

Mrs Paula Woolgar

Tusker House

Inspection report

57 Pine Avenue
Hastings
East Sussex
TN34 3PP

Tel: 01424421573

Website: www.tuskerhouse.co.uk

Date of inspection visit:

26 October 2016

27 October 2016

Date of publication:

02 December 2016

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

This unannounced inspection took place on 26 and 27 October 2016. This residential care home is registered to provide accommodation and personal care for up to 72 people and is split over two floors. At the time of our inspection there were 37 people living in the home. Tusker House provides residential care for older people many of whom are living with Dementia.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care and had detailed individualised plans of care in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff and good interaction was evident, as staff took time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good ●

Is the service effective?

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Good ●

Is the service caring?

The service was caring.

People's care and support took into account their individuality and their diverse needs.

Good ●

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Prompt and appropriate action was taken to address people's complaints or dissatisfaction with the service provided.

Good ●

Is the service well-led?

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

The provider had a clear vision for the ongoing development of the service.

Good ●

Tusker House

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.

This inspection took place on 26 and 27 October 2016 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with six people who used the service, seven members of staff including the manager and head of care. We also spoke with two people's relatives and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. One person told us "There are plenty of staff; you never have to wait long for help." One person's relative told us "Whenever I visit there's enough staff working. You never see staff having to rush, because they have enough time." A visiting healthcare professional told us "There are always enough care staff working here, I've never been concerned about staffing levels." The provider used a tool to help them determine how many staff were required to work based upon the level of care and support that individuals required. We reviewed this tool along with the staff rota for the home and saw that the number of staff working always exceeded the minimum number of staff shown as being required on the provider's dependency tool. The provider told us that they used this tool as a guide however, also relied upon the feedback from staff to determine staffing levels. The provider told us that if staff felt that they were rushed or required additional staffing resources then these would be supplied. Staff told us that they felt there were sufficient numbers of staff deployed and that they were able to provide people's care and support and have time for meaningful interaction with people living in the home. We observed that staff had time to sit and converse with people in the communal areas of the home and were able to respond to call bells in a timely manner.

People's needs were regularly reviewed and risks to people were identified and steps taken to mitigate these risks. One person's relative told us "I am always confident that [Name] is safe here. [Person] became a little unsteady on their feet so they made sure they had a falls mat in their room. I am relaxed knowing [Person] is well cared for and safe." People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We observed staff supporting one person to mobilise by ensuring their slippers were on properly to prevent them from falling. Staff were knowledgeable about the risks to people and the plans of care that had been implemented to mitigate these risks. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. We observed staff ensuring that people at risk of developing pressure ulcers sat on pressure relieving cushions in communal areas of the home.

Accidents and incidents were analysed for trends and action taken to prevent them from reoccurring. For example, the provider had noted that a potential cause of falls were the tables located in the communal areas of the home. This was because there was little contrast between the colour of the table top and the carpet in these areas. To address this risk the provider arranged for the tops of the tables to be sanded to increase the colour contrast and minimise the risk of people trying to sit on the table or trip on them causing falls.

People could be assured that they would receive their medicines safely. There were appropriate arrangements in place for the management of medicines. People received their medicines in the way that they preferred and staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. The member of staff checked each individual's Medication Administration Record (MAR) sheet before

dispensing medication and ensured that people received the right medicines at the right time. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken where required to improve practice.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People received care from staff that had received the training, supervision and ongoing support that they required to work effectively in their role. One person told us "The staff are so good here; they are so knowledgeable and good at what they do." One person's relative told us "I feel reassured that [person] lives here. The staff are so knowledgeable and can explain things to me about changes in [persons] health." All staff received ongoing training, personal development and updates in key subjects such as safeguarding, infection control and health and safety. One member of staff told us "The training is really good here. The best thing is that if we want extra training or to refresh training in any area all we have to do is say and then it's booked for us."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

Staff received the support and supervision that they required to be effective in their role. One member of staff told us "I have regular supervision with my manager. It's a good time to reflect on my work, any training I want to do and allow me to discuss any issues I may have."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care. We observed people being asked for their consent and given choices about their care throughout this inspection. People were able to choose what activities they would like to do and what meals they would like.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. A visiting healthcare professional told us "The staff are very vigilant of people's health here. They follow our plans of care and make referrals appropriately to us." People had access to a range of healthcare services and referrals were made to specialist teams when required. Where people had individual plans of care developed by health care professionals, for example a district nurse; staff were aware of these and delivered support according to the plan of care. Changes in people's health were discussed at staff handover's to ensure that all staff working supported people appropriately to maintain their health and well-being.

Staff provided support to people to eat their meals and people were provided with a choice of what they would like to eat. One person told us "The food is nice here. I chose roast beef today. We always get a good choice of meals." One person's relative told us "Whenever I have visited at mealtimes people have seemed to enjoy their meal. My relative sometimes chooses to eat in their room and the staff always give them their meal presented nicely on a tray. It's very good." We observed the main meal time within the home and saw that staff supported some people to eat either by prompting them to eat or assisting with eating. Staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted.

People received the support that they required to maintain adequate nutrition and hydration. People at risk of not eating or drinking enough had been identified and plans of care implemented to mitigate this risk. We observed staff prompting and encouraging people throughout the inspection to maintain their fluid intake and eat snacks. Catering staff ensured that people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as gluten free or pureed food; they had access to information about people's dietary needs, their likes and dislikes. The head cook told us "I have a board that the care staff update to tell me about any dietary needs, changes and people's meal choices."

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. One person told us "It's not nice leaving your home but the staff have been so nice since I moved in here. They have made a real effort to make me feel welcome." One person's relative told us "The staff have provided [Person] with so much support since they moved in here. [Person] took quite a while to settle but the staff did everything they could to help. They've also provided me with such emotional support; they've made my relatives transition as stress free as it could have been because they have taken their time to really get to know us both."

People were positive about the support they received and the kind and caring attitude of the staff. Comments we received from people included, "All of the girls are so kind and caring, it's marvellous," "I am so happy here because everyone is so nice," and "It's like living at my own home, they are like family. So kind and caring." We observed positive interaction between staff and people living in the home. Staff knew people well and were able to initiate meaningful conversation with people. Staff knew people's likes, dislikes and what was important to them. For example, staff knew that one person had a love of dogs and spent time reading a book about dogs with them. This person told us "Sometimes [Staff] bring their dogs in here. It's great, I love seeing them." One member of staff told us "It's important to get to know people properly. We are encouraged to spend time just having a chat with people. You treat them like your own relative, it is their home here."

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

People's choices in relation to their daily routines were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities, when they wished to have a bath and where they wanted to eat their meals.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed staff support people with dementia to find their way around the home, to ease their anxieties and prevent them from becoming distressed. We also observed staff providing verbal reassurance, encouragement and praise to one person whilst using a hoist to support them to move from their wheelchair to an armchair. This person was not able to communicate effectively and the caring support provided by staff ensured that they remained calm and comfortable throughout the moving and handling manoeuvre.

Visitors were encouraged to visit the home at any time and were made to feel welcome. One person's relative told us "I visit as often as I can, I know I can come at any time and the staff always make me feel at home." The provider told us that there were no restrictions on visiting times and that they encouraged people to visit their relatives whenever they wished to.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to make sure that their care and support needs could be met effectively. One person's relative told us "The manager travelled over an hour to come and see us at [Relatives] home to do an assessment. It was reassuring to know that we were still involved in [Relatives] care and that the home knew what care [Relative] needed before they moved into the home." People had detailed plans of care in place to provide direction for staff. This meant that people could be assured that they would receive consistent personalised care and support in line with their preferences.

People's needs were met according to their individual plans of care. People's plans of care had been reviewed regularly and were reflective of their current care and support needs. One member of staff said "People's care plans are updated regularly. We are always told if people's needs have changed." People's care and support needs corresponded to their detailed plans of care. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner. The provider used an electronic care planning system and had provided staff with hand held tablets to ensure that staff were able to refer to people's plans of care in all areas of the home and could report changes in people's care and support needs in a timely manner to senior staff.

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and hobbies. This gave staff a personalised picture of what was important to people living in the home and encouraged staff to get to know people as individuals as well as understanding their care and support needs. People chose what they did during the day and staff tried to develop activities based upon people's interests and hobbies. The provider employed two activities coordinators who were responsible for developing a schedule of planned activities. One person told us "There is always lots going on here. I am half way through doing a jigsaw puzzle with one of the staff. They don't let us get bored" We observed staff offering people a choice of activities and encouraging people to join in with the planned activities. Staff encouraged a social, communal atmosphere and it was evident that positive relationships had been developed between people using the service and staff. The provider had decorated an area of the home as a pub, with a small bar, pool table and piano. Staff told us that this area was used for social occasions and encouraged people to reminisce and provided opportunities for meaningful activities and interaction.

People were kept up to date with current events. Staff facilitated a regular residents meeting to make sure that people knew what was going on in the home and people had the opportunity to suggest changes and improvements.

People knew how to make a complaint and were confident that any complaints would be acted upon. People were provided with information to tell them what to do if they wanted to complain. This information was also made accessible to visitors and relatives in the main lobby of the home. One person told us "I don't need to complain, if I did I would tell one of the staff. One person's relative told us "We have never needed to

complain. We have provided feedback to staff before and asked for some things to be done differently and that wasn't a problem. They always listen to our views." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern.

Is the service well-led?

Our findings

There was a visible and effective management team in place that had a clear vision for the development of the service. People told us that the home was well led. One person's relative told us "I've met the manager. She is often about and is very approachable. The home is clearly well run." Staff told us "The management team is very approachable and listen to our feedback. For example, I asked for extra training and they've arranged it for me," and "The management here is great, much better than other places I've worked; it's one reason I've stayed here so long."

People could be assured that robust systems were in place to assure the safety and quality of their care and support. There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. For example, the provider had implemented an electronic care planning system that enabled them to monitor the frequency at which people's plans of care were reviewed to ensure that these were updated regularly and remained reflective of people's care and support needs; to guide staff in delivering person centred care and support. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future. The provider also monitored the time it took staff to respond to people's emergency call bells and used this information to inform staffing levels within the home.

People and their representatives were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out in 2015 and the results of this survey had been used by the provider to inform their plans to develop the home. The responses from people living in the home and their relatives had identified the need for the garden area to be developed as people had highlighted this in their feedback as an area that required improvement. The provider responded to this feedback by developing an accessible garden area that had been developed to ensure people could access it safely. We saw photos of this area being used for BBQs and garden parties by people and their relatives. People were complimentary about the care they received and the provider had developed an action plan to further improve the care and support that they provided to people living in the home; for example through continuing environmental improvements..

The provider had a clear vision for the on-going development of the service. The provider told us that they wished to continue to embrace new technology to further improve the quality of care and support that people received. The provider had recently invested in the home to introduce WIFI to all areas of the service. This meant that people could be supported to maintain contact with their family through video messaging. The provider had also introduced an electronic care planning system for recording people's plans of care as well as observations by care staff and records of the care that people had received. Staff told us that this system was effective in enabling them to access people's plans of care and ensuring that they were informed of changes in need. The system also supported staff to record people's weights, nutrition and any incidents in a timely manner so that concerns could be addressed by the management team.

Policies and procedures to guide staff were in place and had been updated when required. Staff demonstrated a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The service was being managed by a manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.