Teignbridge House Limited

Teignbridge House Care Home Limited

Inspection report

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Ratings

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

Overall summary

This inspection took place on 5 February 2015 and was unannounced.

Teignbridge House Care Home Limited provides personal care and support for up to 24 people. There were 21 people living at the home, one person was in hospital.

Teignbridge House cares for older people including people living with dementia. Some people at the home required nursing intervention and this was provided by the local district nursing team.

The service had a registered manager in place, who was also the provider of the service. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

Throughout the inspection there was a calm, friendly and homely atmosphere. People appeared relaxed and happy. People and health care professionals spoke highly about the care and support Teignbridge House provided.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "Good choice offered."

Care records were comprehensive and detailed people's preferences. People's communication methods and preferences were taken into account and respected by staff. People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside where possible.

People were protected by safe recruitment procedures. Staff put people at the heart of their work. Staff were kind, compassionate and gentle in their interactions with people. Strong relationships had been developed and practice was people focused and not task led. The service had an open door policy, relative and friends were welcomed and people were supported to maintain relationships with people who mattered to them.

Staff were supported with an induction and ongoing training programme to develop their skills and competency was assessed. Everyone we spoke with felt there were sufficient staff on duty. People told us "There are enough staff, I ring a bell and they come." A staff member commented; "Every day is different, some busier than others but yes there are enough staff."

The provider and staff had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People told us they felt safe.

People knew who to contact and how to raise concerns and make complaints: "I'd go to the desk and talk to staff"; "I'd speak to the manager, they'd sort it quickly"; "I don't have any complaints – if I did I'd talk to […] (provider)" and "I have nothing to complain about, I'm very happy here." People told us they had not needed to make a complaint but the management team were visible and approachable and would deal with any concerns promptly. We saw that complaints which had been made had been recorded and investigated in accordance with the home's policy. Learning from complaints incidents was used to drive improvements.

People and staff described the management as very supportive and approachable. Staff talked positively about their jobs and took pride in their work. People told us "It's first class here"; "It's excellent, I love it here – it is well-run; I'm well-fed, they help me when needed, they polish my shoes and do my washing!" Staff confirmed "Yes- it's well-run, a nice atmosphere, they trust you to do the job"; "There isn't a blame culture here – we work together, share the responsibility for improving things."

The service had an open and transparent culture. The provider had set values that were respected and adhered to by staff. Staff felt listened to and were encouraged to share any concerns they had so issues were promptly dealt with. The staff worked closely with external agencies such as the local authority to raise issues and seek advice promptly when required.

People's opinions were sought formally and informally. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and where there were areas for improvement, these were shared for learning.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People lived in a home that was clean and hygienic. The premises were well maintained and comfortable.

Summary of findings

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as district nurses and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

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.

There were sufficient numbers of skilled and experienced staff to meet people's needs. Recruitment checks were thorough.

Medicines were managed safely.

Staff were confident with safeguarding procedures. Care plans were thorough and risk assessments comprehensive to minimise risks to people.

The home was clean and hygienic.

Good

Is the service effective?
The service was effective.

People received the support and care they needed to meet their needs.

Staff understood the principles of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Staff received appropriate training to develop their skills and meet people's diverse health needs.

People were supported to have a balanced and healthy diet.

Good

Is the service caring?
The service was caring.

People were treated with compassion, kindness and respect.

People had their privacy and dignity maintained.

Staff were knowledgeable about the care people required and the things that were important to them.

Good

Is the service responsive?
The service was responsive.

People's records were personalised and met their individual needs.

People were supported to make choices and people enjoyed the activities offered and were encouraged to participate.

The service had a complaints procedure displayed and people knew how to complain if they needed to. Complaints were listened to and resolved to people's satisfaction.

Good

Is the service well-led?
The service was well led.

There was an experienced registered manager in post who was available and approachable.

Good

Summary of findings

Staff said they were supported by the registered manager and staff were able to discuss and raise any concerns or issues.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Teignbridge House Care Home Limited

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 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 was undertaken by two inspectors on 5 February 2015 and was unannounced.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who used the service, the registered manager, a senior staff member and four members of staff. We observed the care and interactions between people and staff during mealtimes and in the lounge. We spoke with two health care professionals who had supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at five records related to people's individual care needs, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines. We did not find any evidence to substantiate these concerns.

People who lived at Teignbridge House told us they felt safe. Comments included "I feel safe and am well looked after"; "I feel safe here, the people in charge look after us – staff come around and check we're okay."

Records showed staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, the registered manager told us how they had recently identified a safeguarding concern. They had raised the issue with the local authority and immediate action was taken to resolve the matter and help ensure people were safe. Staff knew who to report their concerns too internally and felt that their concerns had been dealt with appropriately.

There were enough skilled and competent staff to help ensure the safety of people. In addition to four care staff and the registered manager, there was a cook and cleaner on the day of the inspection. Staff were visible in the communal areas and sensitive to people's needs. People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. People told us "There are enough staff, I ring a bell and they come." A staff member commented; "Every day is different, some busier than others but yes, there are enough staff." We observed that staff carried out their work in a calm, unhurried manner. The registered manager told us staffing levels were "dependent on the needs of service users" in the home and regularly reviewed to ensure they could meet the needs of people. During times when staffing was low, the team worked together to cover additional hours. This ensured people received care from staff they knew. There was out of hours support from the registered manager and staff appreciated this.

Appropriate checks had been undertaken before new staff began working in the home. The registered manager assessed the competency of staff in areas of their care work and any concerning issues were promptly followed up and action taken where necessary.

People were supported to take everyday risks. We observed people moved freely around the home. Risk assessments were in place to maintain people's independence and respected their right to take risks, promoted their freedom and helped keep them safe. Where people were less independent and there were risks relating to their health for example falls, diet or pressure ulcers, risk assessments were in place to minimise risks and clearly linked to people's care plans. For example one person had a health condition which made them more of a risk when walking. The risk assessment identified this and measures and mobility aids were used to reduce the risk of falls. In addition, the home had their own physiotherapist to assess and support people who were at risk of falls.

Each person had an individual evacuation plan in the event of a fire and equipment had been checked. Routine maintenance within the home and environment was undertaken to ensure the environment remained safe. For example smoke alarms were tested and fire drills carried out.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, those people who had allergies to certain medicines were known by staff and those who liked their tablets crushed. Medicines prescribed to be taken 'as required' were recorded accurately and people were offered choice of whether they felt they needed it or not.

Incidents, concerns and safeguarding concerns were recorded and analysed to identify what had happened and action the service could take in the future to reduce the risk of reoccurrences. Any themes were noted and learning

Good

Is the service safe?

from incidents was shared with the staff team or individuals as appropriate. This helped to minimise the possibility of repeated incidents. This showed us that learning from such incidents took place and appropriate changes were made.

Staff had undertaken infection control training and there were policies and procedures within the home for staff to refer to when required. Staff understood their roles and responsibilities to minimise the risk of infection and the environment was clean and hygienic. There was ample hand gel, hand washing facilities and protective equipment for staff to wear. We observed staff wearing aprons and gloves to carry out people's personal care needs. Those people who had specific infections carried an alert card and staff were aware of the infection.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated; "Yes – staff are well trained, all very good."

Staff undertook a thorough induction programme. Staff told us they had a general introduction to the home, policies and procedures and opportunity to shadow other staff when they started at Teignbridge house. One commented "I was shown around, did shadow shifts and watched what the others did." Staff had completed a range of training including first aid, dementia awareness, fire safety and medicine management. Ongoing training was planned to support staffs continued learning and was updated when required such as diplomas in health and social care . A member of staff told us; "There's enough training, supervision and opportunities to do NVQ's." A person we spoke with commented "They (the staff) do very well, excellent and all well-trained."

Staff supervision, appraisals and competency checks were conducted by the registered manager. Staff told us this was a two way process. Competency checks had been undertaken to ensure staff adhered to moving and transferring guidance, medicine management and food hygiene requirements. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

Research was used to promote best practice. For example, staff used the malnutrition universal screening tool (MUST) to identify if a person was malnourished or at risk of malnutrition and the 'waterlow' pressure ulcer assessment and SSKIN bundle checklist. This is a tool to assess the risk of an individual developing a pressure ulcer. For example we saw in people's rooms daily checklists of their skin and food and fluid records. The completion of food and fluid records helped to ensure people's hydration and nutritional needs were met.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS authorisations had been made or considered and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person would like to drink. However, when it came to more complex decisions such as a do not resuscitate order, they explained a health care professional or if applicable a person's lasting power of attorney in health and welfare would be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them. There was a visible menu in the dining room with information about allergens for people to be aware of. A recent resident's forum was used to discuss people's meal preferences. New menus had been produced that reflected their choices. People confirmed their food choices were respected. People told us "The cook is very good"; "The food is very good"; "I'm always satisfied"; "There's variety, if you don't like something you can have something different."

We observed practice during lunch. People were relaxed and told us the meals were good, at the right temperature, and of sufficient quantity. There was a relaxed atmosphere. People who needed assistance were given support and nobody appeared rushed.

Good

Is the service effective?

Care records highlighted where risks with eating and drinking had been identified. For example one person had a health condition which required certain foods to be avoided. This was recorded in their care plan, the kitchen and care staff were aware of the person's needs, and they received a meal that avoided foods which would aggravate their condition.

People had access to healthcare services and local GP surgeries provided visits and health checks. Care records detailed where health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a district nurse was involved in supporting a person's diabetic needs and visited the home daily. If people had been identified at risk due to being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. Comments included; "I like it here, I came here as it had a good reputation in town"; "They (the staff) are kind and caring, patient and polite, they would always help if you asked"; "Staff are always obliging"; "They (the staff) are very kind, very good – no troubles at all, I'm very happy."

Staff showed concern for people's wellbeing. For example, time was taken to support people to move from the lounge to the dining area and assisted to make them comfortable to enjoy their lunch. The support was given at people's own pace.

Staff interacted with people in a caring manner throughout the inspection. For example as people requested their morning tea / coffee we saw staff were polite, respectful and professional in their interactions.

People confirmed their privacy and dignity were respected. They told us staff knocked on their doors, covered them up when helping them wash and ensured doors and curtains were closed. One person shared "They always respect my privacy and dignity – towel always over my front, curtains drawn, bedroom door closed when they help me wash."

People's needs in terms of their disability, race, religion or beliefs were understood and met by staff in a caring and compassionate way. One person explained they had numerous operations which meant they were now in a wheelchair and couldn't walk anymore "The staff are lovely, very nice, and very helpful." They explained staff were flexible in how they cared for him to enable them to maintain as much independence as possible but intervened when required. Another person who liked to go to church told us they could do this anytime they wanted.

Staff had a good knowledge of the people they cared for. They were able to tell us the specifics of people's care plans and this matched what was recorded. Staff told us "We get to know clients, their needs, their routines; we get to know the intimate details so it feels homely." Staff confirmed people mattered "We listen, those who don't come out of their rooms very often, we make time to go and talk to them."

People confirmed they had been involved in their care planning. Care plans were kept in people's bedrooms and detailed their backgrounds, health needs and likes and dislikes. People felt listened too and involved in decisions about their care. This happened through the assessment process, one to one talks with people and their families where appropriate, and through discussions with health and social care professionals.

People's independence was encouraged where possible. People who were able to go out into the local town were encouraged to maintain their independence. One person confirmed they went to the doctor's surgery on their own. This help to promote people's independence. Care plans detailed what people were able to do for themselves, for example whether they were able to shave or needed support to put on their clothing.

People told us they were able to maintain relationships with those who mattered to them. Family, friends and grandchildren were frequently at the home. Comments included "There are no visiting times, door always open."

Good

Is the service responsive?

Our findings

People had a pre-admission assessment completed before they were admitted to the home. The registered manager confirmed they visited people before admission to gain full information about people's needs. The registered manager said this helped to ensure they were able to meet people's individual needs before admission to the home. This information assisted staff to provide the support people needed.

People were involved in planning their own care and making decisions about how their needs were met. This occurred through discussions with staff. Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how they wished to receive their care. Care records included people's personal histories and backgrounds, hobbies and previous work, who was important to them and their favourite foods, colours, music and TV programmes. This helped staff to deliver personalised care. For example, one care record included how the person liked their talc on after their bath and another clearly stated the person disliked gravy. Where people were able, they made their own choices about how and where they spent their time. For example we spoke with one person who liked to spend all of their time in their room and this was respected.

Assessments helped inform staff of people's capabilities and risks. These included assessments on people's skin, their cognition and memory and their nutrition. Any risks were discussed with people and incorporated into people's care plans for example where a person had been identified at risk of skin damage, we saw they sat on a special cushion. People understood why this was required and had received explanations.

People's human rights and choices were respected. Staff and people throughout the day confirmed people's choices and decisions were respected including if they wanted a bath or shower, what they wanted to wear, where they wanted to sit and what they wanted to eat and drink. A gentleman we spoke with said "I get up every morning at 4.45am – staff respect that choice, I can't stay lying in bed – they make me tea, bring me breakfast." Staff said they talked to people and asked "Do you want to get up? Are you ready to get washed and dressed.....If not, we go back later."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Teignbridge House is situated close to local shops and amenities. People who were more independent went into town during the inspection; other people told us staff supported them to attend to healthcare appointments or personal matters as required. Staff and/or relatives supported others to go into the local community safely if they wished. One person told us how the owner had taken them to the hospital for an x-ray and to sort out an issue at the bank.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised meaningful activities. People's daily notes recorded who had taken part and what activity they had taken part in. This helped the activities staff to recognise and plan the activities people enjoyed. There was a designated activities worker who worked a few times a week and people told us they had enjoyed playing skittles the previous day. Other activities included pamper sessions, games and quizzes. External entertainers also visited. People told us they loved the animal man who visited with rabbits, dogs and snakes.

People and health care professionals knew who to contact if they needed to raise a concern or make a complaint and agreed the staff would take action to address any issues or concerns raised. When people were asked how and who to make a complaint to said; "I'd go to the desk and talk to staff"; "I'd speak to the manager, they'd sort it quickly"; "I don't have any complaints – if I did I'd talk to […]" and "I have nothing to complain about, I'm very happy here."

The home had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in several areas of the home and in each person's room in their care plan folder. We looked at one complaint made to the home. This complaint had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and the feedback given to the complainant documented.

Good

Is the service well-led?

Our findings

Prior to the inspection concerns had been raised with us regarding the management of the home. We did not find any evidence to substantiate these concerns.

People told us "It's first class here"; "It's excellent, I love it here – it is well-run; I'm well-fed, they help me when needed, they polish my shoes and do my washing!"

People were involved in the day to day running of their home. Residents' meetings took place and people were encouraged to make suggestions and comments. The service conducted an annual quality assurance survey and the recently returned survey from people using the service was made available to us. Of the surveys returned comments included; "Very professional service."

Teignbridge House was well- led and managed effectively. The provider's core values stated they offered community involvement and independence, privacy, dignity and choice in a safe and secure environment. This philosophy was clearly displayed and adhered to by the staff as much as possible. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. Healthcare professionals told us the service was well- led.

During our visit, the registered manager was visible and available to both the people using the service and the staff team. They were observed to speak kindly, compassionately and enthusiastically with people and staff. Staff were positive about the support they received from the registered manager and senior staff. They said; "I feel I can go to them at any time." One new member of staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. Staff confirmed "Yes- it's well-run, a nice atmosphere, they trust you to do the job"; "There isn't a blame culture here – we work together, share the responsibility for improving things." People and staff were unable to think of anything they felt required improvement.

Staff held regular meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service and could; "talk to […] and […] (the registered manager) at any time."

Staff told us they were happy in their work, the registered manager and senior staff motivated them to provide a quality service and they understood what was expected of them. The home had a whistle-blowers policy to support staff. Staff said they felt able to raise issues.

There was an effective quality assurance system in place to drive improvements within the service. For example there was a programme of in-house monitoring including audits on medicines and falls. Falls audits recorded the place, date and time of each fall. The care manager said this enabled them to evaluate each fall and put extra protection in place for people. For example, if additional staff were needed during a certain time of day to help reduce the likelihood of a fall. The owner carried out regular health and safety reviews that looked at significant events and incidents that affected the well-being of people.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.