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Tansley House Care 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

We inspected Tansley House Care Home on 27 August 2015. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 20 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 19 people living in the care home.

The registered manager was not 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 2008 and associated Regulations about how the service is run.

At our last inspection of this service in November 2013, we found that the provider did not have appropriate arrangements for cleanliness and hygiene, people's medicines and staff recruitment. These were breaches of Regulations 12, 13 & 21 of the Health and Social Care Act

Summary of findings

2008 (Regulated Activities) Regulations 2010, which correspond with Regulations 12 and 19, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to address this and at this inspection we found that the required improvement had been made.

People were happy, comfortable and relaxed with staff and said they felt safe. One person described the home as "wonderful" and spoke about the kindness of the staff. They told us, "They are lovely, it's like one big family here." Relatives also spoke positively about the home and the care provided. One relative said they were "very happy" with the care their mum received at the home, They told us, "The staff here are extremely caring and nothing is too much trouble for them."

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access external health, social and medical care services, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings and annual appraisals were also in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 by robust recruitment practices, which helped ensure their safety.

Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Good

Is the service effective?
The service was effective.

People received care that met their needs from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were supported to access external health and social care professionals, as required.

Good

Is the service caring?
The service was caring.

People received care from staff who were kind, understanding and compassionate.

Dedicated staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's identified care and support needs.

People's needs were regularly assessed and monitored. Staff acted promptly to ensure that any changes were accurately reflected in the care and treatment people received.

People were supported to raise concerns or make a complaint about their care and felt confident to do so.

Good

Is the service well-led?
The service was well led.

Staff felt valued and supported by management. . They were aware of their roles and responsibilities and confident to deliver people's care and support.

Good

Summary of findings

The provider regularly took account of people's views and checked the quality and safety of people's care, which they used to inform any improvements that were needed. Staff shared and demonstrated the provider's values for people's care that incorporated honesty, compassion, safety and respect.

Tansley House Care 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.

The inspection took place on 27 August 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request 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. We also contacted local authority care commissioners responsible for contracting and monitoring people's care at the service

During the inspection we spoke with nine people who lived in the home, two relatives, three care workers, a cook, a visiting hairdresser, the deputy manager and the registered provider. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at four people's care records and other documentation relating to how the home was managed. This included staff training and recruitment files, medicine records and audits relating to quality and safety.

The service was last inspected on 1st November 2013. It was found to be non-compliant in three outcome areas, including the management of medicines, infection control and staff recruitment.

Good

Is the service safe?

Our findings

People and their relatives spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person described Tansley House as "wonderful" and told us that staff were, "like a family." Another person said it was, "a very comfortable place to live; It's like being at home; You're never cold and never miserable and I never feel frightened." A relative we spoke with was also very positive and clearly satisfied with the care and support provided. They told us" My overriding feeling is that mum is safe and loved in this home."

At our last inspection of this service in November 2013, we found that the provider did not have appropriate arrangements for cleanliness and hygiene, people's medicines and staff recruitment. These were breaches of Regulations 12, 13 & 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with Regulations 12 and 19, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider told us about the action they were taking to rectify the breaches. At this inspection it was clear these shortfalls had been addressed, the necessary improvements had been made and no similar concerns were identified.

At this inspection there were enough staff to meet people's care and support needs in a safe and consistent manner. The provider told us that staffing levels were kept under review and were flexible to ensure they reflected current dependency levels. They emphasised the importance of consistency and continuity of care and assured us that they never used agency workers. The deputy manager confirmed that staffing levels were closely monitored and reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare.

Throughout the day we observed friendly, good natured interactions between people living in the home and members of staff. People were comfortable and relaxed with staff, happily asking for help when they needed it. Although we were informed care staff were also expected to clean and organise activities, all staff we spoke with felt this was manageable. We asked them whether their additional responsibilities had any impact on the time they spent with people and the care and support they provided. One member of staff told us, "It's really not a problem." Another said simply, "It works." A relative we spoke with was satisfied with the standard of cleanliness and had seen staff dusting and knew her mum's room had been cleaned since her last visit because, "her ornaments on the windowsill and chest of drawers were slightly moved." During our inspection we saw that the premises were clean and well maintained and we observed staff made time to support and engage with people in a calm, unhurried manner. People and relatives we spoke with had no concerns regarding the number of staff on duty. Three people we asked about response times for answering call bells told us staff were "very quick."

Medicines were managed safely and consistently. All staff involved in administering people's medicines had received training for this. Policies and procedures were in place for the storage, administration and disposal of medicines, which staff followed. We also observed medicines being administered to people. We saw that their medicines administration records (MAR) had been correctly completed by staff when they gave people their medicines. MARs had also been appropriately filled in to show the date and time that people had received 'when required' medicines. People and relatives we spoke with had no concerns regarding medicines. One relative told us, "As far as I know, there has never been any issue or problem with mum's medication."

People were protected from avoidable harm and abuse as staff had received relevant safeguarding training. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy helped to support to report any concerns about people's safety in confidence with the provider or outside organisations. Staff had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting any such concerns. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in how to recognise and report abuse and received regular training updates. Staff also told us they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon.

Good

Is the service safe?

People were protected by robust recruitment procedures, which included obtaining completed application forms with a full employment history, relevant experience information, eligibility to work and satisfactory reference checks. In staff files that we looked at there was also evidence that the provider had requested criminal record checks through the Government's Disclosure and Barring Service (DBS) as part of their recruitment process. These safety checks help employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. We saw the home was generally well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who received the training and support they required to effectively meet people's care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us, "The staff are lovely, very kind and nothing is too much trouble. A relative told us, "All the staff here are confident and certainly seem to know what they're doing. So I would think they are well trained."

Staff said they had received an effective induction programme when they commenced working at the service. This included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They had also received training specific to peoples' needs, for example around the care of people with dementia. People felt staff were "well trained" and we saw training records to support this. Staff we spoke with confirmed they received regular supervision and ongoing support and professional development, to assist them to develop in their roles. One member of staff told us, "Training is very good here and it's obviously important, so we know and understand what we're doing – and why."

The deputy manager told us that people were consulted and their consent was obtained for their care and treatment, where appropriate. For example, consent to their medicines. People's care plans that we looked at contained consent forms, signed by the person or their representative. A typical example of such a consent form read 'I understand and agree the completed assessment of need and consent to the care and support specified in the plan of care, which will be reviewed and amended as required in order that the service fully reflects my needs'.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made by a court ruling to DoLS and what may constitute a deprivation of liberty. If someone is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. We found that the deputy manager was aware of the process and understood when an application should be made and how to submit one. They told us that there were currently no DoLS authorisations in place and no applications had been submitted.

The Mental Capacity Act (MCA) 2005 was designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The philosophy of the legislation is to maximise people's ability to make their own decisions and place them at the heart of the decision making. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions about people's care were made in their best interests. The acting manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates.

Staff had received training on the MCA and DoLS and understood the importance of acting in a person's best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

We observed lunchtime in the dining area, which was comfortable and welcoming. We saw that food was brought into the dining room on trolleys, in heated tureens, and meals served individually, according to people's preferences. One person told us, "I like the way they bring the food in before serving it because I like to wait and see the food first, before making up my mind." The cook told us that meals were, "prepared using fresh ingredients produced and supplied by local farms, greengrocers and butchers." Most people ate independently but we observed that staff supported and assisted people discreetly when required. People said the food was "lovely" and one person told us "We have a roast on a Sunday which is very nice - you should come and try it." Another person said, "I've put a stone on' in weight on since I came here, they are very generous portions." They confirmed they could ask for more if they wanted. We saw and heard staff regularly

Good

Is the service effective?

checking how people were managing and asking "Is everything alright?" and "Are you enjoying it?" or "Would you like anymore?" Staff were also aware of the importance of good hydration and we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day.

People were supported to maintain and improve their health and to access external health professionals when required. The deputy manager confirmed that people at Tansley House were registered with local GPs. District nurses came into the home regularly to provide nursing support. For example to administer, someone's insulin when required. One relative spoke to us about their mother, who had broken her arm shortly after moving in to the home. They told us that all necessary medical care and support was provided, including a physiotherapist, who "had been involved from very early on and helped mum to make a full recovery." Care records showed all such visits and appointments with healthcare professionals such as GPs, speech and language therapists, podiatrists and dentists.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding the kind and compassionate nature of the staff. They told us they had the opportunity to be involved in individual care planning and that staff treated people with kindness, dignity and respect. We observed a significant number of warm, friendly and good-natured interactions between people and staff. One person told us "I'm very well looked after, couldn't be better." Another person told us, "It's like being at home, with your big sisters looking after you." One relative described the care provided in the home as "gentle" and said they had never heard any raised voices from staff. They told us, "All the staff here seem to get on well and work as a team; they also obviously like the residents who they care for." Another relative told us, "Care and company is what mum had been looking for in a residential home and she'd not really experienced that anywhere else. So we were delighted when a vacancy came up at this home."

These views were echoed by a district nurse who was visiting Tansley House on the day of our inspection. They told us "I like coming here, it's head and shoulders above the rest and the care is very good."

Throughout the day we observed that staff were helpful, compassionate and caring towards people. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. They spoke politely with people and called them by their preferred names. Staff often held social as well as care related conversations with people. We saw staff regularly check out understanding with people rather than just assuming consent. We also saw that staff knocked on people's doors and waited to be invited in before entering.

A visiting hairdresser explained that they came into the home every week to, "cut people's hair – men and women, do perms and wash and blow dry." We saw that several people had their hair done during the day and heard staff paying them compliments on their appearance and how "lovely" they looked.

We observed that staff involved people, as far as practicable, in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited. Staff were clearly dedicated to the people and were happy, confident and enthusiastic One member of staff told us, "This is the best place I've worked and I love it here."

We saw that staff respected people's wishes in respect of their religious and cultural needs. Some people's care plans showed they were involved in agreeing their end of life care arrangements. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Good

Is the service responsive?

Our findings

Staff worked closely with people to make sure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us they were happy and comfortable with their own rooms, which were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt "listened to" and said that staff were aware of their likes, dislikes and daily living routines.

Relatives we spoke with all felt that the home was inclusive; they had the opportunity to be involved in care planning and reviews and were kept appropriately informed. One relative spoke positively about how "encouraged" they had been by the responsive attitude of the home, shortly after their mother had been first admitted from hospital. They described how the registered manager had informed them immediately of a change in their mother's health condition. Staff acted quickly to make sure that a follow up appointment was made with the medical consultant concerned with the person's care and appropriate treatment was subsequently provided. The relative told us their family was "very grateful" for the registered manager's response and ongoing support. They also confirmed they were involved in care plan reviews and kept regularly informed of any developments. They told us they were seeing a senior member of staff that day "for a chat about the care plan." They added, "It's not an official review but just a chance to talk through some stuff. And staff here are always happy and willing to talk to the family."

We also spoke with another person who had recently moved into Tansley House and who was very happy with how accommodating the staff had been to their personal needs and interests. They told us that, being a keen artist, they had been given the choice of a large bedroom, with more wall space to hang their pictures. They also told us that they had "a few back problems" and had been able to bring in their own "high tech bed" which enabled them to lie comfortably in different positions. This helped ensure that people's care and support met their needs and reflected their individual choices and preferences.

During our inspection we observed other examples of activities that reflected people's individual interests and preferences. There were posters on the doors into the lounge advertising 'sour dough painting' that afternoon and we watched this taking place. One person explained that the previous day they had been involved in making sour dough animals and other objects which they were now enjoying painting. We also saw that other activities available included armchair exercises, bingo, quizzes and cake making and icing. There was a weekly film show on Saturday afternoons, which people were encouraged to select. The provider had also recently purchased a new minibus, which everyone seemed very impressed with. People told us they had already had several trips out in the minibus, including a tea dance in Buxton and "a great day out" to Carsington Water, where they had enjoyed tea and cakes in the café.

Staff emphasised the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. We looked at a sample of files relating to the assessment and care planning for four people. The deputy manager explained that they were in the process of revising the structure and content of all care plans, to make them more, concise, 'user friendly' and help ensure that information was more readily accessible. We saw two examples of the new style plans and each care plan had been developed from an individual assessment of people's identified needs. We saw that people's needs were assessed with them before they received care at the service, to make sure these could be met.

People's care plans were personalised and reflected their wishes, preferences, goals and what was important to them. They contained details of people's personal history (life story) and interests with guidelines for staff about how they wanted their personal care and support to be provided. Following our discussion with the deputy manager and provider, they would be considering the benefits of such guidelines being written in the first person. For example: 'I prefer a shower in the morning' as opposed to 'Mrs Smith prefers a shower in the morning'. This would demonstrate people's involvement in their care planning and ensure they were personalised.

A complaints procedure was clearly displayed in the entrance hall, which included various contact details, including the registered manager, the provider and CQC. Nobody we spoke with could describe any complaints they had made or how they had been responded to. Staff did tell us that they wouldn't hesitate to talk to the registered manager or deputy manager if they had any concerns

Good

Is the service responsive?

about colleagues' behaviour but they said that they worked well together, "as a team". People also said they were encouraged to raise and discuss any issues or concerns they may have. They told us the registered manager and deputy manager were "Very approachable" and "Easy to talk to."

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. The provider told us they welcomed people's views about the service. They said that any concerns or complaints were taken seriously and dealt with quickly and efficiently, helping to ensure wherever possible a satisfactory outcome for the complainant. Records showed that comments, compliments and complaints were monitored and that complaints were handled and responded to appropriately. For example, following a concern raised by a relative, one person's care plan was reviewed and the support guidelines amended. Staff told us that they supported people to raise and discuss any concerns they might have.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke very highly of the registered manager and felt the home was well-led. People said that staff were approachable and felt there was an open and honest culture within the home, which encouraged people to raise any issues or concerns they might have. One person told us, "The manager does a wonderful job – they all do!" Relatives said that they were always made to feel welcome when they visited and spoke of the "very homely" environment. . One relative told us, "I'm always made welcome. The manager is very approachable and the home runs like a well-oiled wheel."

Staff were aware of their roles and responsibilities for people's care. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to by the registered manager, and any issues would be acted upon, in line with the provider's policy. Staff had confidence in the way the service was managed and described the registered manager as "approachable" and "very supportive." During our inspection we observed the deputy manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

Staff spoke positively regarding the support they received, through their supervision, training and appraisals. One member of staff told us, "The manager is very supportive and approachable. You can speak with her about anything, at any time."

People also said they felt there was an, "open and honest" culture throughout the home and they were encouraged to "speak up" and raise and discuss any issues or concerns they may have. They told us the registered manager was, "very approachable" and "so easy to talk to." This was supported by members of staff who we spoke with. One told us, "We have an open culture here, where residents and staff are encouraged and expected to raise and discuss any concerns or issues they might have." Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt "well informed."

The registered manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals. The provider's quality assurance systems, included checks of the quality and safety of people's care. This helped to monitor the running and overall quality of the service and identify any shortfalls and improvements needed. However we did notice gaps in the recording sheets for several audits, including various cleaning rotas. When brought to the provider's attention, they gave us assurances that the need to more effectively record what they do will be addressed. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The registered manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following a medication error, we saw that procedures were reviewed and amended and we were able to see the actions that had been taken and how the on-going risk to this person was reduced.