

Te Hira Care Home Limited

# Te Hira Care Home Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection site visit took place on 7 August 2018 and was unannounced. Te Hira is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a three storey building and is registered to provide care for up to 14 older people who may have dementia but do not require nursing care. Residential care and support is provided on all floors of the home. At the time of our inspection visit there were 13 people living at the home.

There was a registered manager in post. 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.

We last inspected this service in January 2016, when we rated the service as 'Good' overall. At this inspection we found the evidence continued to support the rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff received training in safeguarding people and they understood their responsibility to report any concerns to senior staff. Risks to people's health and wellbeing were managed.

The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. The registered manager checked staff were suitable for their role before they started working for the service.

Staff worked within the principles of the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People and staff felt well cared for. Staff understood people's needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

The registered manager demonstrated they valued care staff and promoted their learning and development. Staff enjoyed their work and were motivated to provide people with a good standard of care.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

The registered manager was committed to ensuring people received good quality care. Systems ensured good standards of care were consistently maintained for people.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Te Hira 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 was planned to check 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 visit took place on 7 August 2018. It was a comprehensive inspection and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of using this type of service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIC was very detailed and we were able to review the information in the PIC during our inspection visit. We found the information in the PIC was an accurate assessment of how the service operated.

Prior to our visit we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The commissioners had no serious concerns.

During our visit we spoke with 6 people about what it was like to live at the home and one relative. We also spoke with the registered manager, the care manager [who is also the nominated individual], a senior care worker, two care workers and the chef about the service. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they felt safe using the service. Two people told us, "I'm safe here. The staff soon come to see me when I need them. I've not witnessed anything to make me feel that people aren't safe" and "Everything in my room is safe." We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

We looked at how people were protected from the risk of abuse and spoke with staff to gauge their understanding of their responsibilities to safeguard people who used the service. We found some staff had limited knowledge of local authority adult safeguarding procedures. We discussed this with the registered manager who assured us they would provide additional support for all staff to ensure their knowledge was updated. However, staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us if they had any concerns about people they would, "Tell the manager straight away." Records showed concerns had been appropriately recorded and reported by care staff to senior staff who had taken action straight away to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. People's risk assessments were updated when their needs and abilities changed. Care staff were able to tell us how the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being. The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which occurred and reviewing the information to identify any patterns.

The provider had taken action to minimise risks related to emergencies and unexpected events. For example, due to the very hot weather, a contingency plan had been put in place and people were encouraged not to eat their meals in the conservatory because the room was too hot. Instead, people had agreed to eat in the communal lounge or in their bedroom and were provided with equipment to do this safely.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. We asked people what they would do if there was a fire and the information they gave us was the same as the fire evacuation procedure. Staff told us they had fire alarm practices.

People told us there were enough staff because they received support when they needed it. The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period.

People told us they had their medicines when they needed them. One person told us, "I don't do my medication myself, the staff do it for me. I take my medicine in the morning and I don't suffer from any pain." A relative said, "[Name] gets their medicine and it's done correctly." Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. Senior care staff checked people's medicines regularly to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff took action to make sure any risks to people's well-being were reduced.

Some people were prescribed medicines on a 'when required/as needed' basis. We found there were no protocols in place to guide staff on when to administer some people's 'as needed' medicine. When we spoke with care staff they told us they knew when to administer people's medicine because they knew people well and understood their needs. We discussed this with the registered manager, who gave us their assurance protocols would be put in place to support staff to administer these type of medicines in a consistent way.

Everyone we spoke with told us care staff did all they could to prevent and control infection. A relative told us, "I see the staff washing their hands and wearing gloves and aprons." Bathrooms and toilets were clean and there were soap, towels and toilet paper available. Staff wore personal protective equipment to reduce the risk of cross contamination and disposed of this equipment safely. Staff had received training in infection control and demonstrated a good understanding of how to follow good hygiene practices to reduce the risks of infections spreading.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. One person told us, "The staff are trained well so they can help me... I'm confident that the staff know what they are doing." All staff received an induction, training and support that gave them the skills and confidence to meet people's needs and to promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. One member of care staff told us, "Training refreshes my memory and keeps me up to date." Staff received training which was tailored to meet people's specific needs. The registered manager told us care staff had recently had training in continence health care and dysphasia. Dysphasia is where people have difficulty swallowing. The training was provided by a local health care professional and helped staff provide more effective care for people affected by those issues. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Staff told us they felt supported by the registered manager to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

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 an assessment shows a person lacks 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us most people had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest. There were assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests.



People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I take time with people and speak clearly to make sure it's what they want before I carry on." During our inspection visit, we saw care staff knocked on people's doors to check if they were happy for them to go in and support them.

Staff supported people to eat and drink in a way that met their individual needs. Two people told us, "I find the mealtimes enjoyable....and we get plenty to drink" and "We have a choice at dinner and tea time. It's always nicely presented it's not just dumped on the plate. It looks appetising." A relative said, "The staff have done everything that they possibly could, to make sure [Name] is happy with their food. It's all home cooked and it looks good." On the day of our visit most people chose to eat together in the communal lounge. However, some people chose to eat in their bedroom. Where people required assistance, staff were patient and supported people to eat at their own pace. Some people used adapted plates and cups to help them eat and drink independently.

The chef was able to tell us how they met people's dietary needs. For example, some people were on a diabetic diet. Information about people's food preferences were accessible in the food preparation area. This meant staff could refer to this information when they prepared food and drink for people, in order to meet their needs effectively.

There was a choice of breakfasts, hot meals, desserts and tea time meals every day. The chef told us if anyone wanted anything that was not on the menu, they would prepare food especially for them. People told us they were offered drinks, snacks and fresh fruit during the day and staff had access to the kitchen if people wanted something to eat at night. Care staff told us it was especially important to encourage people to drink plenty of fluids during the hot weather to reduce the risk of dehydration.

Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. For example, the registered manager told us about two people who had received advice from the dietician and were supported to ensure they continued to enjoy their food and eat safely.

Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. One person told us, "If I'm ill they will call the doctor for me. I can also see the chiropodist and optician." Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. One member of care staff explained they had a close working relationship with district nurses who supported people in the home. They said, "If there's a change in someone's health, I tell the manager and they make a referral to the district nurse."

The layout of the building was a three storey building containing 13 single bedrooms and one double bedroom. Seven bedrooms had en-suite facilities. There was one communal shower room, one communal bathroom, toilets, a kitchen, a laundry, a communal lounge and a communal conservatory. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. The upper floors were accessible by stair or lift. There was an easily accessible communal garden, where people could socialise and spend time if they wished. People told us they enjoyed spending time in the garden when the weather was fine.

# Is the service caring?

## Our findings

At this inspection, people received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

People told us staff treated them with kindness. People told us, "We have some lovely staff here...I like living here" and "The staff are very caring. They are kind. I don't need to ring the call bell the staff just come to make sure that I'm OK." A relative said, "I think that the staff have a caring attitude. [Name's] privacy and dignity is respected. They help [Name] to make choices." A member of staff told us, "It's very homely here, everyone knows each other well."

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. We observed caring interactions between staff and people who used the service. For example, one person displayed signs of anxiety and we saw a staff member gently reassured them until their mood changed and they became less anxious. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

The registered manager told us what person centred care meant to them. They explained, "The whole care package is focussed on the individual. Staff are taught residents deserve to have the best care possible... and they all know I wouldn't put up with anything less than the best." Staff shared the registered manager's caring ethos. A member of staff told us, "It's about people's decisions and what they want." They went on to explain, "The manager finds staff who are caring and love this kind of job. I have very good colleagues. We celebrate Christmas and have birthday parties. It's a nice atmosphere. Some residents have no families, so we try to make them happy and in good spirits."

People told us the care staff knew them well. One person told us, "I don't need to tell the staff that I want coffee in the morning and they know that I like sugar in it." A relative said, "The staff definitely know what [Name] likes, they understand [Name]." People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section, which included information about people's religion, family and significant events.

Staff encouraged people to develop and maintain relationships with people who were important to them. One person told us, "My family can come to see me whenever they want to, they can even bring the dog. I love being able to see the dog." Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. We saw visitors were welcomed and made to feel at home.

Staff told us they had training on equality and diversity issues and were confident they could support people

to maintain their individual beliefs, including cultural or religious traditions. The registered manager explained, "People are individuals and whatever their preferences are, we uphold them...Because we are a small home, we get to know people personally. If there was an issue, I may get an advocate or set up a buddy to support people."

Staff told us they were given opportunities for personal development within the service and said the senior staff were caring and this made them feel motivated in their role. One member of staff told us, "The home is small, we are like a family, we know each other so well. I can always speak to management, it's a nice place to work."

Staff understood the importance of treating people with dignity and respect. Two people told us, "The staff always treat me with respect. I've never had a problem and my privacy is maintained as much as they possibly can" and "I don't close my door but the staff still knock and ask before they come in."

## Is the service responsive?

### Our findings

At this inspection, we found staff continued to meet people's needs in a responsive way, as we found at the previous inspection visit. The rating continues to be Good.

People told us they were happy with the care and support staff provided. People told us, "I love it here, I decide what I do with my day", "The carers give me the support I need" and "I'm well looked after, I couldn't be in a better place." A relative said, "I have no concerns about the care [Name] gets. They always look clean and their hair always looks nice... There are always staff to speak to about [Name] whenever I visit."

People led fulfilling lives because they were engaged in activities that were meaningful to them. Two people said, "We play dominoes in the garden, I really enjoy that" and "The staff know me very well. They know what I like. I am supported with my hobbies, I like to read, knit, do puzzles and play dominoes." Another person explained they were going on holiday soon with their family, they told us, "I've got a lovely life."

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend events outside the home. A relative told us, "During term time a school send some children to speak to the resident's, they play games or read to them." People told us they enjoyed trips into the local community for lunch and tea parties. People told us they had been invited to a meeting before Christmas, to decide how they wanted to celebrate. They told us they enjoyed the seasonal activities staff had organised.

People told us they were able to make their own choices. One person told us, "I make my own decisions. I get up when I want to in the morning. I go to bed when I want. I go out into the garden if I want to." One member of care staff gave an example of how people were offered choice at meal times. They explained they offered people a choice of food in the mornings, because otherwise they found some people forgot what they had chosen. Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was guidance for staff about how to support people with their identified needs.

People told us they were involved in planning their care. Relatives told us they were kept regularly informed of any changes and participated in reviews of their family member's care. People were initially assessed by a senior member of staff before they moved into the home. A meeting was held with people and their relatives and they were asked for their views on how they would like to be supported. People's care plans continued to be personalised after they moved into the home, as care staff got to know them better.

People and their relatives said they would raise any concerns with staff. One person told us, "I don't have any complaints at all. If I did, I would be comfortable telling the staff, I know how to make a complaint." Staff understood the complaints process and knew how to support people if they had a concern. The complaints policy was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been no complaints recorded in the last 12 months. They explained how any

issues would be dealt with in accordance with the provider's policy, to ensure concerns would be dealt with in an objective way. We saw compliments were recorded. For example, there was evidence of a compliment from a relative about the standard of care received, '[Name] was in a friendly environment and well looked after.' The registered manager explained compliments were shared with staff. A member of care staff said, "Families tell us they appreciate our help and that makes us proud and happy and we know we are doing our job properly."

People were supported at the end of their lives. The registered manager explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. The registered manager told us they were in the process of discussing advance care planning with people as part of their care reviews.

## Is the service well-led?

### Our findings

At this inspection, we found the home continued to be managed as well as we found at the previous inspection visit. The rating continues to be Good.

People were happy with the quality of the service. One person told us, "The manager is always available, they're nice. I think this place is well managed... it is well maintained. My room is nicely decorated and they replace things when they break." A relative said, "[Name] is safe, warm and comfortable, it's very homely here...I'm more than happy, this place suits [Name]...They love it here." People told us they knew who the senior staff were and found them approachable.

All the staff we spoke with told us they liked working at the home and many of them had worked at the home for several years. They understood their roles and responsibilities and felt supported and motivated by the registered manager and senior staff. One care worker told us, "The managers are approachable, I can speak to them about anything, their door is always open to talk." Staff told us communication was good within the home and they were encouraged to suggest improvements and share information. One member of care staff told us, "We share information between ourselves. If it's urgent we talk to each other. We are a small home so we know everything about the residents."

The registered manager was aware of their responsibilities to have oversight of the service. They had provided us with statutory notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager told us they kept up to date with best practice by working closely with the local authority and health professionals. They told us they received updates from organisations such as Skills for Care, which they shared with staff at meetings.

The registered manager valued people's opinions and worked with them to make improvements to the service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw the most recent survey was completed in September 2017 and found the results were mainly positive. For example, a health professional had complimented the quality of care provided by staff. We saw action had been taken to make improvements. For example, one person had requested a change in the menu and the registered manager had addressed this and the menu had been changed. The responses had been collated by the registered manager and shared with people.

There were systems in place to monitor and improve the quality of service. These included regular checks made by senior staff on medicines, infection control, health and safety and the quality of care plans. Records showed actions were taken to make improvements to the service, following audits. For example, following a recent infection control audit, equipment was replaced to ensure high standards of hygiene were maintained.