

## Mars Care Services Limited

# Tavey House

### 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

Tavey House is a residential care home registered to provide accommodation and personal care for up to 12 older people, some of whom are living with dementia. At the time of the inspection there were 10 people using the service.

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

People were happy living at Tavey House and praised the premises, the staff, and the care provided. A person said, "It's a beautiful place, I enjoy living here." A relative told us, "[Person] absolutely loves it here and the family's minds are at rest as we know they are well looked after. I would certainly recommend this home."

The staff were caring and looked after people with kindness and respect. They encouraged people to be independent, where possible, and to enjoy individual and group activities. A relative said, "The staff are fantastic. [Person] has taken to every single one of them and they're like family."

Health care professionals said staff worked well with them and were 'proactive' in referring people to health care services when needed. They made positive comments about how well the staff knew the people they supported, and the quality of record keeping and information sharing.

The service's new management team ensured people received good quality care and support. They carried out regular audits to check the service was running well, record-keeping was in good order, and people were safe.

People, relatives and staff were encouraged to share their views on the service. They said managers listened to them and made changes where necessary. People and relatives said all managers and staff were approachable and helpful and wanted the best for the people living at Tavey House.

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.

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 Requires Improvement (report published 30 July 2021). The overall rating for the service has improved to Good. This is based on the findings at this inspection.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. At

this inspection, improvement had been made and the provider was no longer in breach of regulations.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Tavey House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

Tavey House is a residential care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tavey House is a residential care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the service had a registered manager, but they were no longer working at the service and the provider had asked them to de-register. The provider has applied to CQC to be the service's new registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought

feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with six people who used the service and one relative. We spoke with the provider, team leader, clinical lead, medicines lead, and two care workers. We spoke with two visiting professionals. We reviewed a range of records including four people's care records, staff files, and records relating to the overall management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has improved to good. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure people were protected from the risk of accidents, incidents and inconsistent care. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risk assessments were up to date and comprehensive. They included the information staff needed to protect people from harm.
- Staff assisted people to walk safely. A person told us staff supported them to go into the garden. We observed staff doing this safely and effectively.
- Staff knew how to support people if they were distressed. For example, one person became calm if staff showed them the garden and talked about flowers. This reassured the person.
- People had personal emergency evacuation plans to be followed if people needed to leave the premises in an emergency. This meant staff knew how to safely evacuate people. They included personalised information, for example reminding staff to ensure a person was wearing their glasses if they needed to leave the building.

### Using medicines safely

At our last inspection the provider failed to ensure medicines were properly and safely managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff gave out medicines to people safely and in a kind and respectful way. They knew how people liked their medicines to be administered and waited with them to ensure they had taken them safely.
- The service had a new medicines system which staff said was quicker and safer to use. Staff were trained in medicines administration and had regular competency checks to ensure their skills and knowledge were up to date.
- Medicines were stored safely in temperature-controlled lockable facilities. Staff kept accurate records to show medicines were in stock and administered safely and on time.

- Protocols were in place for PRN ('as required') medicines to ensure people had these when they needed them. Staff used 'pain charts' to understand how individual people expressed pain so they could administer pain-relief medicines when they were needed.

### Preventing and controlling infection

At our last inspection the provider failed to properly assess the risk of infections at the service and take action as necessary to reduce that risk. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People and relatives made positive comments about the cleanliness of the premises. A person said all areas were 'very nice and clean'. Staff were trained in infection prevention and control. They followed government guidance to reduce risk and prevent the spread of COVID-19 and other infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People were safe at the service. A relative said their family member was safe because of, "Everything [the service offers]. The staff know them, and they know how to look after them, they are safe here."
- People were protected from harm. There were systems in place to ensure any concerns about people's well-being were addressed and reported to the local authority and CQC as necessary.
- Staff understood their safeguarding responsibilities. A care worker told us how they had spoken out when a person's care needs had not been fully met. They were listened to and the person's care improved.

### Staffing and recruitment

- People and relatives said there were enough staff employed to keep people safe. A relative said, "There are always three staff in the lounge, and management and (team leader) are always available."
- A care worker said staffing levels had increased which meant staff were able to get their work done and still have time to socialise and do activities with people.
- Staff were safely recruited to ensure they were suitable to work with the people who used the service.

### Learning lessons when things go wrong

- Staff logged accidents and incidents and reviewed them to reduce the risk of reoccurrences. People's care plans were updated following accidents and incidents to ensure lessons were learnt and changes made where necessary.
- Following our last inspection the provider improved the service's audit system to ensure all areas of the

service were continually monitored and improved.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received appropriate support, training, professional development, supervision and appraisal. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff were well-trained. They completed a mixture of in-house and external training course, the latter provided by the local authority, the health authority, and other training providers.
- Most staff had completed all the essential training recommended by Skills for Care (the strategic body for workforce development in adult social care in England). The provider said the service's training programme was ongoing and all staff had the opportunity to complete a wide range of training courses designed to cover all aspects of people's care and support.
- An experienced senior staff member carried out competency and spot checks on the staff to ensure they understood their training.

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

- Staff assessed people's needs prior to admission to ensure these could be met at the service. Where possible this was done in person, but if not, staff liaised with people (where possible), their families, and health and social care professionals involved in the person's care.
- Assessments considered people's individual needs relating to all aspects of their care and support. They included information about their life history, likes and dislikes, and cultural requirements.
- If a person was admitted in an emergency, staff ensured they had the key information they needed to keep the person and others safe.
- People had oral health care plans to support them to maintain oral hygiene. Staff followed advice from speech and language therapists to ensure people had the mouth care they needed.

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

- People said there was plenty to eat and drink at the service, and the quality was good. A person said, "It's lovely food, I enjoy it." A relative said staff 'encourage and prompt' their family member to eat and they had no concerns about the person's weight.

- Staff provided people with hot and cold drinks at regular intervals to help ensure they remained hydrated.
- Staff used weight charts and nutritional screening charts to ensure people's nutritional needs were identified and met. Some minor improvements were needed to the way these charts were completed and the provider was addressing this.
- If people needed extra support with their nutrition and hydration staff worked with GPs, dieticians, and speech and language therapists to provide this. If people were at risk, for example from choking, staff ensured food was provided at the right consistency.

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

- People were supported to maintain their health and well-being and access healthcare when they needed to. A person said their GP had been in to see them, and they were confident staff would get the GP in again if needed.
- Staff liaised with a range of healthcare professionals including GPs, community nurses, and hospital staff, to ensure people's healthcare needs were met.
- Care plans were reviewed and updated following consultation with health care professionals to ensure staff followed their advice and instructions.

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

- All areas of the premises were clean, light, and uncluttered with non-slip flooring. There were automatic lights in some areas, for example corridors and bathrooms, to make it easier for people to use them.
- The provider was looking into making the premises more 'dementia friendly' to further meet the needs of people living with dementia. They were planning to use decorations and items of interest to provide stimulation and comfort to people.
- A person said they would like to see 'more colour and pictures' in the lounge. We told the provider this so they could act on what the person said.
- Signage at the service used images and wording to make them easier for people to understand.

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. We found that they were.

- Staff sought people's consent before providing care and encouraged people to make their own choices about their daily lives.
- People's decision-making ability was assessed where necessary. If people did not have the capacity to make decisions, staff consulted with relatives and health and social care professionals to ensure their best interests were followed.
- Where people were deprived of their liberty, the relevant applications and authorisations were sought

from the local authority to ensure this was done legally and in line with best practice.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People and a relative said the staff were caring and kind and treated people with respect. Staff were attentive to people, spent time with them, and provided emotional support when it was needed.
- Staff listened to people and their family members/friends to find out their likes, dislikes and preferred routines. This information was recorded in their care plans.
- Care records considered people's equality and diversity needs. For example, people's spiritual needs were identified and met and staff assisted a person who used a wheelchair to go outside on a regular basis.

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

- People were encouraged to maintain their independence. A person said, "They don't wait on me hand and foot, because I don't like that. They don't take over, I tell them what to do."
- Care records included people's wishes and preferences and documented the things which were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked before entering people's rooms and we saw this in practice when staff took tea to a person in their room who was having a visit with a family member.
- A relative said all private information was discussed in the person's room or by phone to maintain their privacy. A person said staff did not discuss private information in front of others, instead, "They tell me in my room, I don't think they would do it in here [the lounge]."
- People chose the gender of the staff supporting them with personal care. If they had a preference for a particular gender this was recorded in their care plan.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Staff consulted with people when care plans were written. A person said staff explained to them what a care plan was and then 'sat me down and went through everything'.
- Care plans set out people's individual needs to give staff a good understanding of what these were and how to meet them in line with people's preference. Daily notes were personalised and showed people having the care they needed and enjoying social interactions.
- People were encouraged to take part in regular activities. A person said they enjoyed painting and drawing, and staff supported them to continue this hobby. They were doing artwork during our inspection and staff showed us some of the pictures they had completed.

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.

- Staff had a good understanding of people's communication needs. A relative said their family member had communication difficulties. They told us, "They [staff] know if [person] is in pain, or not themselves, and will contact me to tell me what is going on."
- Care plans had clear instructions in them to staff on how best to communicate with people. They explained how people liked to communicate, for example by using a 'thumbs up' to show they were satisfied with their care and support.
- Staff were trained in dementia care to help ensure they could communicate effectively with people living with dementia.

Improving care quality in response to complaints or concerns

- People said they would speak out if they had any concerns about the service. A person told us they would tell staff if they had any complaints and added, "They are approachable anytime."
- There was a complaints book and complaints procedure in reception. The provider said the complaint procedure was being updated to make it simpler and more user-friendly.

End of life care and support

- People's care plans included their wishes and preferences in relation to receiving care at the end of their lives. These were written in conjunction with the person themselves, where possible, and/or their relatives.
- Staff were completing 'ReSPECT' forms (these provide emergency responders with recommendations to

help them to make immediate decisions about a person's care and treatment) for all the people using the service.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- The service had a happy and inclusive atmosphere. People told us they liked living there and were well-cared for. A person said the staff treated them as an individual which was important to them. A care worker said, "We have a good culture here, the residents come first."
- Care records listed people's daily care needs and how staff should carry them out. Management did a daily check of these records to ensure nothing had been missed out and people had received all the care they needed.
- A relative said their family member had come on 'leaps and bounds – both physically and mentally' since coming to the service because of the quality of the care.

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

- People felt confident any concerns they had would be quickly addressed and said managers and staff were friendly and approachable. A person told us, "The staff know me and I would tell them if I wasn't happy".
- The provider investigated accidents and incidents and kept people and families informed of outcomes. They submitted statutory notifications to CQC if any significant changes, events or incidents happened at the service.
- Ratings from our last inspection were displayed on the premises, as well as the service's statement of purpose and complaints procedure.

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

At our last inspection systems and processes were either not in place or robust enough to demonstrate the service was effectively managed and shortfalls identified and addressed. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The service had a new management team who provided stability and leadership at the service. Each

member had assigned roles and areas of responsibility and reported back to the provider. This worked well, enabling the provider to have oversight of all aspects of the service and allowing care workers to focus on their specific roles in delivering care.

- The provider used daily, weekly, monthly and annual audits to check the service was providing good quality care and meeting regulatory requirements. For example, the service's medicines lead carried out medicines stock and records checks twice a week to ensure medicines were managed safely and effectively.

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

- People, relatives and health care professionals made many positive comments about the service in their responses to the provider's annual quality assurance survey. Respondents commented on the 'high standard' of the work carried out on the premises, the 'superb' care, and how well the managers and staff communicated with them during the COVID-19 pandemic.
- The provider followed-up suggestions people and relatives made in the survey. They provided more activities, enabled better use of the garden, and brought religious services back into Tavey House.
- Staff felt well-supported and said they enjoyed their work at Tavey House. A care worker said they could raise anything they wanted in their supervision sessions, were listened to, and managers acted on what they said.

Continuous learning and improving care/ Working in partnership with others

- The provider worked with the local authority to bring about improvements to the service. They accessed staff training through the Leicestershire Social Care Development Group and Leicestershire Partnership Trust. This helped to ensure the staff team and service continued to develop and improve.
- Visiting health care professionals said staff worked in partnership with them to improve people's care and well-being. They told us staff knew when to call them in, kept good records, shared information where appropriate, and followed instructions when meeting people's health care needs.