

Spring View Care Limited

Tutnall Hall Care Home

Inspection report

Tutnall Lane
Bromsgrove
Worcestershire
B60 1NA

Tel: 01527875854

Date of inspection visit:
05 July 2019
12 July 2019

Date of publication:
14 November 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tutnall Hall Care Home is a nursing home providing personal and nursing care for up to 40 older people. There were 36 people living at the home at the time of the inspection.

Tutnall Hall Care Home is nursing home in an adapted building with bedrooms available over three floors. There were lounges and dining areas on two floors with access by lifts and stairs.

People's experience of using this service and what we found

People and their families were provided with exceptional person-centred care that was planned and delivered in line with their changing needs and circumstances. End of life care exceeded people's expectations. This was centred around ensuring people and families spent time together. Staff worked together and were passionate in supporting people. The team worked to meet people's wishes and ensure their expectations were met.

People and families understood how to complain but felt they had no need because the care provided could not be faulted. People were cared for by staff who knew how to keep them safe and how to raise concerns if needed. Sufficient, knowledgeable staff were available to meet people's needs. People received their medicines regularly and systems were in place for the safe management and supply of medicines. The home was clean and odour free and staff took pride in keeping the home clean and minimising the risk of the spread of infection.

People's needs were assessed, and care was planned in line with best practice. Care was delivered by staff who received support and guidance to meet people's needs. People enjoyed the meal time experience and were offered choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were caring and who people liked and valued. People and their relatives felt involved and supported in decision making. People's privacy was respected and people were supported to maintain their independence in ways that were important to them.

The registered manager and her management team promoted an open culture where staff felt able to seek advice and guidance. Systems were in place to review and improve the quality of care each person received. The registered manager worked effectively with other stakeholders to improve people's experience of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 04 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Tutnall Hall Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Tutnall Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the deputy manager, care worker, nurses, activities co-ordinator and the cook. We spoke with a health care professional who regularly visited the service. 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 also spoke with the registered provider

during the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe around staff they knew and trusted. People were familiar with the staff supporting them because they were regular staff. Staff understood the importance of raising any concerns they may have about people's care and understood the process for doing so. Staff had received training on safeguarding people and the registered manager liaised with the local authority where appropriate to maintain people's safety.

Assessing risk, safety monitoring and management

- People were transferred safely using specialist moving equipment. Risks to people's health had been assessed by the registered manager and detailed in care plans for staff to refer to.
- Staff had a thorough understanding of people's needs and support in order to minimise any risks to their health. For example, staff understood which people may be at risk of choking and ensured people received the correct support.

Staffing and recruitment

- People told us they had access to staff when needed. We saw staff regularly checked on people in communal areas and systems were in place to check on people that were cared for in their rooms.
- Systems were in place to check the suitability of potential staff. Background checks and observations during an induction period helped to assure the registered manager of their suitability to work at the home.
- Where staff were recruited from overseas, systems were in place to ensure staff had the appropriate approval to work at the home.

Using medicines safely

- People received support with their medicines. Systems were in place to ensure people had access to sufficient medicines when needed and these were administered safely. Staff checked the stock and storage of medicines to ensure medicines were stored correctly.

Preventing and controlling infection

- The home was clean and odour free. Regular checks were in place to ensure the home and equipment remained clean.
- Staff had access to equipment to prevent the spread of infection. We saw staff use infection control techniques aimed at reducing the spread of infection.

Learning lessons when things go wrong

- The registered manager together with the registered provider reviewed practices at the home so that when improvements may be required, these were implemented.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

Staff support: induction, training, skills and experience

- People were confident being supported by staff who they felt knew their needs and how to support them. Staff were positive about their training and support and felt able to request additional training when they needed.
- Nurses felt supported to keep their nurse registration up to date and had opportunities for continuous development.
- People contributed to the assessments of their needs which included input from health and social care professionals.

People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the food and choices offered to them and contributed suggestions for the menu. Where people's nutrition was a concern, people's intake of food and fluids was monitored.
- People that required additional support with their nutritional intake received this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care staff felt confident in speaking with nursing staff about any concerns they may have about people's care. One care staff member told us, "Every morning we go through everything that has happened...if anyone had been sick or had a fall."
- The registered manager and registered provider had a very positive relationship with the local GP. The registered manager told us they had invested time to ensure the relationship worked well both for people living at the home and the GP. A visiting GP told us staff ensured their advice was followed through completely to ensure people's health care needs were met and they lived comfortably at the home.

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

- The home had undergone a significant refurbishment in order to better support people's needs.
- People were encouraged to be surrounded by things that were important to them, such as photographs and possessions they had brought from home. One person told us this had helped them settle into their new home. One staff member told us, "When somebody new comes we make it as homely as possible."

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of supporting with their consent and explained things to them before commencing their care. Staff knew what it meant to support someone in the least restrictive way possible. Staff understood and had received training on the importance of maintaining a person's decision making.
- The registered manager had a process in place for assessing and monitoring applications to the local authority. Information was relayed to staff about people's care and the support people needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 liked and valued the care staff supporting them. People and their families were positive about the care they received and regarded staff as more like 'family'. One relative told us their family member knew all the staff supporting them and felt able to chat with them and share a joke.
- People's individual circumstances were respected by a diverse staff team that understood the importance of equality and diversity. Staff had received training and were confident in supporting people to celebrate their diversity. Staff gave examples of people's cultures and diets and how they had made adjustments to people's care to ensure they continued to enjoy these.

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

- People were involved in day to day decisions about their care. For example, one person told us how they dressed was very important to them and they liked to dress in a particular way. They told us staff helped to get their clothes ready, exactly how they liked. Another person told us they preferred to spend their time in the quiet lounge and staff respected this.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person told us their independence was extremely important to them and staff promoted this. They told us, "They do offer to wash and change [me] but I like to do that myself." They told us staff respected this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff had an exceptional understanding of their individual needs and consistently exceeded their expectations by providing person-centred care which enhanced their quality of life. People said staff instinctively understood what mattered to them. One person told us about staff, "They're incredible. You ask any of the staff, they know me, they know all about me."
- One relative gave us an example of how staff had gone the 'extra mile' to support their family member. The relative told us they had a significant milestone wedding anniversary coming up. The relative told us they did not have to worry about arranging a celebration because he could rely on staff to do this. They said this had taken the pressure away from them. When we spoke to the activities person, they told us they had arranged a celebration and had planned for the couple to have some private time too to enjoy a meal.
- The provider ensured a flexible service where people's changing needs and wishes were of paramount importance and were respected. For example, one person had anxieties around coming to stay at the home. The registered manager told us they recognised the person was anxious and needed time and space to decide what they wanted to do. They told us they were flexible and innovative in enabling the person to take their time and assess whether or not they wanted to stay. They worked with the person and arranged a room and kept the room available for them until they were ready to move in. The person told us they had made quite a few visits to the home until they were ready to move in permanently and the registered manager's understanding of their situation had helped enormously. The person told us this had meant the world to them because they were not pressured into making any decisions.
- The provider ensured a culture across the staff team where people felt supported. For one person, this support was in relation to how staff had supported them during hospital appointments. They told us this had really helped them because at the time their confidence was low and, with staff support, they had gradually become more confident and independent. They explained that, for them moving to a care home had been very difficult. However, with staff support, they felt they had regained their confidence.
- The provider was committed to ensuring people's individual wishes were fully embedded into the development of the service and the environment was adapted to meet people's specific needs. One person told us they preferred to smoke outside just as they have done at home. In response to this, the registered provider had changed the door's leading to the garden specifically for the person, so that they could come and go as they wished, thus maintaining their independence. Another person told us they liked to sit in the quiet lounge and enjoy their own company. They had

mentioned to the registered manager they liked to watch the birds. In response to this, a bird feeder was installed especially for them outside the window near to where they sat. The person told us they enjoyed looking at this and it reminded them of their own home.

- Relatives told us staff went to exceptional lengths to ensure people felt cared for and valued. One relative told us, "It's the personal things they do." They told us their family member had not eaten in a few days and had taken to their bed. They told us the Chef went to see their family member in bed to try and tempt the person to have something to eat. They told us the Chef offered numerous options and their family member wanted jelly and ice cream but thought it was not possible because it was breakfast time. They told us this was not a problem and their family member chose to eat, "Jelly and Ice cream for breakfast, lunch and dinner for the next few days." This had encouraged the person to start eating again and regain their health.
- Another relative told us about how staff had been pivotal in keeping his relationship with his wife as strong as they had prior to her moving to the care home. They told us they had meals together and sat together at the care home just as they had done at home. They said they had been relieved when they been in hospital to know their family member was being cared for at the care home. The person told they had limited family and maintaining this relationship was crucial to them. Since moving to the home, the person's weight had increased and the person had settled in well.

End of Life Care and support

- Tutnall Hall Care Home provides End of Life care and people and their families were passionate about the quality of care and support provided by dedicated staff who knew and understood people's needs at that time. Staff presented an energy and enthusiasm within the home which relatives told us lifted their spirits and helped them to focus on the remaining time with their family members.
- People's views were integral to planning their care at the end of their lives. This enabled people's preferences to be established and plans put in place to address them themselves.
- Relatives felt supported and at ease having their family members cared for at Tutnall Hall Care Home. One relative told us it had been a painful decision for them to place their family member in care because their family member had worked in End of Life care and was scared to go into a care home. The relative told us they had been to numerous homes but when they visited Tutnall Hall Care Home it, "Felt right. It felt like a home." They told us their family member told them before they passed away that they had been, "Happy". They told us their loss had been eased because of the attentive way in which staff had cared for their relative.
- Staff spoke passionately about the training they had received and accreditation for End of Life care. Staff had been proactive in developing their End of Life skills to benefit people living at the home. The care they provided to people had been recognised through external accreditation, which acknowledged how well staff worked together to support people and their relatives at this crucial stage in people's lives. Staff were proud the quality of care provided had been formally recognised, and the accreditation had confirmed their confidence in the care provided and validated their efforts.
- People received a seamless transition to End of Life care at the home through the close working relationship between the GP and the home's staff. The visiting GP told us the ease in the relationship came from staff's solid understanding of their expectations of what was needed. The GP described the communication as, "Brilliant" which enabled the GP to anticipate people's needs and minimise pain and anxiety. The GP was supported by regular staff who had a detailed knowledge of people's needs.
- One relative told us their family member was receiving end of life care but had developed an infection and would need to go to hospital. Their family member had not wanted to pass away in hospital. The nursing team and GP worked with the local hospital to ensure staff received very specialised training to use equipment that would allow the person to be cared for as they wished at Tutnall Hall Care Home. The family member described the care as, "Miraculous" because through the care at the home their infection healed

and allowed the family member more precious time with their relative.

- People were supported by a diverse team that understood the needs of people with spiritual or religious beliefs.
- The registered manager understood the complexities of supporting people with end of life care and the need to ensure people's wishes were paramount. Staff gave us examples of sensitively supporting, mediating and advocating for people, so their wishes were met. Staff spoke about how they mediated between a family differences to ensure the person's care was uninterrupted.
- Relatives felt supported through the end of life process and were also cared for by staff so that they had the strength to continue to support their family members to enjoy the best quality of life possible at the end of their lives. One relative told us they were offered a bed at the care home and allowed to stay over. They told us they had stayed with their family member until they passed away and this had provided them with enormous comfort.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the accessible information standards and told us of ways in which they were meeting the standards, such as information was available in different formats.
- Staff knew how to communicate with people to understand their wishes. For example, some people chose to give a thumbs up expression whilst for other people staff observed facial expressions.

Improving care quality in response to complaints concerns

- People and their families were resolute in their belief that any complaints would be responded to and dealt with. One family member told us their relative had fleetingly mentioned they wanted spicier food on the menu and within a week the menu had been updated so that the person had a choice available to them. They told us this had meant a lot to their family because they knew it was an unusual request. Another relative told us their family member had been at the home for a number of years and had never had a complaint because staff were so willing to listen and respond to requests.
- The registered manager told us they kept communication completely open with people and their families so they knew nothing should be too much trouble. The registered manager had not had any complaints because they told us they proactively spoke with people and their families to understand people's experience of care and to pre-empt any issues which may arise.
- The provider's philosophy was to ensure satisfaction levels exceeded expectations so that people did not feel it necessary to complain. We saw the registered provider also took time to speak with people to assure themselves people were happy with their care. We saw people felt comfortable about engaging with them and speaking to them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and relatives were very positive in their description of the home. The registered manager told, us, "I still have family members come and visit us after many years." People living at the home had a belief that Tutnall Hall Care Home was their home.
- All staff described the home as a pleasant place to work. A number of staff had also worked at the home for a significant number of years. A member of care staff told us they felt valued and this had contributed to them staying for so long. Long service was celebrated and the registered provider told us about they had attended a service and rewarded a member of staff for long service. The registered provider had conducted an analysis of staff and found a third of staff had worked at the home for more than 10 years. The registered provider told us this helped staff form a friendship and relationship with people living at the home. A "supernumerary" member of staff had been added to the home. The registered provider told us this was to provide extra support and leadership at the home to further improve people's experience of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.
- The registered manager understood the requirement to report significant events to the Care Quality Commission when necessary.

The registered provider understood their legal responsibilities and ensured all notifications were submitted promptly. Any complaints received were appropriately investigated.

- The provider and management team knew people well and understood their needs.
- A 'Person of the day' system ensured people's care was fully reviewed regularly. Any changed needs were made.
- Regular checks on the quality and safety of the service took place. The registered manager had a system for ensuring checks completed by their staff were complete and to the standard they expected.
- The provider had completed a Provider Information Return which detailed their plans for the home and how they were aiming to improve people's experience of care. We saw examples throughout the inspection, such as the improvements to the building as well as achievement of the End of Life accreditation.

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

- People felt at the centre of home. People spoke warmly about the management team and how they were invited to residents' meetings. They told us actions were taken in response to suggestions put forward. For example, one person had made a suggestion about the meals, and this had been responded to immediately.
- People were at the centre of decision making and planning. The walls were adorned with paintings picked by people living at the home and painted by a local artist. People we spoke with all proudly told us about the painting and how they had helped select them because this was their home.

Working in partnership with others

- The registered manager worked closely with health and social care professionals to ensure people's holistic care needs were met.
- The registered manager had also worked with the fire service and a mock evacuation had been carried out. This ensured staff would be aware of how people could be safely exited from the building in the event of a real fire.