

# 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

### About the service

Tunbridge Wells Care Centre is a nursing home providing accommodation, personal and nursing care for up to 70 older people, including those living with dementia. Accommodation is located over three floors with a lift available to access each floor. One of the floors specialises in providing care to people living with dementia. At this inspection, there were 63 people living in the service.

### People's experience of using this service and what we found

People and their relatives were positive in their feedback. Comments from people included, "The staff are very attentive, and I have not had any worries about my care or feeling unsafe" and "The staff are all very kind and lovely." Comments from relatives included, "It's wonderful here. I have no worries about the care and the staff keep me up to date with any changes" and "I looked at a number of homes and was impressed that it was clean, staff were smiling and everywhere was fresh."

Observation showed that staff had developed trusting relationships with people where they felt comfortable in staff's presence and approach them with any concerns they had. Staff knew what their responsibilities were in relation to keeping people safe from harm and potential abuse.

Medicines were stored and administered safely by registered nurses. Staff were trained to meet people's needs and registered nurses were supported to keep their registration with the Nursing and Midwifery Council (NMC). Nurses and care staff received continuous support and supervision from the management team.

Staffing levels were based on people's needs. There were enough care staff and nurses to meet people's needs, call bells were answered promptly. Staff continued to be recruited safely.

People received support to maintain their health and access health care professionals as required. Daily meetings were held to discuss any changes in people's needs and referral to relevant health care professionals were promptly made.

People's care plans were person-centred and informed staff how the person wanted to be supported. 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.

The staff were caring, and knew people, their preferences, likes and dislikes well. Staff encouraged people to maintain their independence using aids to support independence. Staff understood the importance of protecting people privacy whilst promoting their dignity.

People's, relatives and staff's feedback was sought and acted on. People were supported to access a range

of activities within the service and in the local community.

Staff worked in partnership with the local hospice team to support people to have a dignified death they have chosen.

The management team were committed to improving the quality of the service people received. Audits highlighted any areas for development or improvement, which were acted on quickly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 3 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Tunbridge Wells Care Centre

## **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.

#### Inspection team

The inspection was carried out by one inspector, a Registered Nurse Specialist Advisor 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.

#### Service and service type

Tunbridge Wells Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 this information to plan our inspection.

#### During the inspection

We spoke with the 11 people who used the service and 11 relatives about their experience of the care provided. We spoke with the visiting GP and a visiting nurse during our inspection. We spoke with nine members of staff including the registered manager, the operations manager, three nurses, two care staff, the activities co-ordinator and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care plans, risk assessments, daily care records and medicines records on each floor. We looked at three staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

# 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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed around staff, laughing and seeking their support when required. Relatives told us they felt their loved one was safe. Comments included, "I leave here knowing my wife is safe" and "I am sleeping well for the first time in months because I know my husband is safe."
- Nurses and care staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. All staff had been trained in safeguarding and followed the provider's policy and procedure.
- The registered manager had developed a working relationship with the local authority safeguarding team. The registered manager would contact the team for advice prior to making a safeguarding referral.
- The registered manager kept a log of any safeguarding incidents that had been raised; these included the date they were closed and any actions that needed to be completed. The senior management team had oversight of this document and were available to give their support when required.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and mitigate any potential risks. Nurses and care staff followed comprehensive guidance to keep people safe and reduce the potential risks. For example, risks relating to people's nutrition and hydration, skin integrity and medical conditions.
- Records showed, and staff confirmed risk assessments were followed and risks had been reduced. For example, people that were cared for in bed were regularly repositioned to promote healthy skin and reduce the risk of developing a pressure sore.
- Daily meetings with the heads of each department enabled the opportunity to discuss any safety or risk. For example, maintenance issues that had been identified or changes to a person's diet that the kitchen team needed to be aware of.
- People continued to be protected from risks from the environment. A maintenance person completed regular checks of the environment and equipment to ensure they were safe and in good working order. Equipment such as, the hoist, lift and fire alarm were regularly checked and serviced.
- People's safety in the event of an emergency such as a fire had been assessed. An emergency 'grab bag' was available which contained each person's personal emergency evacuation plan, mobile phone, torch and other emergency equipment. Staff were aware of what to do in the event of an emergency.

Staffing and recruitment

- Staff continued to be recruited safely, completing checks to minimise the risk of unsuitable staff working with people. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date.

- The registered manager used an assessment tool to determine the level of nursing and care staff that were required on each floor to meet people's needs. Records showed staffing levels had increased when there were changes in people's needs. For example, an additional member of care staff was working on a one to one basis with an individual following a fall.
- Observation showed staff were available when people required support. Staff had time to sit down and speak with people individually.
- Call bells were answered promptly, this meant people were not having to wait for the support they required.

#### Using medicines safely

- People's medicines were managed consistently and safely in line with national guidance. People's medicines were administered by registered nurses at the time prescribed by their GP. Nurses had been trained and completed annual assessments of their competency, in the administration of medicines.
- Medicines were stored securely on each floor of the building; systems were in place for ordering, storage and disposing of people's medicines. Medicines that required additional storage such as refrigerated medicines or controlled drugs were stored and managed safely.
- Medicine Administration Records (MAR) contained enough information such as photographs and allergies of each person to promote the safe administration of their medicines. MAR sheets were completed accurately. Stocks we checked tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- There were instructions for staff about giving medicines people could take as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

#### Preventing and controlling infection

- Housekeeping staff based on each floor followed a schedule of cleaning to provide people with a clean and fresh environment. The head of housekeeping held responsibility for ordering cleaning products and personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE throughout the inspection.
- People told us, and observation confirmed the entire service and people's bedrooms were clean and smelt fresh. Housekeeping staff had been trained and followed the provider's infection control policy and procedure. A relative said, "The atmosphere is wonderful here and it never smells unpleasant."

#### Learning lessons when things go wrong

- Lessons were learnt, and improvements were made following a serious incident to prevent the risk of a reoccurrence. A person had choked and subsequently died whilst eating. As a result, all staff received additional first aid training and a choking vest was purchased. This was a vest used as a training aid to demonstrate to staff the pressure required to dislodge a piece of food.
- Incidents and accidents were recorded and monitored by the registered manager to identify any patterns or trends. The analysis was used to prevent the risk of a reoccurrence such as, referrals to occupational therapists.



# 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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service, to ensure their needs could be met.
- Assessments used nationally recognised tools to monitor people's skin integrity and risks related to malnutrition; these were reviewed monthly.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, expressing sexuality and emotional support.
- People's documentation was stored electronically; this enabled any changes to be made quickly and ensured all staff followed the most up to date information.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to fulfil their role and meet people's needs. Registered nurses renewed their registration with the Nursing and Midwifery Council (NMC) every three years and were supported in their reflective practice.
- Staff told us they felt supported in their role by their line manager and the management team. Staff attended team meetings and had regular supervisions with their line manager. Staff said the meetings were a two-way process which enabled them to receive support and updates on best practice.
- New staff completed a comprehensive induction which included time to get to know people and working alongside experienced members of the team. New staff completed 'The Care Certificate' this is a nationally recognised qualification within the care sector.
- Agency staff completed an induction to help them get to know their role and the people they were supporting.

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

- People's nutrition and hydration needs had been assessed. The kitchen team ensured that any special health or dietary requirements were catered for, such as the need for pureed foods or a fortified diet as recommended by health care professionals. A relative said, "I have tasted the pureed food and it is good and always served attractively."
- Mealtimes were observed to be a friendly welcoming occasion with people chatting to one another and supported to be independent with their meals; with the use of equipment such as, plate guards and adapted cutlery.
- People spoke highly of the food and there was little waste on each of the three floors we observed. A nutritionally balanced menu was available to people which included a variety of choices. One person said, "I carry it (menu copy) with me in my bag so that I can think about what I am going to eat." The chef said, "We can always make omelettes, jacket potatoes or light meals if people don't want what is on the menu."

- Staff monitored food and fluid intake for people that were at risk of not eating or drinking enough. A relative said, "The food is good, and my mother has put on weight since coming here." A variety of snacks and drinks were available to people to help themselves as well as regular tea trollies where people were served.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated based on the needs of people living on each floor. For example, the floor that supported people living with dementia used pictures to identify areas such as the bathroom and dining room.
- The corridors were decorated with different eras to enable people to reminisce. Some walls displayed activities people could access such as, different locks and handles.
- Some people had memory boxes outside of their bedroom door which contained personal possessions, photographs and items of interest; these enabled people to access their bedroom independently.
- People on each floor were able to access the ground floor garden; this was a secure pleasant environment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Nurses and care staff had a close working relationship with the local GP, district nursing team and the local mental health services. We spoke with the local GP and a visiting nurse during our inspection who confirmed staff implemented and followed their advice.
- People continued to be supported to maintain good health. Care plans contained clear direction and guidance for staff to ensure people's specific health needs were met. Referrals to health care professionals were made in a timely way and staff recorded and followed advice and instructions from them.
- People attended scheduled appointments and check-ups such as, visits to their GP or specialist consultant at the hospital.
- Records were kept of all health care appointments, the outcomes and any actions that needed to be implemented to promote people's health.

Ensuring consent to care and treatment in line with law and guidance

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 and best interest decision forms had been completed for specific decisions. The registered manager kept a log of all DoLS applications that had been sent in, whether they had been authorised and whether there were any conditions to the authorisations.
- Staff understood the MCA and DoLS and confirmed they had received adequate training. Staff were observed obtaining people's consent before providing care. One member of staff said, "I Don't assume people have no capacity, everyone has capacity and then I check for understanding."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff communication with people was warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not. Staff displayed kindness and understanding towards people and addressed them by their preferred names. One person said, "The staff are all very kind and lovely."
- The service had a strong, person centred culture and the ethos was that of an extended family. One staff said, "They are my family, and I treat them as such." A relative said, "I cannot explain how wonderful the place has been. I am here every day and the carers are so diligent and so kind to my wife."
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. A relative said, "I am very satisfied with the care my wife receives. I come every day and am so pleased with how well the carers know her."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives continued to be supported to express their views and play an active role in their care and support.
- A relative said, "I can have as much involvement as I like with the care plan and I keep a close eye for any changes."
- People had been supported by staff and relatives to complete a 'life history book' this information was used to get to know people and their backgrounds.
- Regular coffee mornings were held within the reception area. These meetings generated discussions between people, enabling people to express their views about topics such as the menu and activities.

Respecting and promoting people's privacy, dignity and independence

- People told us, and observation confirmed staff treated people with dignity and respect. Staff knelt when speaking with people to maintain eye contact. Staff were observed to knock on doors and wait for a reply before entering. A privacy screen was used when transferring people in a communal area.
- People were actively encouraged to make day-to-day choices and where appropriate, people's independence was promoted and encouraged. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Staff said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could.
- People were encouraged to stay in contact with their relatives and friends. Visitors were made to feel welcome and there were no restrictions on the times they could visit. Staff supported people to update their relatives when they had visited the doctor or there had been a change in their needs.

- Staff were aware of the need for confidentiality and held meetings or telephone conversations with relatives or health care professionals in private. Information about people was always stored and kept confidential. Electronic records were password protected which meant only people that were authorised could access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive a personalised service that was responsive to their needs. Care plans were detailed and gave staff guidance informing them how the person wanted their needs met. Care records were regularly reviewed with people to ensure they continued to meet their needs.
- Daily records completed by the nurses and care staff were stored electronically and were detailed, outlining the support the person had received throughout the day. The electronic system enabled staff to identify promptly if there were any changes to a person's needs.
- People and their relatives were encouraged to share information about their likes, dislikes and past histories. This information was used to engage people in conversations about their past vocations and education.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents were available to people in formats they were able to understand such as, easy read pictorial formats or larger texts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities as a group or on an individual basis; within the service or out in the local community. During the coffee morning in the reception area people enjoyed cakes they had baked the day before. One person said, "I love the baking club, it reminds me of baking day at home." A discussion took place about the items people wanted to bake for the next weeks coffee morning.
- The outings and activities available each day were given to each person and kept within the reception area. A sensory room was available for people to access and a hairdressing salon had been created for people to visit. One person said, "We just turn up if we want our hair done and wait our turn." Based on feedback from a group of men a new club was developed. One man said, "A Gentleman's Club, where we have a beer and play dominoes or cards. It's great."
- People that were cared for in bed had allocated time to reduce the risk of social isolation. One to one activity was provided such as, hand massage, reading to people and listening to music.
- People were supported to maintain relationships with people that mattered to them. People could have visitors at any time. Some relatives told us they visited daily.

#### Improving care quality in response to complaints or concerns

- People were encouraged to make suggestions or raise any concerns or complaints. People told us they would speak to a member of staff if they were unhappy. Relatives told us they felt confident to raise any concerns with the registered manager; who offered a weekly 'drop in surgery' where people and relatives could meet with them.
- A policy and procedure was in place which was accessible and given to people and their relatives. Records showed the procedure had been followed when complaints had been raised. For example, an acknowledgment, investigation, outcome and any actions.
- The registered manager kept a log of any complaints or concerns that had been raised; this enabled an analysis to identify any patterns or changes that needed to be made.

#### End of life care and support

- Care and nursing staff were passionate about providing quality end of life care for people. The nurses told us that several people had come to them for end of life care however, they had recovered their health.
- The registered manager had developed a close working relationship with the local hospice team; they worked together to provide people with a dignified, pain free death.
- Staff had conversations with people and their relatives about end of life care plans and people who had chosen to, had written plans in place. A relative said, "When we were filling in the 'This is Me' about mum it was difficult to deal with the section about end of life wishes but the 'wrap around care' we get as a family has made that easier to manage. We feel as if we belong here as well as Mum."

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us, and observation confirmed the registered manager knew people well and spent time on each floor observing practice. The registered manager had been recruited following the last inspection and had been in post since May 2018.
- Relatives spoke positively about the management team who they saw regularly. Comments included, "The care is superb. [Manager] is very open and she has had quite a job to recruit good staff this year" and "[Manager] walks round the home a lot and is always available to talk to if I have a worry."
- The registered manager was supported by a deputy manager who was also the clinical lead, providing support and prelesional guidance to the nurses and care staff. Staff told us they felt the management team were approachable and open to their ideas and suggestions, which were acted on. One member of staff said, "I trust them, they are excellent leaders."
- There was a shared vision to ensure people lived the life they wanted, providing high quality person-centred care. Observation showed staff followed this vision during the days to days support people were offered.

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 registered manager and senior management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

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

- The entire management and staff team were aware of their role, responsibility and who they were accountable to. Relatives and staff told us that there had been improvements to the service since the registered manager took over. Comments from relatives included, "[Manager] is the driving force here and she has given me so much help in sorting out my husband's place here" and "[Manager] sets the ethos here with good nurturing and care, she is firm but fair."
- There were effective systems in place to monitor the quality of the service people received. A range of audits were completed by the registered manager and the senior management team. These audits

generated action plans which were completed and monitored by the management team. Any actions were acted on quickly such as, a referral to the GP when a person had lost weight.

- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or death of a person.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had clearly displayed their rating within the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the development of the service. Annual surveys were sent out to people, relatives, professionals and staff; these enabled people to give their feedback about the service. There were also suggestion boxes within the reception area where people could provide feedback; these were emptied and collated weekly.
- Daily meetings were held with the heads of department to discuss any feedback or changes in people's needs.
- There was a commitment to providing people and others the opportunity to communicate their views and suggestions. Informal coffee mornings were held within the reception area where people and relatives could meet and talk about life living at Tunbridge Wells Care Centre.

Continuous learning and improving care; Working in partnership with others

- There was a commitment to following best practice to continually learn and improve the service people received. The registered manager had developed links with the local school enabling students to gain an understanding of social care. The local nursery visited the service regularly playing and learning with people.
- The staff team worked in partnership with health care professionals to promote people's health and well-being.