

Inspired Life Care Limited

Telford Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Telford Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. Telford Court Nursing Home has the capacity to support up to 85 people; at the time of the inspection 85 people were living at the care home.

People's experience of using this service:

Quality assurance measures were in place however these were not always effective. Areas of improvement we identified during the inspection had not been identified or addressed in routine audits or checks that were in place.

People's level of risk was assessed and monitored from the outset, however risk assessments we checked did not always have the appropriate level of information to enable staff to keep people safe.

Medication processes were in place; although it was identified that some areas of practice could be further strengthened.

We recommend that medication processes are reviewed.

Confidential information was not always protected in line with General Data Protection Regulations (GDPR). Confidential information was immediately secured, and measures were put in place to protect sensitive information.

The registered provider ensured that staffing levels were analysed and reviewed in relation to the capacity and dependency needs of people who were living at Telford Court Nursing Home. However, we received mixed feedback about the levels of staff who were employed.

Recruitment practices were safely in place. People received care and support from staff who had been appropriately vetted and had undergone the appropriate recruitment checks.

Staff were appropriately trained and were supported with training, learning and development opportunities. Staff received regular supervision and told us they felt supported on a day to day basis.

Safeguarding processes were in place and staff were familiar with safeguarding and whistleblowing procedures.

Principles of the Mental Capacity Act, 2005 were followed and complied with. Staff encouraged people to make decisions about the care they needed and people were not unlawfully restricted.

The registered provider had a complaints process in place. Complaints were regularly reviewed and monitored to establish if lessons could be learned and if risk could be further reduced. Complaints were responded to in line with company policy.

We received positive feedback about the kind, caring and compassionate nature of staff. People told us they were treated with kindness, compassion and respect.

We saw examples of person-centred care being provided. People told us that staff were familiar with their support needs and staff explained some of the likes, preferences and wishes of the people they supported.

Rating at last inspection:

This was the first inspection rating since the registered provider registered with CQC in October 2018.

Why we inspected:

The inspection was prompted in part by a notification of an incident; a comprehensive inspection was brought forward due to the concerning information we received.

Improvement action we have told the registered provider to take:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our 'Safe' findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our 'Effective' findings below

Good ●

Is the service caring?

The service was caring.

Details are in our 'Caring' findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our 'Responsive' findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'Well-led' findings below

Requires Improvement ●

Telford Court Nursing Home

Detailed findings

Background to this inspection

The 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 registered 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.

The inspection was prompted in part by notification of an incident. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. The incident had been brought to the attention of the police and the Local Authority.

However, the information shared with CQC about the incident indicated potential concerns about the management of medicines. This inspection examined risks relating to medication management and practices that were in place.

Inspection team:

The inspection was carried out by three Adult Social Care Inspectors, one medicines inspector an 'Expert by Experience' and a specialist advisor. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service and a specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

Telford Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the police, and commissioners of the service to gain their views. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

As the inspection was brought forward, the registered provider had not completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with one director, the registered manager, seven members of staff, one kitchen chef, one activity co-ordinator, four people who were living at Telford Court Nursing Home and five relatives who were visiting at the time of the inspection.

We also looked at care records of six people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Care records indicated the level of support people required. However, not all risk assessments contained the most appropriate level of information.
- One care record we reviewed indicated that the person required specific nutritional support. The guidance around nutritional support was not specifically tailored to the person. Another care record we checked did not contain the correct level of manual handling information and support that a person required.
- A variety of risk assessments were in place; we saw risk assessments for falls, nutrition, continence, mobility, skin and self-neglect. However, not all risks were appropriately monitored or managed. For instance, one person who was regarded as high risk of falls had not had their falls risk reviewed for a three-month period.
- Care records and risk assessments did not always contain the correct level of information. For instance, one person required positional changes due to concerns around skin vulnerability. However, it was not clear how often the positional changes should have been taking place.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager ensured that all health and safety compliance checks and certificates were in place. For instance, we saw certificates in place for gas, electricity, fire safety and legionella.
- A 'missing persons' protocol was in place; this level of safety management ensured that processes were in place to effectively and safely manage an absconding incident.

Using medicines safely

- Medication processes were safely in place, although some areas of practice need to be reviewed and strengthened.
- 'As and when required' (PRN) medication protocols were not always correctly followed. It was not always clear why people had been administered PRN medication and PRN reviews were not always taking place as and when they should've been.
- Thickening agents were prescribed to people who were at risk of choking. Processes in relation to administering thickening agents were not appropriately followed.

We recommend that the registered provider reviews medication processes to ensure people's level of safety is maintained.

- All medicines were stored in locked cupboards or medicine trolleys inside a locked clinic room and

arrangements for storing and managing controlled drugs met legal requirements.

- Staff received the appropriate medication training and regularly had their competency levels assessed.
- There was an up to date medication policy in place; this contained relevant guidance and best practice to be followed.
- Medication administration records (MARs) were appropriately completed by trained staff and routine audits/checks were carried out to ensure safe medication administration practices were supported.

Staffing and recruitment

- We received mixed feedback about the staffing levels from relatives and staff. Comments we received included, "The home is too big, and it is understaffed", "At times they don't have enough staff to cope with what they have to put up with", "Staffing levels have gone up recently" and "Staffing levels amaze me, there's always extra staff."
- The registered manager closely monitored staffing levels in conjunction with people's dependency support needs. A monthly review of staffing levels took place.
- Safe recruitment practices were in place; all staff were subject to the appropriate pre-employment checks and Disclosure and Barring System (DBS) checks were routinely completed.

Systems and processes to safeguard people from risk of abuse

- People were appropriately safeguarded from abuse and the risk of harm.
- Relatives told us their loved ones were receiving a safe level of care. Comments we received included, "[Person] is safe here" and "[Person] gets all the help [they] could possibly have."
- Staff received safeguarding training, they understood the importance of complying with safeguarding and whistleblowing procedures and knew how to report concerns if they presented. One member of staff told us, "If I had any concerns I would go straight to management, if the concerns were about management I would whistleblow and take it higher."
- Safeguarding referrals were submitted to the Local Authority and the registered provider ensured that safeguarding incidents were investigated and appropriately managed.

Preventing and controlling infection

- Infection control processes were safely in place.
- Telford Court Nursing Home was very clean, hygienic and free from odour.
- Staff received personal protective equipment (PPE) such as gloves and aprons.
- Infection control audits regularly took place; there was also daily, weekly and monthly domestic duties that needed to be completed.

Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents and incidents that occurred at the service.
- Action was taken to minimise the risk of repeat occurrences and measures were put in place to keep people safe.
- Accidents and incidents were discussed and reviewed during managers and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff were provided with training, learning and development opportunities.
- The registered provider explored different training opportunities based on the needs of the people receiving support. For instance, staff received bespoke training in relation to tissues viability (vulnerable skin) challenging behaviour and managing conflict.
- Dementia awareness training had not only been sourced for staff at Telford Court Nursing Home but also for people and relatives who required extra information and awareness around dementia.
- Staff who did not have the relevant qualifications were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- All new staff received a thorough two-week induction; they were offered 'shadowing' opportunities and completed a range of classroom based and on-line training.
- Staff were regularly supervised and told us they were thoroughly supported on a day to day basis. Comments we received from staff included, "We're all supported 100%" and "[Manager] is always available, always been there, very approachable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice.
- Care records outlined people's choices, preferences and wishes for staff to follow.
- Care records indicated when specific referrals had been made to healthcare professionals. For instance, one person's care record highlighted that a referral had been made to an occupational therapist to seek further support around improved moving and handling techniques.
- People received a holistic level of support from external professionals such as occupational therapists, tissues viability nurses, speech and language therapists, GP's and community rehabilitation team.

Supporting people to eat and drink enough with choice in a balanced diet

- People were appropriately assessed in relation to their nutrition and hydration support needs from the outset; although, we identified that some records needed to contain more detailed information.
- People were supported with 'choice' and encouraged to make decisions around food and fluid intake. We observed a variety of food and drink options being served during lunch time periods as well as alternative options being provided upon request.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the Mental Capacity Act, 2005.
- People had their levels of capacity assessed from the outset.
- Care records indicated that people were encouraged to make decisions that needed to be made in relation to the care and support they required.
- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing care and support. One member of staff explained to us, "It is about safeguarding vulnerable people who haven't got the capacity."
- People who were lacking capacity did not have their liberty unlawfully restricted; 'best interest' decisions were appropriately made and the appropriate applications were submitted to the Local Authority.

Adapting service, design, decoration to meet people's needs

- The service had been adapted and designed to meet the needs of the people who were living there.
- The home was pleasantly decorated and provided a homely feel throughout.
- There was clear signage throughout the home, adequate lighting and contrasting colours found in corridors, on bedroom doors and handrails. Such provisions help people who are living with dementia safely navigate themselves around the home as independently as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. We observed staff providing compassionate, kind and supportive care.
- Relatives told us, "The staff are very good with my relative" and "I love the staff they are a credit." One person said, "The staff are superb."
- Staff were familiar with people's support needs. Staff explained that they were able to develop positive relationships with the people they supported and their relatives.
- Staff understood the importance of treating people as individuals and involving them in as many decisions around their care as possible. One staff member told us, "We [staff] try and maintain their independence as much as possible."
- People's equality and diversity support needs were assessed from the outset; measures were put in place to provide the support that was needed.

Supporting people to express their views and be involved in making decisions about their care

- Care records indicated that people were involved in the care planning process and were actively encouraged to make decisions about their care.
- Staff explained that the support people received was specifically tailored around their wishes, desires and preferences.
- 'Resident and Relative' meetings were routinely taking place; people (and their relatives) were encouraged to share their views, opinions and suggestions about the provision of care being delivered.
- Quality questionnaires had not been circulated at the time of the inspection; however, the registered manager explained that people and their relatives would receive these on an annual basis.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was not always safely protected in line with General Data Protection Regulations (GDPR). We raised our concerns and measures were immediately put in place to ensure information was safely secured.
- People received respectful care and their privacy and dignity was maintained and promoted.
- We saw that there were several 'dignity champions' in place and a dedicated 'dignity champions' board. This contained important information about how a person's dignity should be maintained and the importance of providing dignified care.
- Care records contained information such as 'Please respect and promote my dignity' and 'Dignity and privacy to be maintained at all times.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A person-centred approach to care was evident. Although, it was noted that some care records could be further reviewed as to ensure they contained the most up to date and relevant person-centred information.
- Staff were familiar with the support needs of the people they supported, and people told us that they felt staff knew them well.
- People had relevant care plans in place; these had been created with the input from people receiving support and (in some cases) their relatives.
- People's needs were appropriately assessed and planned for. This included any protected characteristics such as age, gender, disability and religious support needs.
- Staff were observed providing personalised care that was responsive to people's needs. For instance, staff were observed providing personalised care to a person who required extra support over lunch. Care was provided in a dignified, sensitive and compassionate manner.
- People were encouraged to participate in a variety of different activities that were arranged by the activities co-ordinator. Activities that were arranged included, 'funky choir', musical moments, tea dances, birthday celebrations and arts and crafts.
- Where possible, people were supported to access the local community and participate in organised events and activities.
- The registered manager explained that plans were in place for a sensory room and garden area improvements.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, such accessible information could be provided on request.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy in place.
- The complaints procedure was visible on notice boards throughout the home and provided people and relatives with information in relation to the complaints policy and how complaints would be responded to.
- The registered manager maintained a good level of oversight in relation to all complaints received; complaints were reviewed to established if trends were occurring.
- Complaints were appropriately managed and had been responded to in line with company policy.
- At the time of the inspection, no complaints were being responded to.

End of life care and support

- At the time of the inspection nobody was receiving 'End of Life' care and support; however, staff had access to 'end of life' training.

- We saw that some care records contained 'end of life' information. Some people had already provided their wishes and preferences in relation to the end of life care they wished to receive.
- Staff understood the importance of providing such specialised care in a dignified and respectful way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

- Systems and processes to monitor the quality and safety of the service were not always effective. For instance, risk assessments did not always contain the most relevant or up to date information in relation to the care and support people required.
- Risk prevention measures which were in place as a measure of keeping people safe were not always appropriately completed.
- Effective governance systems had not been appropriately established; the quality and safety of care people received was not always monitored or reviewed.
- The concerns we raised during the inspection were not identified during routine audits, tools and/or checks that were carried out by the management team.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of up to date policies and procedures in place. Staff explained the importance of complying with different policies and where they could be accessed.
- We received positive feedback about the registered manager. Comments we received included, "[Manager] is approachable and experienced", "[Manager] is very supportive, approachable, her door is always open" and "[Manager] cares, we all feel part of a team."

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- We saw that people did not always receive care and support that was tailored around their support needs.
- Care records did not always contain the relevant information required to provide a safe level of high-quality care.
- People (where possible) were involved in decisions that needed to be made in relation to their care; staff were familiar with people's preferences and how they wished for their care to be delivered.
- The registered manager told us they were committed to providing person-centred, high quality care and was responsive to the feedback we provided.
- We received positive feedback about the provision of care that was being delivered. Comments we

received included, "A very high standard of care is provided" and "There's a very, very high standard of care."

Continuous learning and improving care

- Quality assurance measures were not always identifying areas of improvement that were required. However, we saw that any areas of improvement that had been noted were responded to and managed in a timely manner.
- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred.
- All internal action plans we checked which contained specified deadline dates had all been completed.
- Areas of improvement that had been identified by the Local Authority had also been addressed. For instance, we saw that continence training had been sourced and all staff had been provided with name badges.
- Several areas of improvement we identified on the first day of the inspection had been addressed by the second day of the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality characteristics were assessed, respected and supported from the outset.
- The registered manager involved people, the public and staff in the quality and safety of care being provided.
- 'Resident and relatives' meetings were regularly scheduled; people and relatives had the opportunity to share their thoughts and views about the quality and safety of care people received.
- Quality assurance questionnaires were in the process of being circulated. Questionnaires will enable the registered manager to review people's opinions about their experiences of care they are receiving.
- Regular staff meetings were taking place; Staff told us they felt involved in the provision of care people received and felt valued as a member of the 'team'.
- A 'comments book' was in place at the home; feedback was regularly reviewed as a measure of reviewing the care of being provided. Comments we reviewed included, 'Staff are helpful, friendly and welcoming', 'lovely staff, welcoming environment', 'Clean, bright, friendly and welcoming' and 'Staff are always kind and available. [Person] is settled and happy here.'

Working in partnership with others

- The registered manager worked closely with other healthcare professionals, ensuring that people's overall health and well-being was effectively managed.
- Positive working relationships have been developed between the Local Authority and Commissioners.
- Since Telford Court Nursing Home opened in October 2018, good community links had developed with the local Church. People could access the local church upon request and attended local community events which were taking place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Safe care and treatment was not always provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance measures were not effectively in place.