

Tapton Edge Rest Home Limited

Tapton Edge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 December 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. At the last inspection on July 2016 we asked the provider to take action to make improvements for example supervisions and appraisal were not fully recorded. Quality audits were ineffective and did not identify areas where action was needed. Action was not taken to address feedback to improve the service. The provider sent a report of the actions they would take to meet the legal requirements of these regulations. The action plan received from the provider showed all actions would be completed by December 2016.

This inspection was a focused inspection to look at the ratings for safe, effective and well led and to see what progress the provider had made since the last inspection.

Tapton Edge is a converted Victorian house situated in the Fulwood area of Sheffield, close to shops, churches and bus routes. The service can provide care and accommodation for up to 25 older people. At the time of our inspection 24 people were living at the service. The home has a communal lounge, dining rooms and bathing facilities are available. Accommodation is provided over two floors, which can be accessed by a lift. To the rear of the home is a large landscaped garden and a car park is available.

There was a manager in place. 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.

People who used the service told us they felt safe.

Medicines were managed safely

Risks to people using the service were assessed and plans put in place to reduce the risk of them occurring. Risks to people from premises and equipment were also assessed and reviewed.

Accidents and incidents were recorded and investigated to see if improvements were needed to keep people safe.

Plans were in place to ensure people received the support they needed in emergency situations. Policies and procedures were in place to help protect people from abuse. Staff had access to a safeguarding policy. The registered manager monitored staffing levels to ensure they were sufficient to keep people safe. Recruitment procedures minimised the risk of unsuitable staff being employed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were safely managed, but we made a recommendation in relation to best practice guidance in relation to the recording of opening certain medicines such as creams, lotions, eye drops and bottles.

Risks to people using the service were assessed and steps taken to reduce them.

Recruitment systems were in place to minimise the risks of unsuitable staff being employed.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed and were supported through supervisions and appraisals.

The service worked within the principles of the Mental Capacity Act 2005 and supported people to make decisions themselves.

People were supported to access external professionals to maintain and promote their health.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were used to monitor and improve standards.

Staff described a positive culture and values at the service and said they were supported by the registered manager.

Feedback was sought from people and their relatives

Tapton Edge

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 21 December 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection team consisted of one adult social care inspector 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities who worked with the service to gain their views of the care provided by Tapton Edge. The commissioners told us they had completed a contracts visit in October 2016 and "In general it was a positive visit, with positive interactions from staff and plenty of activities on offer and a clean and attractive environment."

During the inspection we spoke with four people who used the service and three relatives. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with five members of staff, including the registered manager, the assistant manager, care staff and housekeeping staff. We looked at three staff files, which included recruitment records, as well as other records involved in running the service.

Is the service safe?

Our findings

People told us the home was a safe place to live in. One person told us, "I feel absolutely safe here." Another person said, "I am safer here than I was living at home. There are people around to look after me all the time." Visiting relatives had only positive comments about the safety of the people who lived in Tapton Edge. They said, "I have no worries about [Name of relative] at all, [Name of relative] has had excellent care " and "The staff make [My relative] very comfortable."

People were protected from the risk of abuse because systems were in place to ensure staff had the knowledge and understanding to safeguard people. Staff demonstrated a good understanding of the different types of abuse; they were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Contact details for reporting a safeguarding concern were available. One member of staff told us, "I would go to the registered manager or I would report it to safeguarding."

Risks to people using the service were assessed and plans put in place to reduce the risk of them occurring. Before people started using the service their level of risk was assessed in a number of areas, including nutrition, pressure sores and falls. The service used recognised tools such as the Malnutrition Universal Screening Tool (MUST) and Waterlow to assess risk. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Waterlow gives an estimated risk for the development of a pressure sore. Where a risk was identified a plan was developed to reduce the risk of it occurring. For example, one person was assessed as being at medium risk of falls so a plan was put in place providing guidance to staff on how they could help the person move safely around the service.

Risk assessments were reviewed on a monthly basis to ensure they reflected people's current level of risk. Risks to people from premises and equipment were also assessed and reviewed. Checks of fire alarms and a visual check of fire fighting equipment were completed every week by maintenance staff. They also checked bedframes, wheelchairs and water temperatures. Required maintenance certificates were in place in areas including electrical testing, gas safety, hoists and fire fighting equipment.

We saw staff provided care in a way that supported people's safety. For example we saw one person transferred with a hoist; this was done slowly and carefully with staff explaining every stage to the person, in accordance with their care plan. We observed safe moving and handling practices throughout the day and saw that people were supported, in accordance to their risk assessments, to mobilise with assistance around the home.

Accidents and incidents were recorded on a monthly basis and investigated to see if improvements were needed to keep people safe. People's care plans contained body maps and a record of any accidents and incidents they were involved in. Care plans also included records that appropriate action had been taken to reduce the risk of them happening again. The registered manager said they monitored accident and incident reports to see if any trends requiring remedial action were occurring.

The premises and equipment were maintained to ensure people were kept safe. The registered manager arranged for the maintenance of equipment used including the hoists, lift, stand-aids and fire equipment

and held certificates to demonstrate these had been completed. Records we checked showed there was a weekly audit of maintenance and equipment and that any remedial actions that were identified were actioned straight away. The registered manager told us that recently they had hand rails fitted within the corridors because of uneven floors and to reduce the risk of potential falls.

Plans were in place to ensure people received the support they needed in emergency situations. Each person had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We asked the registered manager how they ensured enough staff were deployed to provide safe care. They told us, "We hold weekly meetings within the senior team and we review people's needs and then we base the staffing levels on what people need that week." Throughout the inspection we saw staff supporting people promptly and call alarms answered quickly.

We observed there were suitable numbers of staff on duty on the day of the inspection to meet the needs of people using the service. One person told us, "Yes I think there are plenty of staff. I was not feeling well last night and they kept coming to see if I was ok." Another person told us, "I think there are enough staff yes, I never have to wait very long if I need anything." A friend of a person who used the service that was visiting told us, "Yes there are plenty of staff here, you hear the call bells but they never ring for long." One member of staff told us, "the staffing levels are fine; in fact it's the only place I have worked where we don't use agency staff."

We looked at three staff recruitment files and saw that application forms were completed, references obtained and checks made with the Disclosure and Barring Service (DBS) before staff started work. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. The registered manager told us that recently they had changed the company who do DBS checks for them because of the time delays they were experiencing in receiving completed DBS's back.

Staff had access to a medication policy that contained guidance on how to support people with their medicines. Medicines stocks were monitored on a regular basis to help ensure people had access to the medicines they needed.

Staff told us they received training before they were able to support people with their medicines. Training was then followed by competency assessments where staff were observed while they administered medicines to offer assurances to the management team that they were safe to do so.

People using the service had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's MAR's began with their photograph, which helped staff to ensure they were administering medicines to the right person. We reviewed three people's MAR's and saw they were accurately completed to show when people had taken their medicines. Where people did not want their medicines or they had not been given for some other reason the appropriate code was used to record this.

Medicines were stored in a clean and secure treatment room. A lockable medicine trolley was used during medicine rounds. Where appropriate, medicines were stored in a medicines fridge whose temperature was monitored to ensure they were within safe ranges. The temperature of the treatment room was also monitored on a daily basis.

We observed that medicines were administered in line with guidance on best practice, that people were given a drink of water to help them swallow their medicine and that staff ensured medicines had been taken before accurately recording this on people's MAR charts. A topical administration chart was used to inform staff where cream needed to be applied.

The home was clean and odour free. Communal areas throughout the building were clean and tidy with pleasant décor. From observations we could see that people were able to spend time in communal areas and have private time, in their room, if they wished. A number of people who used the service were incontinent and there were clinical waste bin available in bathrooms to dispose of incontinence pads correctly. Hand washing facilities and gloves and aprons were easily available for staff to use. Housekeeping staff said they received all of the equipment needed to keep the premises clean. Throughout the inspection we saw staff using personal protective equipment (PPE) where appropriate to assist with infection control.

Is the service effective?

Our findings

We asked people who used the service if they felt staff were trained and competent. They told us, "They are all very good. From carers to the manager." Another person said, "I think they are very professional, but caring with it."

Newly recruited staff completed a three day induction programme. This consisted of an introduction to the service's policies and procedures, fire safety training, shadowing a more experienced member of staff and three days of training based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff said they received all the training they needed to support people effectively. Staff received mandatory training in a number of areas, including first aid, moving and handling, infection control, fire training and equality and diversity. Mandatory training is training the registered provider thinks is necessary to support people safely. This training was refreshed annually to ensure staff were aware of the latest best practice. The registered manager monitored staff training on a chart in the office. This showed staff had completed mandatory training. Where there were gaps in training, plans were in place to ensure staff received it.

Staff also received additional, specialist training if a person using the service had a particular support need. For example, staff had previously completed training in end of life care so they could effectively support people at the end of their life. One member of staff we spoke with said, "Its good quality training."

The registered manager had completed a review of supervision and appraisal processes. The registered provider's supervision and appraisal policy stated that staff should receive a minimum of six supervisions a year and one appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions were carried out approximately every six to eight weeks and appraisals annually. Conversations with staff and records confirmed that these were taking place, and that staff were able to raise any support needs they had.

Staff told us they felt supported by their supervisions and appraisals. One member of staff said. "We get them around every six to eight weeks. They're alright. We're asked questions about our work. If we have we tell them and they sort it out as soon as they can." Another member of staff told us, "It's a good team; you can talk to them [Managers] about anything."

At appraisals, staff reviewed their overall performance over the last year and were asked if they needed any additional support.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there were no people subject to DoLS authorisations.

Staff had a good working knowledge of the principles of the MCA. One member of staff told us, "It's making sure we give people the chance to make choices." Another member of staff told us, "Some people prefer to stay in their own room, but if we are doing activities we always give them a choice."

The registered manager described how capacity and best interest assessments were arranged if staff thought people may lack capacity, which was in keeping with the principles of the MCA. The registered manager confirmed people would be supported to access other services to help them make decisions if they lacked capacity, such as Lasting Powers of Attorney (LPA) or Court of Protection appointed Deputies.

Some people had made advance decisions on receiving care and treatment and 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed by relevant professionals. The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held within the health and social care professional completing the form. The registered manager had a tracker that was used to ensure DNACPR's remained in date and were reviewed by a relevant professional annually. We could see that all DNACPR orders were in date. Other advance decisions included 'living wills' and copies of these documents were included in people's care plans.

People were supported to maintain a healthy diet. When people started using the service their nutritional needs and preferences were assessed. This assessment used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The registered manager told us they had recently purchased a weight chair to weigh people. Records we looked at confirmed people were regularly weighed to help monitor their health.

We asked people about the food. People and their relatives spoke positively about the food at the service. One person told us, "The food is very good. We have a choice of two main courses." "Another person said, "Yes we have a choice and it is a varied menu." "One relative told us, "It always smells very good when they are cooking. and she never complains about it." Another relative said, "They cater for special diets as well whatever people need."

At the time of our inspection no one was using any specialist diets such as soft or pureed food,. The cook had a good understanding of people's dietary needs and preferences and was able to discuss these in detail. A three week rotating menu was used, but the cook said people were free to choose whatever they wanted to eat if it was not on the menu. One person we spoke with said, "The food is very good. We have a choice of two main courses." Another person said, "We have plenty of drinks and plenty of food." One relative told us, "They cater for special diets as well. Whatever people need they get."

We observed lunch being served in the dining room. Most people chose to eat in the communal dining room, but could eat in their rooms if they wished. Tables were tastefully set with table cloths, cutlery and condiments along with seasonal decorations. Staff assisted people to their seat of choice and supported those who needed some assistance with eating. They were very patient and offered different alternatives to those who were not eating their meal. The meal looked appetising and they served fresh vegetables.

People were supported to access external professionals to maintain and improve their health. People and their relatives said staff helped to arrange visits from clinicians whenever they were needed. One person told us, "We see the GP whenever we need to and a chiropodist comes here regularly too. "Another person said, "I have a GP who will visit me here. My family usually take me to other appointments."

Care plans contained records of visits from GPs, district nurses, physiotherapists and other professionals. This meant people were supported to access the healthcare they required when they needed it.

Is the service well-led?

Our findings

There was a registered manager in post on the day of the inspection. 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.

People and their relatives spoke positively about the registered manager, who was a visible presence around the service. One person told us, ""I think it is very well managed. It is run very well and smoothly." Another person said, "[Name of the registered manager] is very efficient and looks after us all very well." A relative we spoke with said, "My (family member) was a very challenging lady but they were so good with her. I think good communication is key and they are very good at that." Other comments included [Name of the registered manager] is so helpful. Before my mother passed away, she arranged for her to come each week to have a bath and stay all day. It was peace of mind for me" and "I have nothing but praise for the home. They have been a blessing."

Throughout our inspection we saw the registered manager and assistant manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the registered manager to speak with them.

A member of staff said, "A lot of homes are about the business, it doesn't feel like that here it feels like home." Another member of staff told us, "It's the best home I have ever worked at. Staff and management are great; it's like one big happy family."

We asked staff what they would do if they were concerned about the behaviour of another colleague and one person said, "We work as a team and we all know each other really well, but if I had a concern I wouldn't hesitate in talking to the manager."

Staff told us that both the registered manager and assistant manager were visible and active around the home. They told us that the registered manager was approachable and they kept an open door policy. An annual feedback questionnaire was sent to people using the service and their relatives. This had last been done in June 2016 11 surveys were given out and ten were returned and indicated that people were "very satisfied with the service." The registered manager had analysed the results of this survey and had taken action where suggestions were made.

Feedback was sought from people and their relatives in meetings. Records also confirmed that suggestions made at meetings led to actions such as changes to the menu or activities provision.

The registered manager and registered provider carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Every day care, kitchen and housekeeping staff completed a list of checks they had made around the service, for example of the cleanliness of the premises or ensuring daily care notes were completed. The registered manager then checked these to ensure they were complete.

The registered manager was responsible for audits of infection control practice and medication, which were carried out weekly. Where these identified issues requiring remedial action a plan was drawn up and monitored by the registered manager until it was completed.

Staff meetings took place every three months and staff said they could raise any concerns at these meetings.

Staff also said they could approach the registered manager to discuss things at any time outside of meetings.

Care plans were audited in detail every three months or as and when required by the assistant manager. Records confirmed that remedial action was taken where issues were found.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. We saw records of a 'daily walk around' that the registered manager completed to check and audit the environment to make sure it was safe. Health and safety checks were also undertaken as part of the assistant managers daily walk around.

Procedures were in place to investigate and respond to complaints. People were provided with guidance on how to raise complaints in the service user guide they received when they moved into the service. A complaints policy set out how issues would be investigated and the timeframe for doing so. In the five months up to our inspection no complaints had been received. Everybody we spoke with said they would feel confident complaining but had not had the need to.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.