Barchester Healthcare Homes Limited

# Tandridge Heights

## 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 |

# Summary of findings

## Overall summary

Tandridge Heights is a purpose built care home that provides nursing and personal care for up to 75 older people. The ground and first floor provide accommodation for people who may require respite care or have a medical condition, such as a stroke. The first floor has a separate unit for people needing intermediate care and the second floor is allocated for eight people living with dementia. At the time of our inspection 66 people were receiving care and support.

The intermediate care is for people who require a period of rehabilitation following for example, a hip operation. People living on this floor will only live in the home during their period of recuperation. All areas of the home are staffed by Barchester Healthcare staff, apart from people living on the second floor who also receive care from external community staff.

This inspection took place on 14 April 2016 and was unannounced.

The home is run by a registered manager, who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 11 February 2015 we asked the provider to take action to make improvements (for example to staffing levels), and this action has been completed.

People told us care staff treated them with dignity and that they felt safe. Staff had written information about risks to people and how to manage these in order to keep people safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People felt safe and staff knew what actions to take to protect people from abuse. Staff had received training in safeguarding adults and were able to tell us the procedures to follow should they have any concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. People did not have to wait to be assisted.

The service followed safe recruitment practices. Staff were skilled and experienced to care and support people to have a good quality of life. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. They received training during their induction and then on an on-going basis.

Peoples' medicines were managed and administered safely. Processes were in place in relation to the

correct storage and auditing of people's medicines. Medicines were disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted to keep them safe.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit or leave the home.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors' and opticians' visits had been recorded in people's care plans.

People said that they enjoyed taking part in the activities provided at the home and that they felt that there was enough to do. We saw that the activities that took place were inclusive, and well matched to peoples' interests and capabilities.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The service was clean and hygienic.

The provider had effective quality assurance systems in place, including regular audits on health and safety, infection control, dignity, care plans and medicines. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

The provider had identified risks to people's health and safety with them, and put guidelines in place to minimise the risks.

Staff followed good medicines management procedures.

There were enough staff on duty to meet the needs of people and appropriate checks where undertaken to help ensure suitable staff worked at the service.

### Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy and balanced diet.

Staff ensured people had access to external healthcare professionals when they needed it. People's changing health needs were monitored by staff.

### Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and

their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Peoples dignity was respected by staff.

## Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

## Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and had a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

# Tandridge Heights

**Detailed findings**

## Background to this inspection

We last carried out an inspection to Tandridge Heights in February 2015 where we had found five breaches in the regulations. 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.

This inspection took place on 14 April 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor (a person who has special knowledge and experience in caring for people with nursing needs). Also an expert by experience (a person who has personal experience of using or caring for someone who uses this type of care service.)

The provider had completed a Provider Information Return (PIR). 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.

As part of our inspection we spoke with 18 people, nine care staff, two nurses, six relatives, one visitor, one volunteer, the registered manager and two healthcare professionals. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff.

We reviewed a variety of documents which included nine people's care plans, seven staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

At this inspection we found all actions had been implemented to address the breaches and good practice embedded in the service.

Good

# Is the service safe?

## Our findings

At our previous inspection in February 2015 we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment and hygiene. At this inspection we found that there had been the required improvements to keeping people safe and the cleanliness of the environment.

One person told us, "I am so safe here." Another said, "Oh yes, I'm safe. It's a home from home." Another person said they also felt safe, they told us they had a remote call bell on a lanyard (a strap passed round the neck, shoulder, or wrist with the alarm pendent on it) so they could call staff at anytime from anywhere in service.

The risks to individuals and the service; for example health and safety, were managed so that people were protected and their freedom was supported and respected. The registered manager ensured staff assessed the risks for each individual and recorded these. Staff were able to describe risks and supporting care practices to help keep people safe. Incidents and accidents were reported appropriately and in a timely manner, the registered manager described to us the action they took to analysis each incident. They showed us examples of outcomes of investigations. For example one person had increased number of falls; the manager had referred the person to the falls team and placed a sensor mat in the person's room to alert staff if they rose from bed.

Risk assessments and plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One staff member said, "We read people's risk assessments to know what support to give." They added that where necessary, a physiotherapist provided guidance for staff regarding people who were at high risk of falling or using the stairs, while trying to become more independent. The home promoted people to remain as independent as possible; one person said "I have the freedom to come and go."

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

The provider, registered manager and staff had taken steps to help protect people from avoidable harm and discrimination. We saw a poster at the entrance to the home which encouraged people to speak up if they suspected abuse. People told us they would speak up if necessary. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us, "If I saw something I would report (it) to the head nurse." We saw a poster about how to whistle blow and contact details in the staff office and in lifts in the home.

People's medicines were well managed and they received them safely. One person told us, "I have my

medicines, the staff are very reliable." Another person said, "I have my medication when I expect it and staff support me to take it."

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm they had been administered. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given.

People said there were enough staff to meet their needs. Staff and visitors said there were enough staff on duty. One person said, "The staff respond to my calls quickly." We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and telephoned colleagues to help people when needed.

The registered manager used a dependency tool to assess the staffing levels that were in place to meet the needs of the people. On the day of our inspection there was one nurse on the ground floor and six care staff, and two nurses on the middle floor. Six care staff and on the top floor two care staff to meet the needs of five people. The home also had full ancillary support including activities staff, housekeepers, administrative staff, volunteers, receptionists, maintenance staff and catering support staff.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work. The registered manager had ensured that nursing staff had the correct and valid registration.

People told us they thought the service was clean and hygienic. One person said, "The housekeepers work so hard." The registered manager showed us the cleaning schedules and regular audits undertaken to ensure the service was clean and odour free. We saw the housekeepers undertaking their tasks throughout the day.

Good

# Is the service effective?

## Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff are well qualified, they are very caring people." One staff member said, "The training I received helped me to develop in my roll and perform my work effectively."

The registered manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. One staff member said the training was really good and told us they had shadowed senior colleagues before working on their own. One member of staff told us, "The organisation is very good with training." Another said, "Before I started working, I had to do the manual handling training and safeguarding training. Then someone comes in to deliver in-house training". The registered manager had supported staff to learn other skills to meet people's individual needs, such as training for staff to become dignity champions. They said that this training had helped them understand and develop best practice when caring for people. One staff gave us the example of asking people how they wished to be addressed and asking people if they wished to wear jewellery or make up.

Staff had annual appraisals. This is a process by which a registered manager evaluates an employee's work behaviour and attitudes. Also to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their manager on a one to one basis monthly to discuss their work or any concerns they had. For example one staff member said they were being supported for an application for a Qualification and Credit Framework (QCF) level 3 in health and social care. This was confirmed in the staff files we read. Nursing staff received clinical supervision and regular training and updates in clinical skills. One nurse said they had completed training in venepuncture (taking blood), tracheostomy (an artificial opening into the windpipe, which helps people breathe) care, catheter training and setting up a syringe driver. The registered manager said that nursing staff had continued to complete their continuous professional development logs which record qualified staff had updated competencies and skills.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the MCA had received training in both the MCA and DoLS.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people were restricted in the home; for example with the use of bed rails and being so poorly that they could not leave. We saw that related assessments and decisions had been properly taken. The registered

manager and staff demonstrated their understanding of DoLS. The registered manager had submitted DoLS for people in the home who were having their liberty restricted. Consent was obtained from people during the admission process and for specific decision. Staff on a daily basis asked people's consent for care tasks undertaken. One person said "I feel good to move around, I am not restricted."

People's nutritional needs were met. One person said; "The food is good here and they have good choices" and another person said, "They keep me well hydrated."
The chef said they had a list in the kitchen of people's dietary requirements. They were able to identify those people who were on liquidised food. The chef updated this information each week, but if someone's dietary requirements changed substantially the nurses would inform them immediately (e.g. someone going from soft food to liquidised food). A staff member said, "The nurse recommends how to support people to eat, all pureed meals have to be in separate (components), and we serve individual mouthfuls and give each person time, fluids are very important."

Everyone was able to eat at their own pace whilst staff circulated checking that people were enjoying their dinner, offering extras and discreetly assisted several people by cutting up the meat. We noted one person had a plate guard to help them maintain their independence in eating their meal them self. We observed someone on was served with pureed food to meet their needs, which was all separated – meat on its own, then vegetables individually pureed as were potatoes. The food looked and smelled good. Two people had wine with their meals; we were told that some people enjoyed a glass of wine with lunch and dinner and this was offered to people regularly.

The menu was displayed outside of the dining room and included the main meal of the day, together with the alternatives on offer including a vegetarian option. We saw drinks served prior to lunch. During the day people had drinks in front of them and tea and coffee was offered throughout the day. There was also a snack trolley that contained finger foods for people to eat between meals if they were hungry.

People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the speech and language therapist (SALT) team for further guidance on managing the weight loss and nutritional needs. One care staff said, "If someone is losing weight I report it to the nurse, if a person is not eating, I encourage fluids. The chef makes a milkshake for people – and we monitor that person."

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the SALT, the falls team, and district nurses when required. One person said; "I am well looked after if I am ill and can ask to the see the doctor and one comes almost immediately." The registered manager said that the GP came regularly every week where people's needs were reviewed. We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals in a timely manner.

Good

# Is the service caring?

## Our findings

At our previous inspection in February 2015 we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to person centred care. At this inspection we found that the required improvements had been made and embedded into practice.

People told us that the staff were very caring. One person said, "The staff are comforting." Another person said' "They know me as a person well." A relative said, "The staff really understand my relative, they really meet their needs."

During the inspection, we saw a number of people visited by family and friends. From what we saw, staff had a caring approach and this was confirmed by the professionals, relatives and people themselves. One relative said, "My relative likes it here, there's such a lovely atmosphere."

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people's care records. This showed us that staff were aware of the up to date needs of people within their care. We saw staff supported a person to transfer from a wheelchair to an armchair. Staff spoke reassuringly to the person and encouraged them to be as independent as possible. They explained to them the actions that needed to be taken and gave the person time to try to do things themselves.

People were treated with dignity and respect and we observed examples of this. One person said, "The care is pretty good." We heard staff speak nicely to people and show them respect. There was a good sense that people and staff knew each other well and they spoke to each other in a relaxed and jovial manner. We observed staff sitting with people and engaging in conversation in a respectful and dignified way.

We asked one of the nurses if the service was able to meet differing religious and cultural needs. They told us that Tandridge Heights always asked about cultural and religious needs upon admission and they had a list of people they could contact. They thought that people of different faiths such as Muslim and Buddhist had lived at the home and they had arranged for individual spiritual support. The registered manager confirmed that this had happened and we saw records that evidenced this. One person said, "When I came here they asked me my likes and dislikes and about my religion and if I needed any support with this."

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations such as the Parkinson's Society and Age Concern. We saw the reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding which were available for people, relatives and any visitors to the home.

We asked people and family members if they had been involved in their care planning or the care of their relative. They all felt that they were included and kept up to date by the registered manager and the staff at the home. One person said, "The nurse showed me my care plan and I signed it." Another person said, "They communicate regularly with me about my care." One relative said, "They always keep me informed."

Good

# Is the service responsive?

## Our findings

People told us they were getting responsive care. One person said, "I do feel I am getting the care I need." Another person said, "The staff are so attentive."

People had care plans that clearly explained how they would like to receive their care, treatment and support. Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified which was completed by nursing staff. We saw these were monitored for any changes. Full family histories were drawn up by activities staff and care staff so that staff knew about a person's background and were then able to talk to them about their family or life stories.

Staff were responsible for a number of people individually as keyworkers, which meant they ensured people's care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

People received care that was responsive to their needs. Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. One person said, "I need more help moving around, staff are always there to help me." Staff described to us the support they gave to this person.

People were supported to follow their interests and take part in social activities. One person said, "There plenty to do here." There were regular activities going on throughout the week. We saw an art session took place in the lounge which we saw people were enjoying, following this, music was put on. The activities person checked throughout the day that people were happy to participate in the activity and asked for suggestions from people of how they would like the activity to run. One person said, "I'd like more trips out." We spoke to the registered manager who said activities were being discussed and trips decided upon in the next residents meeting.

People's concerns and complaints were encouraged, investigated and responded to in good time. The complaint policy was displayed clearly and a suggestion box was in reception for people to make comments. People told us they knew how to make a complaint if they needed to. One person told us, "I have never made a complaint." Another person said, "If I had any complaints, I would raise it to the manager." People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said, "I've attended a couple of resident meetings."

Good

# Is the service well-led?

## Our findings

At our previous inspection in June 2015 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to records. At this inspection we found that there had been the required improvements and that all care records were kept securely within the home.

The home had a registered manager. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said, "The manager, deputy and staff are really friendly people, its run very well." Another person said, "The manager does a good job of running the home."

We observed that the registered manager interacted well with people in an open, honest and compassionate way. We observed on numerous occasions them sitting and chatting to people and asking if there was anything that people needed. One person said, "The manager is so approachable." They said staff were also open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being.

Staff were positive about the management of Tandridge Heights. They told us they felt supported by management. One member of staff said, "The manager always listens to our ideas." Another staff member said, "I feel that we are a good team here." During the inspection we saw a staff member receive an award for their good service. This person had been chosen jointly by the people living at the home and other staff members.

Staff meetings were held in which they could speak openly and make suggestions on how to improve the service. The registered manager explained that best practise issues in care were discussed; for example dignity in care. This showed us that the registered manager was consistent, led by example and was available to staff for guidance and support and that they provided staff with constructive feedback and clear lines of accountability within their working roles.

There were a clear set of values which staff understood and followed to ensure people received kind and compassionate care. The Barchester values were; 'We strive to make life at Barchester care homes as stimulating and fulfilling as possible and are committed to ensuring independence, dignity and choice in every aspect of daily life.' One member of staff said when new staff started they received training on the aims and objectives of the service. Any issues identified would be covered in an individual or group supervision session. This would develop consistent best practice and drive improvement. The registered manager said that all new care staff were sign up for the care certificate as part of their induction training.

The quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medicines and infection control. These enabled the registered manager to identify deficits in best practice and rectify these. The registered manager explained that staff meetings, resident and relative meetings were held. The minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice was discussed during these meetings including the handover

forms, answering call bells and looking at continually improving practise. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required.