Hampshire County Council

Ticehurst Care Home With Nursing

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection visit took place on 17 and 19 February 2015 and was unannounced.

Ticehurst provides accommodation, nursing and personal care for up to 86 older people, some of who are living with dementia. The home is comprised of a residential unit and a nursing unit. There were 64 people using the service at the time of this inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 7 and 8 August 2014, we asked the provider to take action to make improvements. This was because people were not being protected from the

Summary of findings

risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. At this inspection we found that improvements had been made.

Some areas required improvement. Good practice was not always followed for the recording of medicines or the assessment and administration of 'variable dose' or 'as required medicines', particularly around pain relief. The system for monitoring people's food and fluid intake was not always implemented effectively.

People told us they felt safe and there were systems and processes in place to protect them from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff deployed to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was a comprehensive induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration.

People told us they were happy with the care they received and said they had good relationships with staff. One person told us "The staff understand me, they are very kind". Another person said "The staff really look after me. It is amazing here nothing is too much trouble".

People told us the service was responsive to their needs and staff listened to what they said. People were confident they could raise concerns or complaints and that these would be dealt with.

People spoke positively about the service and the registered manager and said they would recommend the home to their friends. There was an open and transparent culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Improvements were needed to the management of people's medicines. Good practice was not always followed for the recording of medicines or the assessment and administration of 'variable dose' or 'as required medicines', particularly around pain relief.

There were enough staff deployed to meet people's needs and the service carried out appropriate recruitment checks to help ensure that staff were suitable to work with people at risk.

Staff were aware of their responsibilities to keep people safe and were confident to use relevant policies and procedures to raise any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received a comprehensive induction and undertook relevant training which helped them to deliver effective care.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. However, the system for monitoring people's food and fluid intake was not always implemented effectively.

People received the support they needed to help them manage their healthcare needs.

Is the service caring?

Good

The service was caring.

People were happy with the care provided and said they had good relationships with staff.

Staff showed concern for people's wellbeing and responded to their needs quickly. The atmosphere in the home was calm and staff interacted with people in a friendly, respectful and caring manner.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to help ensure that care and support plans were sufficiently detailed to accurately inform the delivery of care and support.

Staff were knowledgeable about the people they were caring for and responded to requests for assistance.

Summary of findings

Complaints policies and procedures were in place. People told us were confident they could raise concerns or complaints and that these would be dealt with.

Is the service well-led?

Good

People spoke positively the registered manager and the way the service was run.

There was an open and transparent culture within the service, which encouraged people's involvement and their feedback was used to drive improvements.

Regular audits of the quality and safety of the service took place to ensure people were receiving appropriate care and treatment .

Ticehurst Care Home With Nursing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014'

The inspection visit took place over two days on 17 and 19 February 2015 and was unannounced.

The inspection was led by an inspector who was accompanied by a specialist advisor and an expert by experience. A specialist advisor is someone who has experience and knowledge of working with people who are living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 10 people who used the service and five relatives. We also spoke with seven care staff, three nurse staff, an activities coordinator, two deputy managers and the registered manager. We reviewed a range of care records for twenty people, including nursing and personal care assessments, medicine administration records, daily health monitoring records and visits by healthcare professionals. We also reviewed records about how the service was managed, including risk assessments and quality audits. During and after the inspection we received feedback from six external health and social care professionals who were involved with the service.

At the last inspection on 7 and 8 August 2014 we found people were not protected from the risks of unsafe or inappropriate care and treatment, because accurate and appropriate records in respect of the care and treatment provided were not always maintained.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living in the home. One person told us "I am very happy and safe here" and another person said "I feel very safe living here, even the kitchen staff know my name".

Improvements were needed to the management of people's medicines. We reviewed nine people's medication administration records (MARs). Three people had been given a medicine that should not be given at the same time as other medicines. We showed this to a senior member of staff, who immediately recognised an error in the times written in the MAR which had led to the error in administration. They told us this would be corrected immediately. The registered manager confirmed the action taken.

Five people on the nursing unit had pain assessments in use, which showed they people were assessed for pain at three intervals a day during the medication rounds However, people may have experienced pain at other times. Not every person who had been prescribed analgesics had a pain assessment and specific care plans were not in place for 'variable dose' or 'as required medicines', to tell staff when it was needed. This meant people may have been at risk of experiencing pain and if they had difficulty with verbal communication they may not have been able to express it.

One person had been prescribed an 'as required' medicine by their GP for 'unmanageable behaviour'. The person's care plan included a brief description of the person's behaviour: 'I can become anxious and aggressive during personal care'. It also in included a nursing intervention care plan: 'Anxiety and agitation during personal care. Reassure and explain what is happening clearly and slowly and administer medicines'. There was no clear behaviour management plan to guide staff on how to respond to the person's anxiety. The registered manager was confident that a new dementia care review, being implemented during the week of our visit, would identify new approaches for supporting people with cognitive impairment.

We recommend the provider review their practice with regards to 'as required' medicines and pain assessments in line with best practice.

Medicines were kept safely, in locked trolleys or in treatment rooms. The home was currently administering a number of Controlled Drugs (CD). These are prescription medicines controlled under the Misuse of Drugs Act 1971, and which require special storage, recording and administration procedures. Records showed that regular and routine checks were carried out by staff to ensure the amount of controlled medicines matched the number recorded in the CD book. We carried out a balance check of the CDs held against the CD register and these matched. Arrangements were in place to ensure medicines were being stored within the recommended temperature ranges.

Staffing levels were adequate to meet people's needs. The target staffing levels for shifts on the nursing unit were ten care workers and three nurses. The registered manager was supernumerary and was also a qualified nurse. On the residential unit there were six care workers, two shift leaders and a deputy manager. On the first day of the inspection, the residential unit was short of one care worker due to a change of circumstances. One of the shift leaders was providing personal care to make up the shortfall. The service also employed administrative, kitchen, laundry and maintenance staff. The service was currently recruiting to fill two care positions and gaps in the rota were being filled by casual or agency staff. There were also two kitchen staff positions being recruited to. A nurse deputy manager had been recruited but was not yet in post and a deputy manager from another of the provider's services had been seconded to the home.

One external health and social care professional told us there seemed to be a high ratio of people using the service to staff. They said at times staff seemed to be under a lot or pressure to provide care for people and complete the required paperwork. The rota showed an additional member of care staff had been deployed to assist with updating care plans. Three staff we spoke with told us "We are busy but we have enough staff". Staff responded quickly and people's needs were met in a timely manner. People raised no concerns with us about delays in call bells being answered.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records contained risk assessment and risk management plans that were specific to each individual. For example, one person had a risk assessment for accessing the community and travelling in a vehicle. Any new risks or changes were communicated at

Requires Improvement

Is the service safe?

handover meetings when the staff group changed. Staff respected and promoted people's independence, while remaining aware of their safety. For example, staff ensured people had their walking frames at hand so they could use these to move around the building as they wished.

Staff received training in safeguarding adults and had a clear understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was available on how staff should report abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

There were appropriate recruitment processes in place, which helped to ensure that only suitable staff were employed to support people who used the service. These measures included Disclosure and Barring Service (DBS) checks; confirmation that the staff were not on the list of people barred from working in care services. The system of checks included agency staff who worked at the service. Records were also on file showing that checks were undertaken to ensure that nursing staff were correctly registered with the Nursing and Midwifery Council (NMC). All nurses and midwives who practise in the UK must be on the NMC register.

Requires Improvement

Is the service effective?

Our findings

People told us staff had the right knowledge and skills to support them effectively. Some of their comments were: "The staff are very good they understand me"; "Correct skills? I should say, the staff here are amazing"; and "They understand me alright and they keep me as independent as possible".

While people did not feel there was much choice of food, alternatives to the main menu were available. For example, one person did not want the food that was put in front of them and was immediately offered a sandwich.

The system for monitoring people's food and fluid intake was not always implemented effectively. The tools used to monitor people's intake were not used in a timely way across the home and could not be relied on for their accuracy. In the residential unit a file was kept that included food and fluid records for three people. Their intake was to be checked at set times throughout the day. At noon on the first day of the inspection the record had not been completed although there should have been three entries. A member of staff told us they knew what food and drink had been given to the people concerned but had not yet completed the record. This record was unlikely to be completed accurately from memory for all three people for all three occasions where they were meant to be monitored.

Another member of staff told us "We do try and keep the food and fluid charts up together, but they are not always accurate, especially if we have agency staff on, they are not always recorded properly". They said that the member of staff giving a person a drink would not be the one who then checked the person had drank it. At the end of the inspection the registered manager told us she had addressed the issue with staff and records were now being completed as soon as people had finished their meals and drinks.

We observed people were offered drinks regularly throughout the day. People's care plans included information about their dietary needs and risks in relation to nutrition and hydration and staff were aware of these. People were weighed on a monthly basis and records showed people had gained weight, which can be difficult to achieve in people with cognitive impairment.

Staff supporting people to eat and drink were unhurried and ensured the experience was as pleasant as possible for people by describing the food, how it had been cooked and making sure the person only had as much as they could easily swallow with each mouthful. In the residential dining room, we saw different coloured plates and coloured beakers were in use, which would be of benefit to people living with dementia, who may find it difficult to differentiate objects. Plate guards were also used to support people to eat independently The room was light and airy and the tables were laid with bright tablecloths.

One person had a percutaneous gastrostomy (PEG) which meant all of their food, fluid and medicines were administered in a liquid form through a tube directly into the their stomach. This is usually provided because of swallowing difficulties. The person's care plan included clear instructions about the amount of food and fluid to be given over 24 hour periods. It included guidance about the processes to be followed which were also detailed and clear. The staff maintained a daily record of the processes they followed and the amount and content of everything they administered. We spoke with a nurse and a member of the care staff about the person's needs. The nurse had comprehensive professional knowledge about PEG's and extensive information about the person. The care worker told us about how they took care of the tube site when providing personal care. They also showed good knowledge about this.

Staff confirmed that they received training that was relevant to their work and helped them to meet the needs of people using the service. There was a comprehensive induction, training and development programme and a system for monitoring staff attendance on courses. The induction for new care staff lasted four weeks and was based on the Skills for Care common induction standards, which, at the time of the inspection, were the standards people working in adult social care needed to meet before they can safely work unsupervised. In addition to essential training to carry out their roles safely, care staff attended dementia awareness training and were encouraged to undertake diplomas in health and social care. An external trainer from a local college visited the home to assist staff to further develop skills such as written and spoken engish language.

A member of staff us "I had an induction that lasted one month and it had eight sections, some of which were

Is the service effective?

moving and handling and infection control, it was very good". Another member of staff said "We can have as much training as we like. I have done my NVQ 3 (National Vocational Qualification) in dementia". A record was maintained showing the training and qualifications, including expiry dates, of agency staff who worked at the service. Staff knowledge and skills were further supported through supervision meetings and individual performance plans, which provided an on-going appraisal of their work and development needs. Staff said they could also approach the registered manager at any time for informal support. One member of staff told us "The door is always open".

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Where decisions about everyday living where made for people by staff, mental capacity assessments were also recorded in their support plans. Staff demonstrated clearly their understanding of mental capacity. One care worker told us "We have had training in this and it means that everyone gets to make their own decisions for as long as they can and we have no right to make them for them, unless it is proven they do not have capacity". A nurse said "We all assume people have capacity until it is shown to be otherwise". Staff confirmed they had received training during the past year in the subjects of mental capacity and deprivation of liberty safeguards.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager understood when a DoLS application should be made and how to submit one. Following a Supreme Court judgement which clarified what deprivation of liberty is, the management had reviewed people in light of this and submitted more applications to the local authority.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Records were kept of applications submitted and those that had been authorised. For one person, conditions had been attached to the DoLS authorisation and these had been met by the service. This was confirmed through discussion with the person concerned and the registered manager.

Where necessary a range of healthcare professionals were involved in assessing and monitoring peoples support to ensure this was delivered effectively. Staff explained how they monitored people's health and wellbeing and reported incidents or concerns. For example, if a person had recurring falls then staff would refer them to their GP to assess for a possible urinary tract infection or other health issue. One person told us "They look after my health. I have had a flu jab and I get to see a doctor when I need one and a chiropodist". Feedback from external health and social care professionals indicated that improved processes were in place in relation to how the service pursued referrals to health specialists.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and said they had good relationships with staff. One person told us "The staff understand me, they are very kind. They have to hoist me and it is comfortable". Another person said "The staff really look after me. It is amazing here nothing is too much trouble".

Staff showed concern for people's wellbeing and responded to their needs quickly. They knew the people they were supporting, including their preferences and personal histories. Staff spoke about people in a respectful manner and asked for their consent before giving personal care, which was carried out discretely and in private. The atmosphere throughout the home was friendly, calm and caring. Staff laughed and joked with people as they went about their tasks. The registered manager also clearly knew people well as she walked about the home and spoke with them, always addressing people by their names. The registered manager was able to tell us which people were feeling unwell that day and would probably prefer not to be disturbed.

Staff demonstrated knowledge and understanding of people's individual needs. For example, a person who had a percutaneous gastrostomy (PEG) was being cared for by a nurse and a member of the care staff. The nurse told us "Although the PEG has been in place for several years, I am still aware it must be frightening so I make sure I take my time so that it is not just another task done to them". The care worker said "It is hard as they cannot talk but we say a lot with our eyes and we never forget X is a clever person who deserves to be treated with respect, all and not just some of the time. It must be so hard for residents day after day, we must never forget how it feels to that person in the bed".

People who used the service, and those who were important to them, were involved in planning their care. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. Staff told us about their responsibilities as key workers, which included consultation with people and their family members about decisions affecting them. This helped to ensure that people and their relatives were involved and informed about their care and support. One person told us "'The staff are marvellous I never feel rushed, they explain my treatment and I get involved". Another person's relative said "The staff always have time to talk to me, I have got to know them all. They discuss my wife's care with me and let me know what is going on".

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and staff listened to what they said.

At the last inspection on 7 and 8 August 2014 we found that care and support records were not all up to date, accurate and fit for purpose. There were some inconsistencies in the way that care and treatment was recorded. At this inspection improvements had been made to help ensure that care and support plans were sufficiently detailed to accurately inform the delivery of care and support. Staff told us about the further training and guidance they had received and how this had clarified what was expected in relation to care and support plans. A member of staff told us a lot of learning had taken place and they now felt more confident about their responsibilities around record keeping.

Further changes were in the process of being made as part of a continuing plan of improvement. A senior member of staff told us they were working with staff and providing training to improve how they reported and recorded people's behaviours that might be challenging. In particular, people's plans were being updated, where relevant, to describe more clearly the behaviours, the possible causes or 'triggers', what this might mean for the person and the most appropriate way for staff to respond. A community health professional visited regularly to support staff working with people whose behaviour could be challenging. They told us the service was working with them to achieve new approaches that kept the person at the centre of the care and support provided.

Advanced care plans, which described people's choices in relation to end of life care, were in place for some people and were also being further developed to help ensure that staff were able to support people nearing the end of life in a personalised manner.

Whilst we found improvements there was one area that we discussed with the manager as an area for further development. The provider did not use specific and detailed continence support care plans. This meant staff did not receive guidance about each person's individual continence needs. People's elimination care plans were basic and did not include information about the frequency of absorbent pad changes or the specific ways staff should support people to remain independent for as long as possible.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. Where people were unable to share their preferences or information about their life history with staff, this was completed by a family member. This supported staff to know and understand what was important to each person and to deliver responsive care.

Daily care records, which were completed by staff on each shift, provided further evidence of staff responding to people's needs in line with their care plans. A member of the care staff said: "We know if the resident is not their normal self by chatting to them as much as we do, they can't always communicate with us but we really know our residents and if they are under the weather we call the nurse in to check them". Another staff member gave an example of how they provided care that was personalised to the individual receiving it. They said "We know X likes clips in her hair and her lipstick on, although she can't tell us we make sure this is done for her".

Care plans contained relevant information about people's physical health and their care and support needs which allowed staff to provide care that was responsive to their needs. There were clear assessments of people's moving and handling needs and guidance about how staff should meet these. The records contained evidence of people being referred to the provider's Occupational Therapy (OT) Moving and Handling Specialist when people's needs changed. We saw the OT regularly and routinely attended the home. During the inspection we spoke with another external professional who told us the staff were responsive to their guidance and instructions. They said they were contacted quickly and they had confidence that people's needs were being met.

The service employed two staff as activity coordinators who helped to provide a range of activities. We saw records were kept showing both one to one and group activities were offered and took place. These helped staff to monitor the activities offered, declined and participated in. During the inspection a quiz was taking place in one of the lounges and a church service was being held in the afternoon.

Good

Is the service responsive?

Activities also included events that involved people's relatives and the wider community, such as celebrations of St Patricks day and St Georges day. A person's relative said "There's always something going on".

The service routinely listened and learned form people's experiences. There was an annual survey of people's views carried out in April and May 2014 and the responses indicated that people were satisfied with the overall service provided. The service had also recently asked for people's views about the dining experience and the responses were being collated. A senior member of staff said they were aware that people drank more fluids when sat with others, which was another reason to make the dining experience as good as possible.

A system was in place to monitor and respond to any concerns or complaints about the service. The registered manager confirmed no complaints had been received by the service since the last inspection. People we spoke with knew how to make a complaint, although none of them had felt the need to do so. One person said "I would tell a care worker if I wasn't happy with something, or chat to the nurse, they listen to me". A visitor told us "They review mum's care every three or four months. The staff are really good, they read books to her, I like that. I have never had to complain about anything". An external health professional told us that when a complaint had been raised it had been discussed thoroughly and resolved very swiftly.

Good

Is the service well-led?

Our findings

People spoke positively about the service and the registered manager and said they would recommend the home to their friends. A person's relative told us "I can't find fault with this home. I would be happy to live here".

We received mixed feedback from external health and social care professionals about how the service worked in partnership with other agencies. One health and social care professional told us there appeared to be a reluctance by the senior team within the home to accept offers of help and suggestions of good practice. They said until recently the management had not attended the local forum to share such ideas. More recently there had been investment in improving standards within the service. Another external professional, who was involved in forums discussing practice in older people's care homes, told us the service often sent representatives to the forum and provided active involvement in the topics discussed. A third health and social care professional commented that their agency had an excellent relationship with the managers of the home.

The registered manager had learnt from and acted on feedback given by external healthcare professionals. Progress had been made in working on the completion of an improvement plan for the service to address the issues they had raised. The main focus of the plan was on developing and maintaining records that were accurate and fit for purpose, while supporting staff to have a better understanding of their roles and responsibilities. The registered manager told us "The Mental Capacity Act was not well understood. A team (of external professionals) came in to help and my team understand now. Moving and handling specialists (also) came to help us; the staff listened to them and corrected the plans accordingly. Staff are contributing to care plans and they have to assume responsibility. We have a big team effort going on here".

Staff were involved in working on care and support plans to make these clearer and more personalised to people who used the service. Nursing and care staff contributed their knowledge to the plans and shift leaders were auditing each other's plans to help ensure they were accurate and fit for purpose. A deputy manager from another of the provider's services had been seconded to the home to assist the registered manager with this work.

There was an open and transparent culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. The registered manager had meetings with people and their relatives, staff and members of the local community such as the 'Friends of Ticehurst' and other groups. The minutes of these meetings showed how the registered manager promoted an inclusive culture, which benefitted people who used the service. Through these relationships, improvements to the home environment had been made, people went on various outings and met other members of the community.

The provider had commissioned a review of the dementia training provided to staff and this was taking place at the time of our inspection. An external company was talking with people who used the service, their friends, relatives and staff as part of the review and information about what was taking place had been made available to people.

Staff told us the registered manager was supportive and caring. One said "She sets a good example, she cares about us, knows us all and our lives so we can care for the residents". Another staff member told us "The manager is brilliant, she is a great leader, she always has a smile and you feel she is on your side; ours and the residents too of course but one whole group not us and them, this makes it a great place to work". A nurse told us the registered manager "always has time for you even though she is very busy, nothing is too much trouble for her, you never feel a nuisance which shows she cares".

We observed good relationships between the registered manager and staff. Staff were respectful toward the manager and when the manager arrived in an area the staff responded in a welcoming and warm manner, which the manager reciprocated.

Regular audits of the quality and safety of the service took place and were recorded. For example, there were audits of care plans, medicines, infection prevention and control and equipment. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. The registered manger maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. A copy of the report was sent to the service manager and provider. The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were

Good

Is the service well-led?

taken in response. For example, in the event of a pattern of falls being identified, the provider's internal local governance team would contact the home to check what action was being taken to reduce the risks of similar accidents happening again.