Barchester Healthcare Homes Limited

Tennyson Wharf

Inspection report

Park Lane
Burton Waters
Lincoln
Lincolnshire
LN1 2ZD

Tel: 01522848747
Website: www.barchester.com

Date of inspection visit:
18 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 January 2017 and was unannounced. Tennyson Wharf provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 60 people who require personal and nursing care. At the time of our inspection there were 46 people living at the home. The service is provided across three floors and divided into five units providing specific care to people, for example one of the units provided care to people living with dementia.

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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe from abuse including financial abuse.

Medicine records and guidance were not consistent. Protocols were not consistently in place for as required (PRN) medicines. Medicine administration sheets did not clearly identify when medicines were PRN.

We saw that staff obtained people's consent before providing care to them. The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA). Best interests assessments were not clearly documented. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the Deprivation of liberty Safeguards (DoLS) and to report on what we find. We found that the provider acted in accordance with DoLS.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

People in the downstairs unit said response times were sometimes slow. We found there were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support.

Staff had the knowledge and skills they needed to care for people in the right way and they had received most of the training and guidance they needed. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff

had received supervision. People were encouraged to enjoy a range of social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had sent us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

As required (PRN) protocols were not consistently in place. Medicine administration sheets did not clearly detail when medicines were required on a PRN basis.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

Staff received regular supervision. Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and reviewed regularly.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

People were aware of their care plans.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The registered manager created an open culture and supported staff. Staff understood their roles and responsibilities.

Tennyson Wharf

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 17 January 2017 and was unannounced. The inspection was completed by an 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the deputy manager, the area manager, two nurses and two members of care staff. We spoke with eleven people who used the service and ten relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

Where people received their medicines without their knowledge for example in their food we saw that although arrangements were in place to ensure this was carried out safely these had not been followed on one occasion. Appropriate advice from a pharmacist had not been obtained to ensure this was in the person's best interests according to the provider's policy and the medicines were not affected by the method of administration. However at the time of our inspection the person did not require their medicines to be crushed and was managing to take the tablets whole. The registered manager told us they would obtain the appropriate advice so that in the event of this being required the appropriate arrangements were in place.

Protocols for medicines which are given as required (PRN) such as painkillers were usually in place to indicate when to administer these medicines and whether or not people could request and consent to having their medicines. We observed that where people were prescribed PRN medicines it was not always clear whether they had been offered or given. We also observed that some medicines which were prescribed as regular medicines had not been given regularly. The registered manager told us they had identified concerns about medicine records and had addressed the issues they found. However we observed that this had not resolved the areas which we identified at our inspection. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. We observed the administration of medicine for one person. Medicines were administered to people according to their individual need. People were addressed by name and staff explained what medicines they were giving to them.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "This is a safe place the staff are always attentive."

People in the downstairs units told us that they had to wait a long time on occasions for call buttons to be answered by staff. One person said, "Yes I feel safe but sometimes the staff are seeing to me then they have to go quickly to help someone else, I think they need more staff." Another person said, "Sometimes the response is very slow" and another person told us, "I feel safe but feel for the pressure that the staff endure, the quality of care is very good but I do not feel happy when they say to me there are lots of other people to attend to." We spoke with the registered manager about this and following our inspection they told us they had put in place an audit in order to monitor response times.

During our inspection we checked to see if there were sufficient staff on duty. We did not observe anyone not receiving support when they asked for it. We observed in the upstairs area staff responded as soon as people requested assistance or were seen to need support. Staff told us they thought there were sufficient staff to meet people's needs. Staff were allocated to specific floors at the home and each floor had their own rota. This meant that staffing numbers were allocated according to the needs of the people in each area. However they told us that if there was a specific need they would work on another floor to assist with care.

The registered provider had a recruitment process in place which included carrying out checks and

obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Individual risk assessments were completed on areas such as nutrition and skin care and care plans put in place to ensure that care was delivered in a safe way. Where people required equipment to keep them safe such as bed rails risk assessments had also been completed.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns both internally and externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. For example, falls were monitored and actions had been put in place on an individual basis to reduce the risk of falls to people. Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Requires Improvement

Is the service effective?

Our findings

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that mental capacity assessments had been carried out but where decisions had to be made on people's behalf it was not clear what decisions these were and who had been involved in making these decisions. For example one person had bed rails in place to keep them safe and was unable to consent to these but a best interests decision was not in place. There was a risk that decisions were being made on people's behalf not in accordance with the MCA.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were 19 people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

We observed that people were asked for their consent before care was provided. Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were understood by the registered manager. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. For example, we observed staff supported people to move safely and competently. A relative told us, "I think the staff are very good they are very attentive and take an interest in my family member I like this, they don't take things at face value they question things."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. One staff member said, "You never feel stupid for asking, and said," Manager says, if in doubt ask."

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. A person said, "The food is very good here my family member eats much better here than at home, he is happy with the food he eats well." People were offered a choice of meals at the start of lunch. Where people required specific equipment to support them with their meals such as specialist cups and plates we observed these were provided.

Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, people received nutritional supplements to ensure that they received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Care records detailed people's likes and dislikes and details for this were kept in the kitchen as well as details of any special dietary needs. We saw drinks were available in both communal and bedroom areas. Additionally drinks and snacks were served mid-morning and afternoon. We observed that if people asked for additional drinks staff provided these and also offered people drinks when they were sat in communal areas.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Advice about physical health issues was included in the record about how to recognise deterioration in a person's condition and what treatment or support was required. This helped staff to respond to people's physical health needs. We observed a person required specialist stockings and was unable to attend the specialist clinic due to the distance required to travel. Staff had explored other options and had found a local health resource who would provide the necessary treatment.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. The interactions we saw from staff with people were positive. Staff took time to engage in conversations with people and spoke about positive events. Even when the interactions were centred around a task, for example, when serving meals, staff took opportunity to engage with people. For example when supporting a person with their drink a member of staff chatted about the music being played. We saw that before staff assisted people they asked if they wanted support and asked permission before carrying out tasks for people. Where people were distressed staff responded and tried to reassure them. We observed a person said they wanted to go home and tried to open the door. Staff tried to reassure the person and divert their attention to another subject by offering them a drink and a biscuit. We observed the person settled and sat with the staff member having a drink.

We observed that staff were aware of respecting people's needs and wishes. For example at lunchtime people were able to have lunch where they preferred. We also saw staff spoke with people individually to explain what the choices were. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. The home operated a whole home approach at lunchtime which meant that all the staff including the registered manager were involved with making sure the lunchtime experience was enjoyable and met people's needs. We observed people were given choices about how they wanted their care to be delivered, for example there were no set times for breakfast and people were able to choose when they got up.

We saw that staff were sensitive to people's needs. For example, a member of staff told us they tried to support people to maintain their independence. They gave an example of supporting a person to make their own drink. We saw in care records details of how to involve people in their care in order to maintain their independence.

People who used the service told us that staff treated them well and respected their privacy. We observed when serving drinks in the morning staff knelt beside people and asked them what they would like to drink and how they would like it. People told us and we observed that staff knocked on their bedroom doors. However people in the downstairs area raised concerns that staff did not always wait to be asked to enter after they had knocked. When staff were providing support to people in their own rooms we observed 'Do not disturb' signs were used to protect people's privacy. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. We saw when visitors came they were able to spend private time with their family member if they wished to in comfortable surroundings. All the bedrooms in the home were single however the deputy manager told us that if a husband and wife wanted a shared bedroom they would be able to provide this by making one of the rooms into a lounge area and providing more space. They told us about a person who was at the end of their life and they were able to arrange for their partner to stay overnight with them.

We noted that there were arrangements in place to support someone if they could not easily express their

wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who can support people to express their opinions and wishes.

We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis. For example when speaking with us a member of staff checked that it was alright to show us a person's care record. We observed records were stored securely to protect people's confidential information.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. There were two members of staff who were responsible for leading activities within the home. Staff told us they felt there was a good level of activities for people. One staff member told us, "We take in to account the residents history and interests when planning our activities and also celebrations, we also take people shopping." Throughout the day we observed a range of individual and group activities being carried out and offered to people. We saw that if people did not want to join in the group activities other options were available. For example, we observed in the upstairs lounge staff sat with a person playing a game and another staff member was looking through a book with a person. They talked about the pictures and linked the conversation to the person's past experiences, for example their professions.

We noted that people's individuality was respected and promoted. People also had access to church services within the home and we saw that any specific cultural wishes were recorded in care records. One person attended their church on a daily basis and was supported to follow their religious beliefs. People told us staff were very helpful and always accommodated people's requests, for example a person requested a specific Marks and Spencers meal. They said the activity coordinator purchased this for them and the chef prepared it.

Care records were personalised and included detail so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. We observed staff talking to people about their past experiences such as their profession.

Care plans had been reviewed and updated with people who used the service. Relatives and people we spoke with were aware of their care plans but said they did not see them regularly. We spoke with the registered manager about this who told us they were in the process of changing the review process so that people's relatives were involved in the review more often. Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative told us, "The staff are very approachable they make me as a relative very welcome and I can make myself coffee any time and this is a lovely place to be. We observed visitors coming to have lunch with a person." Another relative told us, "We really enjoyed the firework night event it was very good we had snacks, we also enjoyed the pantomime."
Adaptations had been made to assist those people who perhaps had difficulty or were confused with orientation and movement around the home. Toilets were clearly marked as they were painted yellow to make them stand out to people.

A complaints policy and procedure was in place and on display in the foyer area. At the time of our inspection there were no ongoing complaints. We saw where a complaint had been made this had been resolved and actions put in place to prevent the issue of concern occurring again. Complaints were

monitored for themes and learning. People we spoke with told us they would know how to make a complaint if they needed and would be comfortable raising concerns.

Good

Is the service well-led?

Our findings

Arrangements were in place for checking the quality of care. Systems were in place to carry out regular checks on the quality of care and the fabric of the building. For example check were carried out on falls, infection control and health and safety issues. The registered manager and deputy carried out regular walk rounds so that they were familiar with issues in the home.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the right care. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. The home was in the process of working towards accreditation for providing care to people living with dementia. The accreditation was internal to the company however it was based on national guidance and best practice. As part of the scheme staff received additional training and support to ensure they could meet people's needs.

People felt the home was well run and told us all of the management team were approachable.Staff said that they felt able to raise issues and felt valued by the registered manager. A staff member told us, "Everything is open here." Staff and relatives told us that the registered manager was approachable and supportive. We observed the deputy manager and registered manager walking around the home during our inspection chatting with people. People and their relatives recognised them and were happy to discuss issues with them.

An 'employee of the month' scheme was in place which recognised staff's commitment to their role. A staff member told us they were able to ask the nursing staff for advice and assistance. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at records of staff meetings and saw issues such as medicines, activities and updates about developments had been discussed.

Resident and relatives' meetings had been held on a regular basis and people we spoke with were aware of these. The home had developed a specific role (resident ambassadors) to support people to raise issues. Resident ambassadors were available in each unit and as well as attending meetings the home encouraged them to gain people's views on aspects of care and raise issues with management. We saw from the minutes of a meeting held issues such as activities, staffing and meals had been discussed with people. A newsletter was also produced which included updates of events and happenings at the home. This was displayed in the home and also distributed to people and their relatives. In order to develop relationships with the local community the home held open days and regular coffee mornings.

Surveys had been carried out with people and their relatives and positive responses received. We saw that following the surveys actions had been put in place to address any issues raised. We observed information about what action was taken on a notice board entitled-'You said, we did'. The registered manager told us

that they encouraged people and staff to come and speak with them at any time. We saw notices advertising drop in sessions with the registered manager for staff relatives and people who lived at the home.

The service had a whistleblowing policy and contact numbers to report issues of concern and these were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager but were also aware of the confidential phone line operated by the provider for reporting concerns. The provider had sent us of notifications. Notifications are events which have happened in the service that the provider is required by law to tell us about, for example accidents and incidents.