

Bupa Care Homes (BNH) Limited







Tenterden House Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection was undertaken on 03 February 2015 and was unannounced. Our previous inspection was undertaken on 19 November 2013, during which we found that all of the regulations were met.

Tenterden House Nursing Home is registered to provide accommodation for up to 40 older people who require nursing care. At the time of our inspection 37 people lived at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no applications had been made to the local authority in relation to people who lived at Tenterden House Nursing Home.

Where people lacked capacity to make decisions staff had been provided with guidance to ensure their rights were protected in accordance with the MCA 2005. Staff followed guidance and were knowledgeable about submitting applications to the appropriate agencies.

People were happy at the home and staff treated them with kindness, dignity and respect. Relatives were positive about the care and support provided and said that people received safe and effective care that

protected their dignity. Staff members were safely recruited and had received the necessary training to give them the skills and knowledge to care for people safely. People had access to healthcare professionals such as GP's, dentists and chiropodists and were provided appropriate levels of support to help them eat and drink where necessary. Staff helped and supported people patiently and worked at a pace that best suited their individual needs.

There was a calm peaceful atmosphere in the home and staff related to people in a relaxed and positive way. People were supported to follow their own interests and there was a variety of activities offered to provide stimulation and social interaction. We received many positive comments about the management team from people who used the service, their relatives and the staff team. The manager was approachable and communicated well with them. People were encouraged and supported to raise concerns and the manager closely monitored and sought feedback about the services provided to identify areas for improvement and drive forward improvements in the home. There was a positive culture at the home with clear values and philosophies based on person centred care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report concerns.

There were sufficient staff members available to meet people's needs and keep them safe and effective recruitment practices were followed.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff members were aware of their responsibilities in respect of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met and they were provided with appropriate levels of support to help them eat and drink where necessary.

Good



Is the service caring?

The service was caring.

Staff treated people with warmth and respect and were knowledgeable about their needs and preferences.

Relatives were positive about the care and support provided by the staff team.

Good



Is the service responsive?

The service was responsive.

People were involved with developing and reviewing their care plans.

People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept well informed where appropriate about issues affecting their family member.

People's complaints were thoroughly investigated and responded to in an open and professional way.

Good



Is the service well-led?

The service was well led

The manager had developed a positive culture at the home and people who used the service and their relatives had confidence in staff and the management team.

Good



Summary of findings

People's safety and well-being were at the heart of the way the home was managed. This was because the manager had taken steps to identify and reduce risks and to continually review the service provided.

People were given the opportunity to influence the service they received; they were kept informed of important information about the home and had the opportunity to express their views.

Tenterden House Nursing Home

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 03 February 2015 and was completed by two inspectors and a specialist nursing advisor. This was an unannounced inspection.

Before our inspection we looked at information we held about the service including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who lived at the home, the regional manager, the registered manager, two nurses, a newly recruited clinical services manager, six relatives and four care staff. We also spent time observing care to help us understand the experience of a few people who could not talk with us.

We looked at six people's care plans. We also looked at other records including medicines administration records, staff meeting minutes, service user quality assurance survey questionnaires, staff recruitment files and training records.

Is the service safe?

Our findings

People told us that they felt safe at the home. Their comments included: "I feel a lot safer here than at home. I don't have to worry as I know they will look after me." Three relatives and a visiting health care professional confirmed that they had no concerns about people's safety. A relative said, "My relative is safer here than living with me. It is wonderful here; it means I can sleep easily at night."

There were suitable arrangements in place to safeguard the people who lived at the home which included reporting procedures and a whistleblowing process. The staff team demonstrated awareness of how to record and investigate safeguarding concerns appropriately. There had been no recent safeguarding incidents but the manager understood their responsibilities in regards to informing CQC and the local authority should any incidents occur. Staff confirmed they had received safeguarding training and regular updates. This meant that people were protected from abuse and avoidable harm by staff who knew how to keep them safe.

A health professional told us that people's individual health risks were identified and appropriately managed. For example, people who were at risk of developing pressure ulcers, choking or falling had their needs met by staff who knew how to reduce the risks. This meant that people were protected against risks to their health.

People told us that they thought there was always enough staff on duty including night time. Everyone said that staff responded quickly to call bells. One person explained the two types of call bell; one for assistance and one for emergencies. They said, "If I ring either they [staff] come

but they are especially quick to respond to emergencies. I recently rang as I couldn't breathe. They came, calmed me down, tended to me and called the ambulance, I felt safe and secure. They exceeded themselves." Relatives told us that there always seemed to be enough staff available to support people. Staff told us that there was a bank of staff available to provide cover for sickness and annual leave and that additional staff were brought in if there was a change in people's needs. This meant there were sufficient numbers of suitable staff available to meet people's needs and keep them safe.

A relative told us, "The staff are great; they are well selected and well-trained." We found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. This practice was confirmed by a newly recruited staff member. This meant that people received their care from staff of good character, physically and mentally fit for the role and able to meet people's needs.

People told us they received their medication on time and when they needed it. Their comments included: "I am on a new medication and I receive it as prescribed. I always receive my morning medication before breakfast and receive it regularly throughout the day." Another person said "I am assisted to self-medicate and staff always arrive on time with the medication I need." There were suitable arrangements in place for the safe storage, management and disposal of people's medicines, including controlled drugs. We noted that nurses administered all medication and followed safe procedures. We observed a nurse encouraging people with their medication, going at their pace and without rushing them. This meant that people received their medicines safely by properly trained staff.

Is the service effective?

Our findings

People told us that staff understood their needs well and had taken the time to listen to them and their relatives. One person said, “Staff know what to do and they know how I like things.” Another person told us, “I have every confidence in the staff. They know what they are doing and they do it well.”

Staff were appropriately trained and supported to perform their roles and meet people’s needs. New staff were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. All staff members were supported by regular ‘one to one’ sessions with senior staff during which individual performance was reviewed and discussed. We found that staff received regular training updates to support them in their role. Nursing staff told us about specialist training they received such as, specific care for people who received their nourishment through intravenous feeding. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs

Staff told us they had received training about the MCA 2005 and DoLS. They demonstrated a good understanding of what the requirements meant in practice, for example when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people’s best interests and how to ensure that any restrictions placed on a person’s liberty was lawful. However, we were told that none of the people who currently lived in the home were being deprived of their liberty or had any restrictions in place.

Staff sought people’s consent before providing care and support. For example, when supporting a person with

lunch in their room we heard staff ask if they needed anything before they ate. They continually checked that they were going at the person’s own pace. We found that consent to care and treatment was a routine part of people’s assessment, care planning, support and treatment.

People told us they enjoyed the food provided for them. One person said, “The food is good. There are choices on the menu but if you don’t like them they will give you something else.” Another person told us, “We always get two choices of food and plenty of drinks of tea coffee or juice during the day. There is always a supper and if you wake in the night someone will make you a drink and a snack if you want it.” People were assisted at mealtimes in a calm and unhurried manner. Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dieticians and speech and language therapists had been consulted to help ensure people ate and drank sufficient quantities.

People told us that their health needs were well catered for. They told us that chiropractors, dentists and opticians visited the home when people needed them. People told us that they had easy access to their GP who came to the home once a week and that staff contacted out of hours GP services when required. People said that they were satisfied with the health care they received at the home and enjoyed good links’ to all local health and social care services. One person told us that both the manager and deputy came to see them once they returned from hospital. They made sure that any new treatments or ways of supporting them were shared with all the appropriate staff members. We spoke with a visiting GP during the course of the inspection. They told us that appropriate referrals were made to them and that they had no concerns with the health care and support provided at the home.

Is the service caring?

Our findings

People told us that they were involved in planning their own care and making decisions that affected them as individuals. One person told us, "We spoke about my care and my care plan and they are always reviewing it when things change." Another person said, "I helped create my own plan of care." People who used the service and relatives made positive comments about how kind and responsive the staff team were. One person said, "The staff are also happy to laugh with you and banter. It's good to be in a place where you can relate to people." Another person told us, "They [staff] tell us it's our home and our room so we can have it as we wish." This showed that people felt listened to and that their views are acted upon.

People described how staff preserved their dignity by ensuring that any personal care was carried out in private with the door closed. We saw that staff knocked on people's bedroom doors and waited for an answer before entering. For example, we saw a laundry assistant knock on a door and wait to be invited in before they entered the room. We heard them chat with the person in a friendly and respectful manner while they put their laundry away.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. This continuity had led to people developing meaningful relationships with staff and we saw people enjoy some gentle two way banter with them. Staff had access to detailed information about people's life

histories and preferences. This helped them to care and support people in a way that met their individual needs and personal circumstances. For example, we observed a person being encouraged to join others in the dining room for lunch. They became anxious at the prospect and were supported gently by staff to go to their own room for the meal.

Relatives told us there were no restrictions in place when visiting the home. One relative told us that they were always welcomed into the home at any time and were invited to join in with all the social functions. We noted that relatives were welcomed in the home during the lunch service and they were able to be involved in some quality time whilst they assisted people to eat their meal. People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms in which to entertain visitors

People told us how wonderful the staff team were, one person said, "There is nothing they could do to improve, I would recommend this place to anybody. It is so caring." We were given an example, "When they found I was having difficulty getting out of my chair. They bought me in an electric easy riser chair the same day." There was a calm peaceful atmosphere in the home and we saw that staff related to people in a relaxed and positive way. We saw a great deal of positive interaction between people and the staff that supported them. For example, staff made eye contact and listened to what people were saying, and responded accordingly.

Is the service responsive?

Our findings

Everyone we spoke with said they were encouraged to make choices and be involved in their care. They told us that they were confident in the ability of staff to care for them as they wished. Relatives told us that staff involved them with developing people's care plans where they were not able to do this themselves. They were always consulted with any decisions relating to people's lives.

Staff told us that they had access to information about people's needs and preferences which enabled them to provide care consistently and in ways that people preferred. We found that people's care and support needs were closely monitored and updated on a regular basis so that any changes to their needs had been identified. We found that when people's needs had changed, staff had made appropriate referrals. This included, for example, to the dietician, dentist and opticians. A visiting health professional told us that the staff followed their advice and guidance and they were skilled and well trained.

People said they were given options about being supported to follow their own interests. Two people told us they preferred to relax in their own room and follow their own interests. They said there was no pressure applied to join in anything if they didn't want to. The activity co-ordinator told us that there was not a structured activity plan but that people were supported to choose what they wanted to do. They stressed how important it was to have interaction and stimulation to avoid people becoming bored or isolated. They told us, "People even appreciate a cup of tea and a chat, it is important to befriend people." The activities lounge was a social place where people met for coffee, cake and a chat and played games. There was an

appetising smell as rosemary and garlic bread making was one of the activities on the day of our visit. People told us that their relatives were encouraged to come into the activity lounge and have a chat.

Entertainment was provided at the home, for example exercise to music therapy and singers. We were told that relatives were encouraged to join in and we were given examples of the Christmas and summer functions that relatives attended. The local community were invited to attend afternoon tea and people were supported to go to garden centres and shopping. Other examples of stimulation provided were manicure sessions and film afternoons and we were told, "In the summer we spend a lot of time outside. It is nice to take walks in the lovely garden and have tea in the gazebo."

Meetings were held for people and their relatives to share their views on how the home was run. We found that action had been taken in response to any concerns, issues or ideas raised. For example, a lost property box had been installed in the activity room as a result of a suggestion made at a meeting in October 2014. We also saw that staff break times had been changed to provide extra staff members on the floor after lunchtime as requested. This showed that people had a voice and were listened to by a service that was responsive to their feedback and needs. .

People told us, "If there is anything they can do to change something they will, they always listen." One person told us, "You can raise anything there and they will try and sort it." People had access to guidance and support to help them raise concerns and make a complaint if the need arose. People told us that if they were unhappy with anything they would speak to the staff. One person said, "I am not unhappy with anything".

Is the service well-led?

Our findings

People told us they felt that the home was managed well and that they had confidence in the management team. One person said, "I see the manager most days and they are very good and caring." Relatives also spoke positively about the home and how it was run. They spoke of the residents meetings and how they always attended and usually they were crowded. One relative told us, "I am a very satisfied customer. If anything ever happened to me I would like to live here."

We received many positive comments about the management team from staff who told us that they were both approachable and communicated well with them. One staff member told us, "The deputy manager always comes to the [shift] handover, so knows what is going on." Another staff member said: "The manager keeps on top of things and keeps us well informed."

The manager was outstanding and had developed a very positive culture at the home. Their values and philosophy were clearly explained to staff through their induction programme and training. One staff member told us, "The manager is accessible and very clear about the quality of service they expect us to deliver". Staff members confirmed that they understood their responsibility to share any concerns about the care provided, they told us they were aware of the whistleblowing procedure and that they would confidently use it to report any concerns. Staff also told us that the manager was very supportive and had an 'open door' policy. One staff member said, "I have been offered other jobs nearby, for more money, but this is a great place to work." We saw that staff worked well together and they told us that they worked well as a team and had the same values and vision to have a caring relaxed home.

The manager received support and regular supervision from an area manager. There were opportunities for the manager to engage and network with colleagues from other services in order to share good practice, support learning and to improve the quality of services provided.

People's safety and well-being were at the heart of the way the home was managed. For example, people received individualised care and support to specifically meet their needs and their care was kept under regular review to ensure that their needs continued to be met. People's health, safety and well-being were promoted because manager had taken steps to identify and reduce risks and to continually review the service provided.

The manager assessed the quality of service provided in areas such as medicines management, dignity, infection control and safeguarding. We saw that where actions for improvement had been identified these had been followed up to ensure that the relevant action had been taken. For example, catering staff had received specific additional training to address an identified gap. Another example involved the replacement of outdated metal bed rails.

There were regular quality checks undertaken by representatives of the provider. These included spot checks by a quality assurance manager and senior financial manager. People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. People told us they were kept informed of important information about the home and had the opportunity to express their views.

People told us that quality survey questionnaires were sent out each year. One person said that it was more of a tick box exercise and did not give any space for comments. However, they did say that the management ethos encouraged them to provide feedback at any time. This showed there were systems in place to regularly monitor and improve the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.