

Cygnet Health Care Limited

Tabley House

Inspection report

Tabley Lane,
Knutsford,
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
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 was unannounced and took place on the 18 August 2015.

The service was previously inspected in May 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Tabley House provides accommodation and nursing, personal and intermediate care for up to 59 older people, some of whom are living with dementia. The service is provided by Cygnet Health Care Limited.

All 51 rooms have en-suite facilities. The majority of rooms are for single occupancy, however a small number of shared rooms are available. On the day of our inspection the service was accommodating 49 people with different levels of need.

At the time of the inspection there was a registered manager at Tabley House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

The manager was present during the day of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

People living at Tabley House were observed to be comfortable and relaxed in their home environment and in the presence of staff. People spoken with were generally complimentary about the care provided at Tabley House.

For example, comments received from people using the service included: "I feel very safe here"; "I'm very well looked after and everybody is kept an eye on"; "There is a good level of staffing"; "This place does a good meal and the service is good" and "Staff are absolutely fabulous and very caring".

Likewise, feedback from relatives included: "We're very satisfied with the care provided"; "People are very well cared for at Tabley House. We have been happy with the choice we made" and "I have never heard a bad word about this place in Knutsford".

We found interactions between staff and people were positive, responsive to need and caring. We also observed people's choices were respected and that staff communicated and engaged with people in a courteous manner. Staff were also seen to be attentive to the individual needs of the people living at Tabley House and people's preferred routines.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Systems had been developed by the provider to assess the needs and dependency of people using the service; to obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints.

We have made a recommendation about staff induction, training and supervision to ensure staff are inducted and trained in accordance with Skills for Care and receive regular supervision.

We have also made a recommendation to develop the dementia care unit to ensure the environment is more suitable to meet the needs of people living with dementia.

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?

The service was safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service at Tabley House and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was not always effective.

Systems for induction, training and supervision at Tabley House were in need of review to ensure staff were inducted and trained in accordance with the Skills for Care standards and had access to regular support systems.

The dementia care unit was in need of development to ensure it was more dementia friendly and stimulating to meet the needs of people living with dementia.

Requires improvement



Is the service caring?

The service was caring.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

Good



Is the service responsive?

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed by staff at Tabley House.

People received care and support which was personalised and responsive to their needs.

Good



Summary of findings

Is the service well-led?

The service was well led.

Tabley House had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Good



Tabley 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 checked whether the provider was 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 took place on 18 August 2015 and was unannounced.

The inspection was undertaken by two adult social care 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, in this case of older people.

Before the inspection the provider completed a Provider Information Return which we reviewed in order to prepare for the inspection. 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.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Tabley House. We took any information they provided into account.

During the site visit we talked with 11 people who used the service, nine visitors and four care support workers. Furthermore, we met with the manager and deputy manager. We also spent time with people in the communal lounges and in their bedrooms with their consent.

We used a number of different methods to help us understand the experiences of people who live at Tabley House. This included the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a range of records including: five care plans; four staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Tabley House to be safe.

People spoken with confirmed they felt safe and secure at Tabley House and told us they were well-supported by staff who had the necessary skills to help them with their individual needs. Comments received included: “I feel very safe here”; “I’m very well looked after and everybody is kept an eye on”; “There are enough staff on duty” and “Everything is spotless”.

We looked at five care files for people who were living at Tabley House. We noted that a range of risk assessments had been undertaken which had been kept under regular review so that staff were aware of risks for people using the service and the action they should take to minimise and control risks to people’s health and wellbeing.

Additionally records of accidents and incidents had been maintained which included summary records for each individual. We noted that the organisation used an electronic database known as ePrime to capture information such as accidents and incidents. This system enabled the manager to generate management information reports for analysis.

At the time of our inspection Tabley House was providing accommodation and nursing care to 49 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider for Tabley House were three nurses and 11 care assistants from 7.45am until 1.45pm. From 1.45pm until 7.45pm there were three nurses and eight care assistants. During the night there were two nurses and five care assistants on duty. A twilight shift was also in operation from 4pm until 10:30pm.

Other staff were employed in roles such as activity coordinators; maintenance persons; administrators; housekeeping and domestic roles and chefs. The registered manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to review the dependency of people using the service. However, there was no system in place to

demonstrate how the available staffing hours had been calculated. The manager reported that she had the authority to increase staffing subject to the changing needs of the people using the service.

No concerns were raised regarding staffing levels at the time of our inspection by people using the service or staff.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were job descriptions; application forms; references, pre-employment health questionnaires; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on ‘Safeguarding Vulnerable Adults’. Likewise, a procedure for ‘Raising Concerns’ (whistleblowing) was available for staff to refer to. A copy of the local authority’s multi agency policy and procedure for safeguarding adults from abuse was also in place for staff to reference.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

Discussion with the registered manager and staff together with examination of training records confirmed the majority of care staff employed at Tabley House had completed training in safeguarding adults. The management team and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We viewed the safeguarding records for Tabley House. Discussion with the registered manager and examination of records indicated that the service cooperated with any investigation of a safeguarding concern.

We checked the arrangements for medicines at Tabley House with the deputy manager. We were informed that

Is the service safe?

only registered nurses administered medication and saw a list of staff responsible for administering medication, together with sample signatures was available for reference.

Photographs of the people using the service had been attached to medication administration records which also detailed people's names; allergies; room numbers and GPs. This helped nursing staff to correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was available in the medication storage room for staff to reference.

Tabley House used a blister pack system that was dispensed by a local pharmacist. Medication was stored in medication trolleys that were secured to a wall in a dedicated storage room on each wing. We checked the arrangements for the storage, recording and administration of medication for the main house and found that this was

satisfactory. We saw that a record of administration was completed following the administration of any medication on the MAR. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

We noted that staff had ticked, rather than signed, to confirm the administration of creams. We raised this with the management team and requested that medicines administration records (MAR) are signed to ensure a clear audit trail and personal accountability.

Systems were also in place to record room and fridge temperature checks; medication returns and incidents concerning medication. Additionally, monthly medication audits were undertaken by nurses on the night team. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Tabley House to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: “This place does a good meal and the service is good”; “There is a good level of staffing”; “I eat everything I’m provided. It’s better than my own cooking”; “I have thoroughly enjoyed my meal” and “The food is very good. I have put on a bit of weight.”

Tabley House is an 18th Century Palladian country house which has been converted to provide residential, nursing and intermediate care for up to 59 people. The accommodation is over two levels (ground and second floor) as the first floor operates as a secure arts museum. Each person’s room was fitted with en-suite facilities and people using the service were noted to have access to a range of individual aids to assist with their mobility and independence.

People’s rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. We noted that the dementia care unit was not designed or decorated to reflect people’s needs. For example, there was no signage or coloured doors to assist with orientation, no memory boxes outside rooms and nothing to prevent people from entering the lift. There were framed pictures, press extracts, a record player, a sewing machine and a keyboard along the hallway which did encourage reminiscence of the 1950’s and 1960’s. We raised these observations with the registered manager and upon completion of our inspection received confirmation that funding had been sourced to redecorate and upgrade the dementia care unit to ensure it became more dementia friendly by November 2015.

Information received prior to the inspection via the provider information return (PIR) indicated that none of the staff had completed the Skills for Care Common Induction Standards (CIS) or Care Certificate. The PIR detailed that 30 of the 78 staff employed had completed a National Vocational Qualification at level 2 or above or a Diploma In Health and Social Care.

The registered manager informed us that that she used a range of training videos to deliver induction training to new

staff in areas such as fire safety, food hygiene; dementia care; deprivation of liberty; infection control; moving and handling theory; health and safety; equality and diversity and safeguarding. Two days of shadowing and additional training was also delivered via e-learning and the registered manager subject to individual needs.

We requested the registered manager to provide us with an up-to-date list of training completed by staff. We received an electronic training report which outlined the number of completed courses using percentages. The report provided no information on induction training, nor which staff had completed a National Vocational Qualification at level 2 or above or a Diploma In Health and Social Care or specialised training completed by nursing staff.

We reviewed electronic training records for staff working at Tabley House. This outlined a range of courses available to and completed by staff. Records highlighted that the majority of staff had completed the range of training available to them however only (43.06%) of staff had completed dementia training. Likewise, records indicated that none of the staff had completed CPR (cardio pulmonary resuscitation & AED (automated defibrillator) training.

The registered manager reported that a new induction book had been developed however this did not link directly to all of the 15 care certificate standards as defined by skills for care. Training records indicated that none of the staff had completed the induction book at the time of our visit.

Staff spoken with confirmed they had access to in-house induction arrangements and ongoing training courses however staff told us that that they had not received regular supervision. This was also evident upon examination of the supervision matrix. Staff did stress that they felt supported by the registered manager and confirmed she was approachable.

Likewise, staff told us that they attended staff meetings every 3 to 6 months and that the last meeting had been in June 2015. We noted that the last minutes for staff meetings were dated January 2015 as some records were not up-to-date.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the management team. The MCA is legislation designed to

Is the service effective?

protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager informed us that she had completed training together with other staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Tabley House there were seven people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

Records indicated that there had been two unlawful deprivation of liberty breaches. We noted that the registered manager had addressed the breaches and introduced systems to improve records relating to deprivation of liberty safeguards so she was aware of the expiry dates of authorisations.

We noted that the registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

A four week rolling menu plan was in operation at Tabley House which was reviewed periodically. The daily menu was recorded on daily menu cards which were left in people's rooms for people to record their preferences. We saw no menu on display in the dementia unit but did observe staff asking people what they would like to eat. We noted that kitchen staff were made aware of any special dietary requirements when people were admitted.

The menus offered an alternative choice of meal at each sitting. The food arrived in a heated trolley from the kitchen

and portion sizes were good. The food looked and smelled appetising and was attractively presented at brightly laid tables with linen cloths, flowers, tablemats, cutlery and condiments in the main house. Meal times were staggered so that staff could support people who required assistance.

On the day of our inspection there was a choice of two hot food options (salmon and new potatoes or pork in a cream sauce) and one dessert. People had a drink of their choice and additional refreshments and snacks were provided throughout the day.

The most recent local authority food hygiene inspection was in June 2015. The rating was not known at the time of our inspection. The previous rating was in December 2013 and Tabley House had been awarded a rating of 5 stars which is the highest award that can be given.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; dieticians; dentists; physiotherapists; speech and language therapists; opticians and chiropodists etc. subject to individual needs.

The registered manager told us that the service had arrangements with a local dentist, optical service, podiatrist and physiotherapist to provide a domiciliary service to people living at Tabley House upon request.

We recommend that systems for induction, training and supervision at Tabley House be reviewed to ensure staff receive induction and training in accordance with the Skills for Care standards and have access to more frequent supervision.

We also recommend that the dementia care unit be developed to ensure it was more suitable for the needs of people living with dementia.

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Tabley House to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Tabley House.

Comments received from people using the service included: “Staff are absolutely fabulous and very caring”; “I recommend Tabley House to anybody”; “Staff are polite and will do anything for you” and “Dignity is well observed”.

The registered manager had a good knowledge of her staff team and the people living at Tabley House. Staff spoken with demonstrated a good understanding of people’s needs and support requirements. Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

We spent time with people using the service and their visitors during our inspection of Tabley House. We found interactions between staff and people were positive, responsive to need and caring. We also observed people’s choices were respected and that staff communicated and engaged with people in a courteous manner. Staff were also seen to be attentive to the individual needs of the people living at Tabley House and people’s preferred routines.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people’s choices were respected and that staff communicated and engaged with people in a polite, dignified and courteous manner. We also noted that interactions between staff and people were unhurried; caring and personalised and that staff provided appropriate assistance in accordance with people’s needs.

We asked staff how they promoted dignity and privacy when providing care to people living at Tabley House and they were able to provide examples such as closing curtains and doors when providing personal care.

Examination of training records and discussion with staff confirmed they had received induction training and completed other courses such as dementia and equality and diversity training to help them understand the importance of providing person centred care. It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people’s right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

The information about people receiving care at Tabley House was kept securely to ensure confidentiality. A statement of purpose and information on the service was available for prospective and current people to view in reception. Upon completion of our inspection we received confirmation that the service user guide had been updated and copies placed in each person’s room for reference.

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at Tabley House to be responsive. People spoken with told us they were generally of the view that the service was responsive to their individual needs.

Comments received included: “I’m not afraid to ask if there is a problem”; “It is marvellous here. It must be the best place in the country”; “The activity staff are really good”; “I am very happy here. I’ve no complaints at all”; “Everything has been first class up to now” and “There is nothing to fault at Tabley House.”

Likewise, feedback from three relatives included: “We’re very satisfied with the care provided”; “People are very well cared for at Tabley House. We have been happy with the choice we made” and “I have never heard a bad word about this place in Knutsford”.

We looked at five care files. Files viewed contained a range of information such as: pre admission assessments of need; physical assessments; care plans; risk assessments; consent records; dependency and personal profiles; daily notes; supporting documentation and other miscellaneous records.

Care plans viewed described the individual care needs of people and the support required by staff including aims / goals using personalised language. Plans covered a range of areas such as maintaining safety; eating and drinking; personal dressing and cleaning; skin integrity; mobility; falls; communication; memory loss; pain; administration of medication and end of life care where applicable.

During our inspection we observed care being delivered to people in accordance with their wishes. Staff were also observed to be responsive to requests for help and support and were seen to respect the preferred routines of people using the service.

Records viewed provided evidence that people using the service or their representatives had been involved in care planning wherever possible and that plans had been kept under regular review.

The provider had developed a policy entitled ‘Listening to service users compliments, comments and complaints policy’ to provide guidance to people using the service or their representatives on how to make a complaint. We were informed that details of how to raise a complaint had also been included in the service user guide but this was in the process of being updated at the time of our inspection.

We reviewed the record of complaints. A log of complaints was in place to enable the manager to record the date, details of complainant; type of complaint; and action taken. We noted that each complainant had a 48 hour response and a full response within 20 days including an apology if necessary.

Additionally a quality improvement plan was actioned if any complaints were upheld and the registered manager signed this off when completed. Staff spoken with confirmed they were aware of how to handle complaints including recording them and reporting to the registered manager.

Tabley House employed three activity coordinators who were responsible for the development and provision of a range of activities for people using the service.

On the day of our inspection we observed a group of 11 people joining in chair based activities. People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference.

Other activities on offer included: quizzes; word searches; jigsaws; flower arranging; cake making; dancing; musical movements; board games; exercises; walks in the garden; art work; nail care and hand massage; sherry mornings; cheese and wine evenings; bingo and Sunday worship.

We noted that outside entertainers such as singers, artists and lecturers were brought in regularly and people using the service had also accessed various external venues such as the ice cream farm; gauntlet birds of prey; shopping in Knutsford; afternoon teas and pub lunches.

Key information on Tabley House including the organisation’s vision and values was available in the reception area of the home for people to reference.

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Tabley House to be well led. People spoken with confirmed they were happy with the way the service was managed.

One relative spoken with reported: "I had a meeting with the manager and was very impressed by her knowledge of my relative" and another asserted "They're always on top of it".

Tabley House had a registered manager in place who had been in post since February 2005. The registered manager was present throughout our inspection and was helpful and responsive to requests for information from the inspection team. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them and the registered manager was observed to be supportive to her staff team.

We noted that a basic business continuity plan had been developed but this required additional information to ensure an appropriate response in the event of untoward incidents. The plan contained contact details for various agencies but there were no incident response plans to reference. We received an updated version following our inspection.

We also saw that there was a system of audits in place. These included: care plans; medication; first impressions (environment); health and safety; infection control; catering; laundry, slings; first aid boxes and the CPR (cardiopulmonary resuscitation) bag.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; gas

safety; passenger lift; hoisting equipment and found all to be in order. We noted personal emergency evacuation plans (PEEPS) had not been produced for people using the service and the manager agreed to rectify this as a matter of urgency. Upon completion of the inspection we received confirmation with supporting evidence that PEEPS had been completed for all people using the service.

Systems were in place to seek feedback from people using the service. We noted that the last surveys were distributed in June 2014. Records indicated that 20 out of 23 questionnaires were returned. All questions scored 'delighted'; 'very happy' or 'happy' with the exception of 'communication by staff' which was scored unhappy by one respondent. Comments were also recorded about more activities for the dementia unit and staff had been asked to make a formal plan of specialist activities for the unit. We saw no evidence that this had occurred.

We noted that meetings for people using the service and their relatives were coordinated every three months. The last minutes available were for the meeting in April 2015 which 17 people attended.

The registered manager and staff spoken with demonstrated an understanding of the organisation's values which were displayed on a wall in the reception foyer and detailed within the home's statement of purpose.

The registered manager is required to notify the CQC of certain significant events that may occur in Tabley House. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.