed more support.

● People were provided with a choice of meals. We saw one person did not want what was offered therefore an alternative was provided. Some people required specialist diets, for example pureed or soft and these were provided appropriately. Some people required thickened fluids, staff knew how to provide these at the

correct consistency and information was available in people's care plans and in the kitchen.
● Staff, the cook and kitchen staff knew about people's dietary requirements. There was information in the kitchen to remind staff. This included diet types, food allergies, preferences for example vegetarian and whether people required their meals fortified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to maintain and improve their health. One relative told us, "As soon as there's any change or concern, they're straight on to the doctor before I have to ask." Staff understood people's health needs and contacted relevant healthcare professionals when needed. This included the doctor, dentist, chiropodist and speech and language therapist. The provider told us that access to some healthcare professionals had been limited due to the pandemic however this was improving. The chiropodist was now visiting people and one person was attending dental appointments. An optician was due to visit the home in the coming weeks.
● There was regular contact with people's GP and they conducted a weekly review of people by telephone and visited when required. This meant changes in people's health needs was responded to promptly. A recent review of one person by the speech and language therapist had taken place by a video call.

Adapting service, design, decoration to meet people's needs
● The home had been adapted and designed to help meet people's needs. People's bedrooms had been personalised with photographs and decorations to reflect their individuality. At the time of the inspection work was taking place to redecorate and refurbish one person's bedroom. This included the addition of an ensuite bathroom.
● Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There was level access throughout the home with plenty of seating and dining space.
● There was outside space with a seating area and sun umbrellas to protect people. The conservatory had been adapted to be used as a visiting pod, where relatives could sit with their loved ones or visit through a screened area. One relative told us these options had been used to enable a person to celebrate their birthday with family. Visitors had been able to use the visiting pod to enjoy a safe, family celebration.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we asked the provider to make improvements to the quality assurance system and to ensure people's records contained all the information staff may need. At this inspection we found improvements had been made.

● The quality assurance system had been reviewed. Regular audits and checks had taken place. This included an overall audit of the home. Where areas for improvement or change were identified, an action plan was in place to help implement the changes. For example, although there were regular observations of staff in practice these had previously not been recorded, therefore changes had been made and these observations were now being recorded. A detailed infection prevention and control (IPC) audit had been introduced and housekeeping staff were working through this to make appropriate changes.
● Care plans and risk assessments contained the information staff needed to support people. Staff knew people really well and used the care plans to support them. They showed us how they accessed information about people, for example, when people needed their positions changed, or the type of diet they were on.
● Previously care plans did not always include detailed information about activities people enjoyed or how to support them with activities. At this inspection improvements had been made and care plans included more details. Daily notes included details of activities and interactions with staff.
● Since the last inspection, people had become frailer and less able to participate in activities. However, we saw staff continuing to engage with people on a one to one basis for short periods of time. Staff spoke about the importance of activities to keep people engaged and how they needed to take advantage of opportunities. They told us about one person who was not usually chatty, the staff member was speaking with the person and on this occasion the person had spoken with them. The staff member had used this opportunity to spend 1-1 time with the person whilst they were engaging with the staff member.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive culture at the home. One relative told us, "I'm very impressed, the carers are very patient and caring, people have good meals and good activities." Another relative told us they were happy to raise any concerns with the provider and were confident they would be addressed.

● Staff told us they were well supported by the provider and their colleagues. One staff member said, "I am supported by [provider] and manager and then when I am working I am supported by my colleagues." Another staff member said, "Support is above and beyond."
● The provider worked at the home most days and they were supported by a care manager. They knew people really well and people responded to them positively.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider and senior staff were aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The provider told us feedback surveys would usually have been sent out. However, they had identified that these were not currently suitable as relatives had not been into the home. However, they said they received regular feedback from people's relatives through phone calls and emails.
● Before the pandemic there were regular relatives' meetings. Throughout the pandemic the provider and staff maintained contact with people's relatives through phone and video calls. Relatives told us they had been updated about any changes to their loved one's health or care needs.
● Relatives told us they were supported to maintain contact with their loved ones. One relative commented that the staff would always support them to speak with their loved one. They said, "I know I can phone and speak with [name], staff will always help her." Another relative told us, "We have used video calls, it's lovely to see [name] but I think it's more for our benefit than his."
● Staff attended regular meetings. They were updated about people's needs and changes at the care home. Information from the meeting minutes showed staff were given the opportunity to raise any issues and to provide feedback. Minutes demonstrated that conversations were open and lively.
● The provider worked with other organisations to provide appropriate care and support for people. This included the GP, district nurses and other professionals as required.

Continuous learning and improving care; Working in partnership with others
● Accidents and incidents were recorded, investigated to identify if there were any themes or trends. Action was taken to reduce the likelihood of a reoccurrence. This information was shared with staff to ensure learning and improvements were made.
● The care manager told us, previously it had been identified that a number of falls happened in the early evening therefore an extra staff member had been allocated to work at that time.
● The provider and care manager looked at different ways of improving care. The care manager had worked a number of night shifts. They identified issues with people's continence care at night, therefore a referral was made to the continence team. As a result, changes were made to people's continence products which meant staff did not need to disturb them so frequently during the night to provide personal care. The care manager said this had meant people were less tired during the day.