

Anchor Trust

Tandy Court

Inspection report

Tandy Drive
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was undertaken on 13 and 18 November 2014 and was unannounced. At the last inspection in February 2014 we found that there were three breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. At that time people's care was not always planned and delivered safely, there were not always enough staff to meet people's needs and records were not well maintained. We asked the provider to make the improvements required and they wrote to us

and told us that these improvements would be completed by 30 April 2014. During this inspection we found that the provider had made the required improvements.

The home is registered to provide care and accommodation for up to 40 older adults, some of who may have physical disabilities or are living with dementia. The accommodation is provided in single bedrooms, all of which are ensuite. There were 36 people at the home during our inspection.

Summary of findings

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 and associated Regulations about how the service is run.

All the people we spoke with told us they were happy at the home. They told us the staff were kind and helped them when they needed support. We saw staff supported people with kindness and compassion.

There were sufficient staff to support people safely but the deployment of staff needed improvement to make sure staff did not leave people unsupervised in the lounge. Some risks to people's safety had been identified by the registered manager and actions were in progress to reduce these risks. People said they felt safe. Staff had training and knew how to recognise and respond to concerns about abuse and poor practice.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected,

including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to the appropriate local authority, for authority to do so. We found that the provider had complied with the requirements of MCA and DoLS.

Staff had access to a variety of training that supported them in meeting the needs of people living in the home effectively and received regular supervision to support their personal development.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. People were supported to access healthcare services to maintain and promote their health and well-being.

People knew how to make a complaint and told us they felt able to express their views at any time and that they were listened to and acted on.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of this service were not safe.

The deployment of staff needed improvement to make sure staff did not leave people unsupervised in the lounge and medication systems needed to be improved to make sure people received their medication as prescribed.

People told us they felt safe at the home and with the staff who supported them. Staff understood their responsibilities to keep people safe from harm.

Staff were recruited safely and there were sufficient staff to support people safely.

Some risks to people's safety had been identified and actions were in progress to reduce these risks.

Requires Improvement



Is the service effective?

The service was effective.

Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People's privacy and dignity were respected.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history, this meant that they knew the people they were caring for.

Good



Is the service responsive?

The service was responsive.

We saw that people were involved in their care planning and ongoing reviews of their care.

People were supported to maintain hobbies and interests.

People were confident that any comments or complaints would be dealt with appropriately and actions taken to resolve them.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The provider had a registered manager in place who was open and transparent in the management of the home.

People, relatives and staff were all complimentary of the registered manager and told us that the home was well managed.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good



Tandy Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 18 November 2014 and was unannounced. It was undertaken by two inspectors 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 provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We also received

information from a local authority who had purchased services from the provider and from a health care professional. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with 14 people who lived at the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six visitors, this included the relatives of five people who lived at the home. We spoke with four care staff, one team leader, an activity co-ordinator, two housekeepers, one laundry assistant, a catering assistant and a cook, the administrator, the registered manager and the care manager. We also spoke with the provider's district manager and dementia care advisor who arrived to support the registered manager during our inspection.

We looked at the care records of five people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

At the last inspection in February 2014 we found there were not always enough staff to meet people's needs. We asked the provider to make the improvements required and they wrote to us and told us that these improvements would be completed by 30 April 2014. During this inspection we found that the provider had made the required improvements. Additional staff had been recruited to help make there were enough staff to meet people's needs. The registered manager produced documentation showing that each person's dependency levels were assessed monthly. They told us this allowed them to adjust the staffing if necessary.

People who lived at the home told there was usually enough staff to meet their needs. Comments from people included: "The staff are all very good. I only have to ring my alarm and staff come" and "It's lovely here. The staff are all quite good and I do not have to wait long for support." The majority of people's relatives told us they were satisfied with the staffing levels. One relative told us, "There are always enough staff and I come and visit at all sorts of times." Another relative told us, "They have adequate staff-but there is always room for more." We observed there was usually a staff presence in the communal areas and buzzers were responded to quickly so that people received support when they needed it. We brought to the registered manager's attention that during a ten minute time period staff had only come periodically to check on people's wellbeing. This may not protect people from one person's potential behaviour and did not meet the documented expectation that a member of staff would remain in the lounge at all times when people were in there

The majority of staff we spoke with did not raise any concerns about the levels of staffing and told us that staffing arrangements had improved. One member of staff told us, "Staffing has improved lots. Previously there were times when we had only two or three care staff, now you can guarantee there will be four." Some staff commented that there were times when they were very busy and they did not get the opportunity to spend as much time with people as they would like. The registered manager told us they had undertaken spot checks at various times including the weekends to make sure there were enough staff. They

told us that as a result of their assessments and from consultation with people and staff that additional recruitment was underway so that an extra member of staff could be provided in the afternoons.

All of the people we spoke with told us they felt safe and that the staff treated them well. One person told us, "It's safe I have no problems here." All of the relatives told us they felt confident that their relatives were kept safe and not at risk of abuse. One relative told us, "There is nobody here that is cruel to him – they are great."

There were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from staff training records.

The provider had reported safeguarding concerns to the local authority and the Care Quality Commission appropriately. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. Staff were able to explain to us the various forms of abuse that people were at risk of, who they would report this to and where they could escalate their concerns to if they felt it necessary.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. For example, one person had the potential to swear and hit out at other people, another person was at risk of falls. Whilst some of the individual guidance we checked lacked clarity about the actions staff needed to take, our discussions with staff showed they had a good understanding of people's needs and how the risk was reduced.

The registered manager told us that all new employees were checked through robust recruitment processes. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service. We spoke with a recently recruited member of staff who confirmed that all of the necessary checks had been completed before they had commenced working with people. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

Is the service safe?

During our inspection we observed a member of staff administer medication to people. This was done safely. The registered manager told us that all staff who administered medication had been trained to do so. This was confirmed by a member of staff we spoke with. Records confirmed that staff who administered medication had been assessed as competent to undertake this activity. This meant that systems were in place to help make sure people received their medication safely. A person who lived at the home told us, “They give me the right dose of medication.”

We looked at the medication records for four people; these indicated people usually received their medication as prescribed. One person’s records did not confirm they had always received their eye drops as prescribed as there were some gaps on the records. The registered manager investigated this during our inspection. They told us that the person was often asleep or refused their medication and that staff had not correctly completed the medication record. On one occasion the eye drops had been misplaced and so had not been administered. An action plan was put in place to address these issues during our inspection.

Some people at the home were on medication that was recommended for short term use for people who have

dementia. The registered manager was able to evidence that where this was prescribed people had all had a recent medication review with their GP. The registered manager agreed that she would confirm with the GP if this medication was still suitable for people who had been prescribed it for a longer period.

Prior to the inspection we had received some concerns about the cleanliness of the home. During our inspection we observed that communal areas and the majority of people’s bedrooms we saw were clean. One person’s bedroom was found to need the floor cleaning and this was arranged immediately by the registered manager. We spoke with staff who understood their roles and told us about the cleaning schedules and infection control procedures that were in place. They were able to describe how they ensured good infection control procedures were maintained. During our inspection we observed that staff wore appropriate personal protective equipment when needed. A system to carry out regular audits of infection control was also in place. This meant that people were protected by the prevention and control of infection.

Is the service effective?

Our findings

At our last inspection in February 2014 we found that staff were not always monitoring the condition of people's skin. We asked the provider to make the improvements required and they wrote to us and told us that these improvements would be completed by 30 April 2014. During this inspection we found that the provider had made the required improvements.

Prior to this inspection a health professional informed us that staff were having regular training about pressure area care and were carrying out skin inspections and documenting this. Our inspection confirmed this as we found that skin inspection charts had been introduced and were being completed. One person had been admitted to the home with sore skin and we found that they had been provided with pressure relieving equipment to help their skin condition improve.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. We saw that staff had the skills and knowledge they required to meet people's care needs. People's relatives told us they thought staff were sufficiently trained to meet people's needs. One relative told us, "They seem to know what they're doing." People who lived at the home told us that staff were able to meet their needs effectively.

Discussions with the registered manager and training records showed there was a programme of training for staff and that new staff received an induction to the home. The registered manager was aware of any gaps in staff training and was addressing these. All of the staff we spoke with told us that they were supported and well trained. Staff received training in areas that helped them to meet people's needs, for example in dementia, nutrition and falls prevention. Methods of training included a mix of both E-Learning on the computer and face to face training. One member of staff told us, "We are consistently updating our training." Another member of staff told us that the frequency of staff supervisions had improved since the current registered manager had been in post. This meant that people were supported by staff who had up to date knowledge about how to provide effective care to people.

During our visit we saw that staff obtained people's consent before providing them with support and offered choices.

This included choices about what to watch on the television, what people wanted to have for lunch and gaining people's consent before helping them to change position.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager had a good understanding of their responsibilities within DoLS and records showed staff had received training. Appropriate referrals had been made to the local authority when they had felt that someone was being deprived of their liberty. Plans were in place to review every person's needs to make sure people's freedoms were effectively supported and protected.

People had been supported to have sufficient amounts to eat and drink. The majority of people we spoke with told us they were happy with the meals provided. One person told us, "We have a lot of choice of food. If there is anything on the menu we do not like we can ask for an alternative."

Kitchen and care staff we spoke with had a good understanding of people's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well. One person who had been identified as being underweight had nutritional supplements and had recently put on some weight. We observed how people were supported over the breakfast and lunch time period. Meal times were not rushed and people were able to take their time and enjoy them. For people who needed assistance with meals, staff were on hand to assist them. We saw that people had been given a choice of food and drinks and noted that throughout the day people were offered and supported with drinks and snacks.

People had access to healthcare professionals including doctors, chiropodists and opticians. One of the people who used the service told us that they saw the doctor when they needed to. We received feedback from a health care professional before our inspection who told us that staff had improved their recognition of people whose health was deteriorating. This was confirmed during our inspection when we observed the registered manager

Is the service effective?

contacting a person's doctor, after a concern about their health had been identified. This showed that people who used the service were supported with their healthcare needs.

Is the service caring?

Our findings

People we spoke with told us they liked living at the home and told us they were well cared for. One person told us, "We always have fun, the staff are good and they help you." Another person when speaking about the staff told us, "I think they're very kind and caring." Relatives of people living at the home were complimentary about the staff. One relative told us, "The staff are all very friendly and courteous to everyone."

We watched and listened to staff as they provided care and support to people who lived at the home. Throughout our observations we found staff were kind, compassionate and caring. Staff used people's preferred names and spoke with people in a respectful and friendly manner. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner.

We saw a member of staff taking people's mail to them in their bedrooms. This demonstrated that staff respected people's right to receive and open their own mail in private.

We observed that doorbells had been fitted at the entrance to people's flats. Staff respected people's privacy through knocking on people's bedroom doors or ringing the doorbell before entering and by asking about any care needs in quiet manner. People we spoke with said they were treated with dignity and that doors were closed when they were having personal care. One person's relative told us, "They always knock on doors and ask if they can go in." This showed that people were treated with respect and dignity.

People told us that their relatives were able to visit when they wanted. One person told us, "I can have visitors anytime, from early morning if I wanted to." One person's relative told us that they were always made to feel welcome by staff when they visited the home.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or choice of meal. Staff did not rush people for a response.

Is the service responsive?

Our findings

When we last inspected the service in February 2014, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations because records were not always accurately maintained. We asked the provider to make the improvements required and they wrote to us and told us that these improvements would be completed by 30 April 2014. During this inspection we found that the provider had made the required improvements. Improvements had been made in record keeping within the home. Care plans and risk assessments recorded how people were supported to receive care and treatment in accordance with their needs and preferences. These were regularly reviewed when people's needs changed. Some required further detail about the exact nature of support that people needed. We saw that people were involved in their care planning and on-going reviews of their care. Relatives confirmed they were involved in people's care although one relative commented that they would like further involvement.

Some people had a history of falls and risk assessments had been completed and updated when falls occurred. Some people had been referred to the falls clinic to seek specialist advice on any further measures that could be implemented to reduce the risk of further falls occurring. We saw that some of these referrals have been made several months ago. When we brought this to the registered manager's attention she agreed to make sure these were followed up on.

The provider had activity co-ordinators who encouraged people to get involved with their hobbies, interests and organised activities. We spoke with one of the co-ordinators and asked them how people's hobbies and interests were planned. We were told there was a structured programme for group activities and time was planned to support people individually or in small groups. We were told how people who had limited capacity, were supported. As an example, we were told that one person enjoyed one to one time using a touch screen tablet computer. The activity co-ordinator demonstrated good knowledge of people's preferences, this included the type of music people preferred listening to. Two people told us

they continued to participate in social groups that they had been members of before they moved to Tandy Court; this demonstrated that people maintained choice and control regarding their lives.

During our inspection we saw some group activities taking place, this included gentle exercise to music and hoopla. Everyone who was joining in was laughing and smiling throughout the activity. Records were kept of the activities that people had participated in but these did not always show that all people had been offered group or individual activities on a regular basis. Some people were not engaged in the organised activities during our inspection. This included some people who preferred to walk around the home as part of their daily routines. The registered manager had introduced some objects of interest in the corridors to help gain people's interests, these included tactile objects. The registered manager told us that three volunteers had been recruited, subject to recruitment checks. It was intended they would be able to spend time chatting with people and supporting them with their individual hobbies and interests.

People were provided with opportunities to get involved in the running of the home and to have their views listened to. A residents committee had been recently set up and regular meetings were held to seek people's views, examples of this included consultations about the menu. A person who lived at the home had recently been part of the interview panel for the recruitment of a new member of staff. People had also recently had the opportunity to participate in the 'National Care Home Survey' to seek their views on the care they received. People who had needed assistance to complete the survey had been assisted by a representative of the resident's committee. At the time of our inspection the results of the survey were not yet known.

People we spoke with told us they had not made a complaint about their care, but they told us if they had a problem they would speak to staff or the registered manager. People's relatives told us they felt able to raise any concerns or complaints. They told us that they were confident that their concerns would be taken seriously and this was evidenced in the record of complaints we looked at. The record of complaints was detailed and included the investigations and outcomes related to each complaint. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Is the service well-led?

Our findings

There was a new registered manager since our last inspection. People who lived at the home, visitors and staff were positive about the registered manager. People knew the registered manager by name and told us they could approach her with any problems they had. One person told us, "You can talk to her anytime." Another person told us, "She always listens." One visitor to the home emphasised the fact that the place had changed for the better ever since the new manager had started. One relative told us, "She knows the relatives and speaks to them." We saw throughout our inspection that the registered manager interacted politely with people who lived at the home and people responded well to her.

Staff were very positive about the registered manager and other managers in the home. One member of staff told us they had previously lacked confidence in raising concerns but with the new registered manager they felt very supported. They told us, "The new manager is marvellous. Things are totally different. I think people [staff] care more." We spoke to the registered manager of the home and they demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and their responsibilities as registered manager.

The registered manager had developed opportunities to enable people that used the service and relatives to share any issues or concerns. Meetings were held with people and their relatives and the manager had conducted their own questionnaire with relatives of people at the home. They told us that in response to the results that changes had been made to staffing and activities in the home. We saw the home had a suggestion box in the reception area for people to use, should they wish to make any suggestions. The registered manager told us that they were frequently visible to people and had an 'open door' policy should people wish to raise anything with them.

This enabled the registered manager to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's preferences and individual needs.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. All the staff we spoke with told us that the management team were open and

approachable. Minutes of staff meetings showed that staff were encouraged to raise concerns and had been informed of the whistle blowing procedures. Where complaints had been received these were shared with staff to help improve practice.

There were systems in place to help make staff feel valued and reward good practice. There was an employee of the month award and the winner received a gift voucher. People who lived at the home, relatives and staff were able to make nominations for employee of the month.

Staff received support to maintain a quality service. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. One member of staff told us they had raised a concern about the design of the seating in the home and that new seating had now been purchased. The registered manager told us that they had further plans to provide an environment that will support people living with dementia. It was planned to develop a reminiscence room and memory boxes outside each person's flats.

Records showed accidents and incidents were being recorded and appropriate actions taken. An analysis of the cause, time and place of accidents and incidents took place to identify patterns and trends in order to reduce the risk of any further incidents.

The registered manager had identified that further measures were needed to help reduce the risk of injury to people from falling. They had identified that the open access to the stairs may pose a risk to some people at the home. A review had been completed and changes to the design of the building had been agreed. The registered manager had also identified that some people would benefit from the use of neck pendants to call for staff assistance and the use of falls mats that were linked to the staff call system. The registered manager told us that the provider had agreed to fund a new call system to support these additional safety measures which would be installed in early 2015.

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. We looked at the actions that had been taken in response to a medication error that had occurred some months prior to the inspection. The incident had been investigated and action had been taken to reduce the risk of similar incidents. A recent audit of the medication

Is the service well-led?

system had been completed by the supplying pharmacist. Some recommendations for improvements had been made and we saw evidence these were being implemented.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance

was available from the district manager. Records showed that the district manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Where improvements had been identified as needed then action plans had been completed about how these would be achieved.

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