Tunbridge Wells Care Centre Limited

Tunbridge Wells Care Centre

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

Tunbridge Wells Care Centre is registered to provide accommodation, personal and nursing care for up to 70 people including those living with dementia. Accommodation is located over three floors. There were 62 older people including some living with dementia accommodated in the home when we inspected.

We carried out this unannounced inspection of the home on 2 November 2016.

At the time of our inspection there was a registered manager in place. They had been registered since January 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

People were supported to take their medicines as prescribed.

People were supported to eat and drink sufficient amounts of food and drink. They were provided with choices of food and drink to meet their individual dietary preferences and requirements. People were helped to access health care services. This was to ensure that their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA 2005] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. People's mental capacity was assessed and people were able to make decisions about their day-to-day care. Staff were knowledgeable about the application of the MCA.

People were looked after by staff who were trained and supported to do their job. The registered manager ensured that people received individual supervision that supported them to undertake their roles.

People were looked after by kind staff who treated them with respect and dignity. They and their relatives were given opportunities to be involved in the setting up and review of people's individual care plans.

There was a warm and welcoming atmosphere in the home and staff worked closely with people and their families. This was to ensure each person was supported to maintain their individual interests and to have a meaningful and enjoyable life. In addition, staff provided a varied programme of communal activities for those who wished to participate in them.

Care was provided based on people's individual needs and helped to reduce the risk of social isolation.

There was a process in place so that people's concerns and complaints were listened to and action was taken to address them.

The registered manager was supported by a team of management staff, ancillary staff and a team of nursing and care staff. Staff were supported to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Staff knew how to keep people safe from harm and knew the correct procedures to follow if they thought someone was at risk.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and satisfactory recruitment checks had been completed before new staff were employed.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of each person. Staff received ongoing training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured care was provided in ways which respected people's rights and people were helped to make decisions for themselves.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care and support was provided for people in a warm, friendly and patient way which took account of each person's personal needs and preferences.

People were treated with respect and their diverse needs were met. Their choices and preferences about the way they wanted to live and how care was provided were respected and their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

There was a range of interests, hobbies and activities available to people who lived at the home.

People were able to raise any concerns or about the home and the provider had clear polices and processes in place to address any formal complaints raised with them.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Management systems were in place to ensure that staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which continually reviewed the quality and safety of people's care.

Tunbridge Wells 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 was 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.

We inspected Tunbridge Wells Care Centre on 2 November 2016. The inspection was unannounced. The inspection team consisted of 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. Their area of expertise was in caring for older people and those living with dementia.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about. We also reviewed information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered provider.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. 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.

During our inspection we spoke with 15 people who lived at the home and 8 relative who visited. We also spoke with the registered manager, a unit manager, five care staff, the home's activity co-ordinator, the housekeeping staff member and the cook.

We also reviewed the information available in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

Other information we looked at as part of our inspection included; two staff recruitment files, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of the services provided at the home.

We observed how people were being looked after. In addition, we also 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.

Good

Is the service safe?

Our findings

People said they felt safe living at the home. One person told us, "Oh yes there is no problem there. I feel safe because the doors are locked and they know who is coming in before the doors are opened." Another person said, "They [staff] keep me safe. If I call my bell they [staff] come quickly if I need them." A relative said, "I can go home contented that my [family member] is safe at the home because the staff are kind and observant." Another relative who had had previous experience of another home said, "I now can go home confident that [family member] is in safe hands. I noted a great improvement in [family member] after only being at this home for two weeks. I am so thankful I moved [family member] here."

There were arrangements in place to keep people safe from the risk of harm. Staff were trained and able to demonstrate their knowledge about safeguarding people and how to keep people safe. They were able to describe the different types of harm. They were also able to describe the signs and symptoms of when a person may be being harmed. One member of care staff said, "They [person] could become withdrawn. Have bruising. Loss of appetite." Another member of care staff said, "There could be a change in their mood." Members of staff we spoke with were aware of their roles and responsibilities in reporting such untoward incidents. They told us this could be to their manager or to external safeguarding agencies, which included the police and the local safeguarding authority.

Information detailed in notifications also told us that the provider was aware of the correct reporting procedures for safeguarding incidents. This included sharing safeguarding information with both the CQC and local authority. The notifications also provided the information regarding the measures taken to reduce the likelihood of a similar occurrence. For example, where information had been brought to the manager's attention of poor practise from a relative. The registered manager investigated the allegations and additional training was put in place to ensure people received the support required in an appropriate way.

The provider told us in their PIR and the records we saw confirmed that they hold twice weekly meetings involving the heads of department to discuss incidents, concerns, and to look at health and safety issues. Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, where a person had had a number of falls they had sought additional advice about the use of a walking aid where this was deemed appropriate. This demonstrated that any incidents were reviewed and any learning was acted upon

People's risks were assessed and these were managed to reduce the level of risk where possible. Staff demonstrated their knowledge about people's risks. A member of care staff described how they looked after people who were assessed to be at risk of choking. They said, "I use a thickening powder to add to their [people's] drinks. They also have a pureed diet. We also need to ensure they [people] are correctly positioned and sat up as much as possible." The registered nurse told us about the management of people's risks of developing pressure ulcers. They said, "We use the [name of assessment] tool. We carry out a head-to-toe skin inspections to assess the risk of skin breakdown. We are able to access equipment, such as pressure-relieving mattresses and cushions that can help reduce the risk of them [people] developing

pressure sores. We also help people reposition. If they are unable to do this themselves then we would usually repositioned every two hours." A member of care staff told us that they would inform the registered nurses if they found people's skin with red areas. They also said that people who were at high risk of developing a pressure sore they would be repositioned "every two hours."

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. One person told us, "The staff are wonderful, patient and kind. They never hurry me even though I am very slow at times. I call and they come as quickly as they can." We observed staff worked well together and spent time talking with people and they responded timely when people called for help or assistance.

The registered manager told us they had an established staff team. There were systems in place to enable them to maintain and when needed increase staffing levels at any time to meet any new needs that had been identified. Staffing levels had been decided by assessing the level of care each person needed. The rotas were planned in advance and from our discussion with the registered manager and staff they ensured that there was a mix of skills and experienced staff for each shift. This was so staff could work in safe ways to support people and each other.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. One member of staff told us about their process, "I completed an application form. I had an interview. The manager then sent off for references. One from my previous employer. I then had to get a police criminal record check (Disclosure and Barring Service (DBS)). I didn't start work until all the information had been collected and checked." Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. One person said "I am always asked [by the nurse] if I need any pain relief. They are always very good at getting it for me at any time I ask." Another person told us, "I saw the doctor last week. He changed my medicine and the staff sorted it all out for me. They are so good at looking after my [medicines]." A third person said, "I always get my medication on time and also asked if I need any pain relief."

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines. Medicines that were given as required medicine had detailed protocols in place. This was to ensure that medicines prescribed 'as and when' were administered safely.

Good

Is the service effective?

Our findings

People, and relatives, we spoke with told us they felt the staff team had the experience and the right amount of skills to provide the care and support that each person needed. One person said, "The staff do a fantastic job. There is always somebody around to help me do the things I can't do for myself." Another person commented that, "The girls [staff] make sure I see the doctor if I need to and they are so helpful when I can't do things for myself."

Peoples care needs were identified and had been reviewed. Care records showed actions taken to respond to any increase or decrease in the support given. For example, when people needed to be cared for in bed any changes to the specific timings for support to be provided had been updated in order to manage those changes. People told us how they had been part of a review of their care. One person said, "Yes I have a care plan and although I don't wish to see it. The girls [staff] know what they are doing." Records showed when people had been seen by healthcare professionals such as local doctors, community nurses, dentists and opticians.

The registered manager told us that they had developed good working relationships with external health and social care professionals and that communication between them was good. Records we viewed and staff we spoke with confirmed this.

We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 [MCA]. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us in their PIR that DoLS referrals were in place where appropriate and all staff are instructed in this. There was paperwork in place to assist staff in deciding if a DoLS referral was required. We found that people were being looked after in the least restrictive way and based on assessment of their risks. This included, for example, the use of recliner chairs and bedrails.

Members of staff were trained in the application of the MCA and demonstrated their knowledge about this legislation. One member of care staff told us how they looked after people, who were assessed not to have mental capacity. They said, "[The MCA] is when a person does not have the ability to make a choice, then we help make their choice [for them]." Another member of staff said, "If they [people who use the service] are not able to retain or understand information. Any inability to make complex decisions about their health and wellbeing. We also act in people's best interest. We would involve the GP, the person if possible and

their relatives to make best interest decisions." Care records demonstrated that people's mental capacity was assessed and best interest meetings were held with a GP and people's relatives. The manager was aware of the need to review these specific documents in line with a recent court judgement ruling.

We found that staff were trained to do their job. The provider told us in their PIR that, 'Staff are doing diplomas in health and social care, dementia care, and end of life care.' Staff told us they received an induction when they started to work at the home. The induction included shadowing more experienced care staff and time to read and understand the policies and procedures for the home.

Information was available about the training staff had received and the future training the registered manager had planned for staff. The training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. We observed staff applying their skills in the right way when they did things like helping people with their personal hygiene needs and to move around.

Staff said that they were well supported by the registered manager and unit managers. They told us they received regular supervision sessions which gave them the opportunity to discuss their day to day work role and any personal issues. The registered manager and staff said they have signed up to the Social care commitment which is the adult social care sector's promise to provide people who need care and support with high quality services and also used the sessions to identify and agree any additional training or development needs for each staff member.

We found people's nutritional health was being maintained. One person commented, "There are always snacks and drinks available and we can help ourselves or ask a member of staff to get it for us." Another person said, "On the whole the food is very good." A third person said, "I always get a choice and if I don't like the choice they always get me something else." People's weights were monitored and the frequency of these was based on the person's nutritional risk assessment. We found that when people had experienced unintentional weight loss, they had been referred to the community dietetic service. Information gathered on people's nutritional risk assessments, people's food and drink intake was monitored. When people were not able to be independent with eating and drinking, members of care staff helped people with this aspect of people's care.

Staff told us that there food was available throughout the day and night if required, this included snacks and sandwiches. Staff informed us that people's food and drink likes and dislikes were obtained during the pre-admission assessment. Information for staff in relation to people's preferences was available in their care records and in the main kitchen area. Records confirmed that the cook catered for a range of individual tastes and varied menus had been developed through asking people about their preferred meals. For example, a number of people were on soft diets and their meals were planned and delivered in the way the people had been assessed.

Good

Is the service caring?

Our findings

People told us they knew the staff well and that the staff team were caring. One person said, "All the staff are very kind and caring and cannot do enough for us." A relative told us about a time they came to see their relative and a staff member was sat with them holding their hand. The relative told us, "They [family member] had received nothing but kindness and support."

Staff knew people's individual names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care they wanted and needed. The registered manager was also well known to people and we observed people interacting with the registered manager and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things each person liked to do. One person told us, "Staff will sometimes sit with me and we can chat or have a sing along together. It's wonderful." Another person added, "The staff are very gentle and caring, making sure I have everything I need."

To give people an opportunity to do something they have always wanted to do. Each person is given one wish which is then placed on a label on a wish tree. Staff then arrange the experience, for example one person wanted to be dressed in a specific dress, have a pampering session followed by afternoon tea, another person wanted to go a cruise, this was arranged by having a trip on a river cruise. Other wishes pulling a pint, swimming, horse riding and holding a baby. Photographs are taken at the request of each person and are kept as a memento of their chosen experience.

The premises maximised people's independence, privacy and dignity. We saw that there was a call bell system in place for people to call for help, if they were able to use this equipment. Relatives told us that their family member was not able to use this piece of equipment. However, they said that staff were "always popping in and checking" their family member, to make sure they were comfortable and safe. All rooms were used for single occupancy. Communal and bathing facilities were provided with lockable doors to ensure that people's personal care was provided in private. We saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. We observed that when people were having help with personal care, staff ensured that this was carried out behind closed doors. We also saw members of staff knock on people's doors, wait for a response if appropriate, before entering. One person told us, "I like my own privacy and staff respect that .The staff always ask me what help I need before doing anything."

Staff gave people choices and they listened for the response people gave before carrying out individual requests and wishes. We observed that staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before giving it and people were more relaxed through knowing what was happening.

Staff quickly noticed and offered any support needed if people required assistance. For example, to move from one room to another. Rather than making any assumptions staff always asked people where they

would like to be and where they would like to sit. We saw a member of staff member gently speak and walk with one person who had chosen to take themselves off to their room. The person responded well to having someone with them and told us, "I feel more confident when the staff walk alongside me."

During lunch time we saw people were able to be as independent as possible with eating and drinking. This was as well as some people being supported by their relatives to eat and drink. People had access to aids such as straws to help them with their drinks. Some people were provided special utensils and plate guards in order to help them eat their food in the way they wished and at their own pace. Staff regularly checked that people were enjoying their meals and offered additional help whenever the felt this might be needed. The meal time was unhurried and staff sat next to people they were providing support to. Some people chose to eat their meals in their rooms and this was respected. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments.

Care records showed that people were able to maintain family relationships. The daily records provided evidence of when people received any guests. People could sit with their guests in the privacy of their room or in any of the various communal areas.

The registered manager was aware that local advocacy services were available to support people if they required assistance and how to assist people in accessing this if required. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

Pre admission assessments had been completed with people before they had moved into the home so they were confident the home could meet their needs. The information was then used to complete a care plan. The provider told us in their PIR that 'care plans are written in conjunction with the resident [people who use the service] or appropriate other'. Staff told us the records provided them with the information they needed in order to respond to people's on-going care and support needs. People told us staff knew how to meet their needs. One person said, "The staff know me very well. They help me when I need it and they ensure they keep asking if everything is okay."

Care plans that we looked at did not provide detailed up to date information on how people's care needs were to be met. For one person it said they were on a normal diet where another part of the plan stated they were now on a soft diet. For another the person they can become anxious and frightened when being moved although there was no detail on how staff should manager this in a consistent way. Although we had noted that the care plan audits had identified this issue and a plan was being put in place to address this.

People told us that staff met their care needs. One person said, "The girls [staff] take great care of me. A relative said, "I could not wish for a better place for [family member]. They are well looked after. Overall, we saw that people were happy as a result of the way the staff met their individual needs such as with lots of smiles, chatter and laughter. People on the whole confirmed they were well looked after.

Staff we spoke with knew people well. For example, staff were able to tell us about people lives and what their occupation had been and about members of people's families. This helped staff when starting a conversation with people.

People we spoke with told us they had access to a range of interests, hobbies and activities. They told us they had been involved in choosing activities which were meaningful to them. Activities included a variety of indoor games and board games, exercise groups, quizzes and afternoon tea. They also celebrated various days in the year including; St Patricks day and Chinese New Year. A group of people were taking part in a sing along and a quiz on the day of the inspection. People said they enjoyed the activities and we saw they were relaxed and sharing laughter with the activity co-ordinator and other members of the staff team. One person said, "The lovely thing about living here is that there is always something different to do during the day." One relative said, "Although [family member] has dementia. (They) love to attend the activities and especially like the music and singing." People's spiritual and religious beliefs were met. Hymn singing with readings takes place every Sunday morning and was very well attended. One person said "it makes my day." They told us a church minister visits every fortnight and is available to talk with anyone that would like to talk to them. Another person said, "I like it when we go on outings and also when I go out with family or friends".

People were comfortable with each other and were able to relate to the things people had been involved in before they moved to the home. One person said, "Me and some of my friends who live here like to get involved with what is going on." We also observed staff took their time to sit with people and to listen to and

talk with them about any subject they chose to speak about. The activity co-ordinators took their time to visit each person to ask if there was anything they would like to do and just to chat.

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at this service. Comments included: 'you showed kindness and compassion to our [family member] and 'Thank you for the wonderful care you gave my [family member]'. There was a complaints procedure which was available in the main reception area of the home, in each person's room and the provider's website. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy. The registered manager had also discussed the issues raised in this complaint with staff at the team meeting. This showed us that the service responded to complaints as a way of improving the service it provided.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was. One person said, "She's a lovely person and we see them around now and again." Another person said, "They [Registered Manager] are a hands on manager and knows each of us well." A relative said, "I think I know who the [registered] manager is." Relatives did say they have access to the registered manager and her assistant regarding any problems which had arisen. These they said were responded to satisfactorily.

The registered manager was very knowledgeable about what was happening in the home. This included the improvements to be made to the quality of the service, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. Each member of staff have been provided with an inspection guide to ensure the smooth running of the service even in the registered managers absence. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

Staff told us that they felt supported by the registered manager. One staff member said, "The [registered] manager encourages us to let them know our views." Another said, "She is very approachable. They [registered manager] sort things out quickly and are not afraid to tell us how things have to be done." Staff all told us that the [registered] manager was approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. Staff said that their senior staff informed them of incidents when issues occurred and that they were discussed to ensure that these did not happen again.

The provider submitted their PIR when we asked for it. The management team of the home had also sent in required notifications, which included notifications to let us know of authorised DoLS applications and serious incidents as appropriate. This told us that they were aware of their legal responsibilities as a registered manager.

Information was available for staff about whistle-blowing if they had concerns about the care that people

received. One member of staff said, "Yes, the staff working here are kind and treat people well. The [registered] manager takes action if they are told that a staff member is not treating people right."

Staff felt there was good teamwork. One of them said, "We help each other out, the atmosphere is good and we laugh a lot." We observed this to be the case during our inspection.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

As part of improving the quality of care provided the staff are working towards the Gold Standard Framework for end of life care. The staff are also involved with the Kings College Research team, and the registered manager has participated in the Compassionate Leadership training programme, both these programmes look at improving the lives of those people who are living with dementia.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.