

Greensleeves Homes Trust

Tickford Abbey

Inspection report

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20 March 2019
21 March 2019
25 March 2019

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30 April 2019

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: Tickford Abbey is registered to provide accommodation and personal care for up to 32 older people, some of whom are living with dementia. At the time of inspection 25 people were living in the home.

People's experience of using this service:

- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- People's medicines were safely managed.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff had access to the support, supervision and training they required to work effectively in their roles.
- Staff were friendly and caring; they treated people with respect and maintained their dignity.
- Staff encouraged people to maintain their independence.
- People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's preferences.
- Information could be provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- The service provided appropriate end of life care to people. We have made a recommendation about end of life care provision.
- The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff.
- There were effective systems in place to monitor the quality of the service and drive improvements.

Rating at last inspection:

Requires Improvement (report published 28 March 2018)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.
- At the last comprehensive inspection, the provider was in breach of regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was no registered manager in post. The systems and processes in place to assess, monitor and improve the quality and safety of the service were not effective at identifying and improving shortfalls. People did not always receive their care from sufficient numbers of staff and people felt that there was not

enough social stimulation and activity available. People could not be assured that the management of the service would take appropriate action in response to allegations of abuse. People's needs were not adequately assessed so that risks were identified and measures implemented to mitigate the impact of risks to people's safety. Some people were left waiting for support to have their food and drink and people's nutritional records were not always accurate. The procedures in place to protect people from risks to their health and well-being by the prevention and control of infection were not consistently implemented. The system in place to allow people and their representatives to contribute to their care plans and risk assessments was not consistently implemented. Arrangements in place for managing complaints required strengthening.

We asked the provider to make improvements to the service. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations. They stated they would be compliant by October 2018. We checked they had taken sufficient action to comply with the regulations and found they had.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Tickford Abbey

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one assistant inspector.

Service and service type:

Tickford Abbey is a care home. People in care homes receive accommodation and nursing or personal care. 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. We visited the home on 20, 21 and 25 March 2019.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about.

We also contacted the health and social care commissioners who monitor the care and support the people receive to identify if they had any information which may support our inspection.

During the inspection process we spoke with six people who lived in the home and four people's relatives.

We also spoke with eight members of staff, including care staff, senior care staff, kitchen staff, maintenance staff and the registered manager. We looked at four records relating to people's care needs and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys, training information for staff and arrangements in place for managing complaints.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At the inspection in February 2018, we found people's needs were not adequately assessed to identify risks or measures implemented to mitigate the impact of risks to people's safety. We required the provider to make improvements. They sent us an action plan of how they would make improvements. We found at this inspection that improvements had been made.
- People's risks had been assessed. Care plans provided staff with the information they needed to manage risks to people's health and wellbeing. For example, where people required staff support to move or were at risk of falls. These assessments were reviewed regularly and in response to people's changing needs.
- People had equipment to help them stay safe. For example, people had call alarms that were within easy reach. People at risk of falls had sensor mats in their rooms that alerted staff when people were walking.
- Maintenance staff undertook regular checks of equipment in the home to make sure it was safe for people and staff to use. This included checks of fire safety equipment to ensure it would function properly in the event of a fire.

Staffing and recruitment:

- At the inspection in February 2018, we found that people did not always receive their care from sufficient numbers of staff. People were left waiting too long for care and support. We required the provider to make improvements. They sent us an action plan of how they would make improvements. We found at this inspection that improvements had been made.
- Most people and relatives told us that there were enough staff to meet their needs. One person told us staff had time to sit and chat with them. Another person's relative said, "There always seems to be enough staff about." However, we received feedback from some people that staff were very busy at certain times of the day; for example, in the mornings. People told us they would like a quicker response when they rang their call bell at these times.
- Staff told us there were enough staff deployed to meet people's needs and did not feel rushed.
- Our observations during the three days of inspection were staff were busy but able to meet people's needs and answer call bells in a timely manner.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.

Systems and processes to safeguard people from the risk of abuse:

- At the inspection in February 2018, we found that the provider had not ensured that safeguarding referrals were made to the local authority as required. At this inspection we found that the registered manager fully

understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority when needed.

- Staff had received safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to senior staff or the local authority safeguarding team.
- People were cared for safely. People and relatives told us they were happy with the staff that provided their care. One person's relative said, "I think [person's name] is being really well looked after."

Using medicines safely:

- Medicines were managed safely. Medicines were stored and disposed of safely. Staff had received training and their competencies were regularly checked.
- Where people administered their own medicines, this had been assessed and regular checks were in place to promote people's safety and independence.
- Regular audits were in place to ensure any errors were quickly identified.

Preventing and controlling infection:

- At the inspection in February 2018, we found that the procedures in place to ensure the prevention and control of infection were not consistently implemented. At this inspection we found improvements had been made and people were protected by the prevention and control of infection.
- People and their relatives told us the home was much cleaner since the recruitment of the registered manager. Our observations confirmed that the environment was visibly clean and fresh.
- The registered manager had introduced cleaning schedules for domestic staff and monitored the completion of cleaning within the home.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- The registered manager had identified that improvements were required to the storage of soiled laundry. The registered manager had included this in their business plan and was waiting for authorisation from the provider to make the adaptations required to provide an appropriate storage space.

Learning lessons when things go wrong:

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Staff reviewed risk assessments and care plans following incidents to reduce the risk of recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- The registered manager and provider had used earlier CQC inspection reports as a basis for learning from past errors and making improvements.

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

Good: 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 and their relatives told us people had received a pre-assessment of their needs before moving into the service. People's pre-assessments were used to create individualised care plans that ensured staff had the information they needed to provide people's care.
- The registered manager told us they took the needs of people already living at the home into account when assessing people, to make sure staff could meet everyone's needs.
- The registered manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience:

- At the inspection in February 2018 we found people's needs had not consistently been met by staff who were effectively supervised and supported. At this inspection we found staff were supported.
- Staff told us they felt their supervision meetings were effective. They could feedback any ideas for improvement or concerns to senior staff or the registered manager.
- Staff were confident in the training they received. Specialist training was included to ensure staff could support people with behaviours that may challenge effectively and safely.
- We looked at training records and found these were mostly up to date. The manager was aware of the staff whose training was due to be refreshed and was making arrangements for this.

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

- At the inspection in February 2018, we found that some people were left waiting for support to have their food and drink and people's nutritional records were not always accurate. At this inspection we found the registered manager had made the improvements needed to ensure that people's nutritional needs were met.
- People told us they were offered a choice of food and drink and most people said that they enjoyed the food.
- People were supported to maintain a healthy and balanced diet. We saw that pictorial menus were available and that people were offered choice for every meal.
- Staff were aware of any dietary requirements and preferences that people may have, and this was documented within care plans as required.
- People's nutritional records were fully completed and demonstrated that people were being provided with food and drink that met their needs.

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

- People told us staff supported them to access other health and social care professionals such as a GP or community nursing staff.
- We spoke to a health care professional who told us they believed the service had improved. They told us that they were consulted about people's healthcare needs and staff followed their advice.
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.

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

- The provider was adapting one floor of the building to provide care for people living with dementia. People and their families had been consulted about these changes.
- People's rooms were decorated to their choice. People had personalised their bedrooms with pictures and other belongings that were important to them.
- Areas were accessible to the people living in the home; with various communal areas for people to use, and a large garden.

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 with appropriate legal authority. 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 found that they were.

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

Good: 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:

- People told us they had good relationships with staff, one person said, "It [the home] has a family feel, you don't feel as though you are in an institution, you are part of a family. Staff come and sit and chat with me."
- People told us they felt cared for by staff. One person said, "We get birthday and Christmas presents from them [provider]. It's those little things that mean a lot."
- Some of the people we met with were unable to tell us how they felt about the service but all seemed very comfortable in the presence of staff. We observed people being affectionate with staff and laughing.
- Staff knew the people they were supporting well. For example, we saw staff supporting a person who was becoming anxious at a mealtime. Staff calmly supported the person, so they were able to enjoy their meal.

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

- At the inspection in February 2018, we found the system in place to allow people and their representatives to contribute to their care plans was not consistently implemented. At this inspection people and their relatives told us they had been involved in developing individualised care plans and these were reviewed with them. We saw people or where appropriate their relatives had signed the record of their care reviews to show their involvement and agreement.
- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information and body language.
- The registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain their independence. One person told us how staff supported them to administer their own medicines. They said, "I do all my own medication, it gives me flexibility to take them at a time that suits me. I've never run out, they come and count them every month and talk to me about what I take."
- People's privacy and dignity was respected by staff. We saw staff knocked on doors before entering and respected that people's rooms were their own private spaces.
- Staff we spoke with understood about confidentiality. They told us they wouldn't discuss anything about a person in front of others, only staff, and in a private area so they would not be overheard.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the inspection in February 2018, people told us there was not enough social stimulation and activity available. At this inspection we found activity staff had recently left or were on prolonged leave. People told us they were missing the activities. We discussed this with the registered manager who explained they had recruited replacement activity staff, and these were due to start as soon as recruitment checks had been finalised.
- During the inspection we observed that there were varied activities for people to take part in. For example, we observed people and staff taking part in an interactive game in which colourful, moving images were projected onto a table top. People were able to move the objects from one to another with their hands. We saw that people were engaged and absorbed in the game. On the first day of inspection a musical entertainer was visiting the home and people enjoyed a sing along. Daily newspapers were delivered to the home, which we saw people reading. One person told us how pleased they were that they had been to bring their piano to the home. This was in a communal area and they enjoyed playing it for their and other people's enjoyment.
- People received care that was personalised to their needs and preferences. All the care plans we reviewed contained personalised information to support staff to provide people with individualised support. For example, information regarding how people liked their personal care to be delivered, their night time routines and preferences and any religious needs.
- People's likes and dislikes were recorded within their files, and staff had good knowledge of these. For example, each person's care plan contained information about the activities they enjoyed and situations that may cause anxiety. We spoke with staff and found that they had good knowledge of people's likes and dislikes.
- People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans contained information about their communication needs and the support they required.

Improving care quality in response to complaints or concerns:

- At the inspection in February 2018 we found the arrangements in place for managing complaints required strengthening. At this inspection we found people's concerns and complaints had been recorded and responded to. Where an investigation had taken place, the outcome, any actions taken, and lessons learned were recorded.
- People told us they knew who to speak with if they were unhappy and wished to make a complaint. The registered manager was visible and accessible to people.

End of life care and support:

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.
- People were supported to make decisions about their preferences and these were recorded in their care plans. Other healthcare professionals such as GPs, community and palliative care nurses were involved as appropriate.
- Staff had received training in a range of areas to meet people's needs but had not received training specific to end of life care. We recommend that the provider find out more about end of life training for staff based on current best practice.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- At the inspection in February 2018, we found there was no registered manager in post. The systems and processes in place to assess, monitor and improve the quality and safety of the service had not been effective at identifying shortfalls. Where shortfalls were identified these were not addressed in a sufficiently timely manner. We required the provider to make improvements. They sent us an action plan of how they would make improvements. We found at this inspection improvements had been made.
- Feedback from people, their relatives and staff confirmed that the service had improved since the recruitment of the new registered manager. We received consistent feedback the service was providing good quality, individualised care to people. Our observations and review of records confirmed this.
- People and their relatives told us that the registered manager knew people well and was available to them. One person said, "I know [registered manager] very well. I can say anything to him, I can tell him about any problems."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. Staff told us that the registered manager had made many positive improvements and staff now worked together as a team for the benefit of the people living in the home. One member of staff spoke of the registered manager, "Bringing the [staff] team together."
- The provider, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies.

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

- Staff were clear about their roles and responsibilities towards the people they supported. They told us that they were listened to when they raised concerns and prompt action was taken in response.
- Staff were encouraged to attend regular meetings. Staff meeting minutes confirmed staff could raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider carried out regular audits of all areas of the service and we saw action was taken when areas for improvement were identified. For example, improvements to care records.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The provider had displayed the last inspection rating on their website as required.

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

characteristics:

- People's feedback about the service was captured through regular contact with people and their relatives. We saw minutes of meetings that had taken place where people and their relatives had the opportunity to contribute to the running of the service and were asked for their opinion about future plans.

Continuous learning and improving care:

- The registered manager had complied with the action plan implemented following the inspection in February 2018. All areas for improvement had been achieved and people, relatives and staff told us that the quality and safety of care had improved.
- The provider had introduced a new electronic care planning system. This enabled more consistent recording of people's care needs and preferences. The registered manager and senior staff used the care planning system to oversee people's care and ensure people's needs were met.

Working in partnership with others:

- The provider continued to work with a dementia charity to provide people and relatives with the support of an Admiral Nurse. (Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families and people living with dementia.)
- Good relationships had been developed with local commissioners and the registered manager had worked with them to make the improvements required in the home.