

Bupa Care Homes (BNH) Limited







Tenterden House Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 19 January 2016 and was unannounced. Our previous inspection was carried out on 3 February 2015 and we found that the provider was meeting the required standards at that time. At this inspection we found the provider continued to meet the standards.

Tenterden House Nursing Home is registered to provide accommodation for up to 40 older people who require nursing care. At the time of our inspection 35 people were living at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the

Summary of findings

service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager is supported by service and assistant service managers responsible for the day-to-day operation of each location where people live and receive care and support.

People were protected from the risk of abuse, because staff had been trained in how to recognise and report potential abuse. Risks were assessed and reviewed and actions were put in place to reduce risks where possible.

People were supported by appropriate levels of staff, and people's needs were met in a timely way. Staff were recruited through a robust recruitment process and were supported in their roles. They received an induction and ongoing training and had regular supervision with their line managers.

People were supported to eat a varied and nutritious diet and to drink sufficient amounts to maintain their health. People were able to access health care professionals, such as GP's as and when required. Care was personalised, and people's individual bedrooms reflected their individuality. People were supported to participate in a range of varied group and individual activities.

The management team demonstrated strong leadership in the home and staff were motivated and valued. There were systems and processes in place to monitor the quality of the service and to make continual improvements.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found that the provider was working within the principles of the MCA where it was necessary and appropriate to the needs of the people they supported. and the manager submitted DoLS applications which were pending an outcome.

People looked happy and relaxed and we observed positive interactions between people and staff. People were treated with kindness and in a way that respected their privacy and maintained their dignity. People were complimentary about all aspects of the service and in particular the staff who supported them.

There was a positive culture at the home and the ethos was one of an open and transparent approach. The manager was supported by a deputy manager and a clinical services manager and were all seen to be 'hands on' having a visible presence throughout the home. People were supported to give feedback about their experiences and to raise concerns if they were not happy with any aspects of the service. There were various quality monitoring systems in place which were kept under constant review to help with identifying improvements in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from potential abuse by staff who knew how to report concerns.

There were sufficient numbers of staff available to meet people's needs.

There was a robust recruitment process in place.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were asked for their consent and staff were aware of their responsibilities under MCA and DoLS legislation.

Staff had received training relevant to their roles, and to give them the skills required to meet people's needs effectively.

People were encouraged to eat and drink a varied and nutritious diet to help maintain their health.

People were supported to see health care professionals when required.

Good



Is the service caring?

The service was caring.

People were treated with warmth and kindness and staff and managers were aware of their needs and preferences.

People were involved in their care planning and reviews.

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

Good



Is the service responsive?

The service was responsive.

People were supported to participate in a range of varied group and individual activities.

People's complaints were investigated and responded to in a timely way.

Good



Is the service well-led?

The service was well led

There was an open and transparent culture at the home and people who used the service had confidence in staff and the management team.

People's safety and well-being were kept under constant review to reduce risks and to continually review the service provided.

People were given the opportunity to give feedback and to contribute to the way the home was run.

Good



Summary of findings

People were kept informed of important events at the home and had the opportunity to express their views and opinions.

Tenterden House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 carried out on 19 January 2016 by one Inspector, a specialist advisor, who was a trained Nurse, and an expert by experience who had experience of this type of service. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the

service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information Return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with five people who lived at Tenterden House, three relatives, five members of care staff, the deputy manager, the registered manager and a member of the maintenance team. We requested feedback from health and social care professionals; however we had not received any feedback at the time of completing the report. We viewed four people's support plans, looked at recruitment and training records and other information relating to the quality monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us “I’m safe here. I wasn’t when I was at home and my quality of life has improved because I used to fall a lot but here there are people to help me”. Another person told us “I am safe here there is nothing to be afraid of.”

There were suitable arrangements in place to safeguard people who lived at the home which included reporting procedures and a whistleblowing process. The staff team demonstrated awareness of how to report and record safeguarding concerns appropriately. Staff had received training in safeguarding people and had regular updates to make sure their knowledge was kept up to date. We saw that there were posters displayed throughout the home which provided information for people living in the home, staff and visitors if they had any concerns about people’s safety.

A safeguarding concern had been raised in May 2015 which had recently been concluded with the multiple concerns having been substantiated. The provider had put a number of measures in place following ‘a lesson’s learnt review’ to address the areas of concern and make sure that the service was safe. Measures included additional checks in place for people who were not always able to raise concerns themselves and a new call bell system had been commissioned, to facilitate a more effective monitoring of responses to call bells.

Risk assessments were in place for such areas as the use of bedrails, moving and handling people, environmental risk assessments and identifying the risk of cross infection. Risk assessments were personalised and identified potential risks to people’s safety and measures had been put in place to mitigate these risks where possible. These were kept under regular review to ensure that any changes were properly documented and assessed.

There were robust recruitment processes in place to ensure that potential staff were suitable to work with people who

used the service. Staff told us about their recruitment experience and we reviewed recruitment records to check that the appropriate pre-employment checks had been completed.

People who used the service told us that they thought there were enough staff to assist them in a timely way. One person told us “I think there are just about enough staff here most of the time” On the day of our inspection we noted that call bells were answered in a timely way. One person told us “I used the call bell when I fell over and they were quick at coming – that made me feel safe here.” Another person told us “I use the call bell and sometimes they come immediately. I have had to wait up to 10 minutes but I’m not urgent I can do most things myself and sometimes they are helping someone who really needs them straight away.”

We reviewed rotas to see if staffing levels were consistent, and found that rotas were flexible and there were enough staff available to meet people’s needs. A relative told us, “A few months ago they had a wobble with staffing. A number of people left at the same time and I think that caused a problem – not just them going but settling it all down afterwards. It is good now.”

We reviewed the arrangements for the safe storage, administration and disposal of medicines. We found that there were systems in place and people were supported to take their medicines by trained staff. People told us that they received their medicines regularly. We saw evidence that regular audits were completed; these were very thorough and covered all aspects of medication ordering, storage and administration.

Where concerns were identified an action plan was put in place detailing when the actions were completed. For example we saw that opening dates were not always being put on liquid or creams The actions were completed and signed off within a week. A new clinical area was under construction in the downstairs lobby to improve the storage areas for medicines.

Is the service effective?

Our findings

The service was effective in meeting people's needs. People we spoke with told us that they felt that overall staff understood their needs and listened to them when they discussed their care needs. One person said, "The staff here are super, I can't begin to tell you the difference from when I was in hospital." Another person said, "The staff know what to do and they know how I like things to be done." A visiting relative told us, "They (staff) seem to know what they are doing, we have not had any concerns, but (relative) has only been here a few weeks."

Staff were appropriately trained and supported to enable them to support the people in their care effectively and to meet people's needs. All new staff had to complete a detailed induction programme and were not permitted to work unsupervised until they had been assessed as being competent to do so. Staff received regular training and updates in topics such as food hygiene, safeguarding, moving and handling, infection control and fire safety, and we saw that these were updated with refresher training when required.

Staff had regular 'one to one' sessions with their line manager and these meetings provided an opportunity to discuss all aspects of the staff's performance, areas for development and the people they cared for. Nursing staff could also access specialist training such as, caring for people with specific health conditions or those who required specialist care such as people who required peg feeding. This helped to ensure that people received their care from a staff team who had the skills and competencies to meet their needs appropriately.

Staff told us they had received training about the MCA 2005 and DoLS. They demonstrated a good understanding of what the requirements meant in practice, for example when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of what steps were needed to be followed to

protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. Applications had been submitted for people and were awaiting outcomes.

Staff asked for people's consent before providing care and support. For example, staff told us they asked people before they start delivering care. People confirmed staff always ask if they are happy to be helped. One person told us, "They talk me through the process when they transfer me in the hoist; it takes my mind of the task." Staff also made sure that they were going at a pace that the person was comfortable with. We saw that consent to all aspects of people's care and support had been signed in their care plans including consent for sharing information.

There was a good choice of nutritious food available and people had a choice of what they ate and drank. People told us they enjoyed the food. One person said, "The only complaint is we get offered too much food." Another person told us, "We always get several choices of food and a choice of snacks like sandwiches or a jacket potato." We observed throughout our inspection people had drinks in their bedroom or lounge and were offered tea and coffee in the morning and afternoon as well as a choice of juices and water with their lunch time meal. We observed people being assisted in a kind and respectful way. Where people had been assessed as being at risk from inadequate nutritional intake, senior staff referred them for SALT assessments (speech and language therapists) or to a dietician for intervention and ongoing dietary management.

People were supported to maintain their health and had access to their GP when required. The GP visited the home weekly to see people but also people could request to see the GP at any time. There was also a visiting chiropodist, dentists and opticians at the home when people needed them. People told us the staff were always on hand to arrange healthcare appointments. In addition people were supported to attend hospital appointments if a family member was not available to support them.

Is the service caring?

Our findings

People told us that they were involved in planning their own care and making decisions that affected them as individuals. One person told us, “I was involved in a discussion about what support I would need and since coming here my care has been reviewed frequently.”

People who used the service were complimentary about the staff and one person told us, “Honestly, they can’t do enough for you, always popping their head around the door to see if you are ok.” Another person told us, “They really are a nice bunch here; I have no issues at all.”

People were treated with dignity and respect. For example, as we were being shown around the home the manager and staff stopped to speak with people and introduced us to people, and explained the purpose of our visit. Staff were respectful of people as individuals and we observed that on several occasions people asked staff about things they wanted to do. We heard that staff told them, “It’s your home; you can do whatever you want.”

People told us the staff maintained their dignity by ensuring that any personal care was carried out in private with the door closed. We saw that staff knocked on people’s bedroom doors and waited for the person to reply before entering. They also put a sign on the door to inform staff that the person was not to be disturbed as they were being assisted.

One relative we spoke with said, “They are so nice, all of them, my (relative) does not say much, but I have seen how they try to get (relative) to engage.” Another relative told us, “They [staff] always offer me a cup of tea or ask if I would like to stay for lunch, I think they look after me as well.” We saw that people, their relatives and staff were comfortable when interacting and speaking with the management team and staff told us they felt valued and they enjoyed working at Tenterden house because they felt cared for.

We saw that staff spent time talking with people, when a musician came to entertain people in the lounge we saw staff singing along and holding hands with people, swaying in time to the music and encouraging people to have fun. The staff interaction we observed demonstrated a kind and caring approach and it was important to staff that people enjoyed their time being entertained.

People were encouraged and supported to maintain their relationships. Visitors were welcomed at all times. One person told us they went out with family sometimes and staff helped them to get ready, this was important for that person and staff ensured the person was supported and had everything they needed for the day so they could go off and enjoy their time with family and friends.

Is the service responsive?

Our findings

The service was responsive to people's changing needs. The manager and staff were able to provide examples of how the service responded to people's changing needs to ensure the service was able to continue to meet people's needs safely and effectively. Some examples of this were providing equipment to support people with transfers. A person was offered a room down stairs in a main through fare so that the person could see a bit more going on and to alleviate their feeling of isolation. People were also supported on a one to one basis when there was a change in the persons needs in order to ensure the service was meeting their needs.

There were systems in place to evaluate people who were at risk of developing pressure sores. We noted that care plans included several sections with information about wound care and wound management plans which could be confusing for staff. We spoke to staff about this and they agreed it could be unclear to staff who were unfamiliar with the layout of the care plans an the information could be recorded in more than one place. We spoke to the registered manager about our findings and they told us this would be fed back to the provider as the forms were generic and were in use across the organisation.

People we spoke with said they were offered choices to be involved in their care planning and reviews of their care. People and their relatives told us that they were confident in the ability of staff to provide appropriate care. One relative told us, "The staff discussed [person`s] needs when they first came to live here, and since then I have been asked to participate in reviews.". This approach demonstrated people were involved.in their care and support planning.

Staff were provided with detailed information about people's life histories and preferences, choices and likes and dislikes. This helped them to care and support people in a way that met their individual needs and personal circumstances. For example, a person we spoke with told us they felt isolated in their room and would like to do 'something and be more involved'. We spoke to the manager about this. The manager immediately went to speak to the person and found they had been offered daily activities, but had declined 'due to feeling tired'. The

manager asked the person if they would like to change bedroom so they were in a busy area of the home with more going on. They were considering this option along with family members. The manager told us this was always an option and people had been offered the choice to move to a different room either in a quieter area or an area where there was more going on. This demonstrated that people were cared for in a personalised and caring way and that managers and staff put people first and did their best to make sure people's wishes were adhered to wherever possible.

People were encouraged and supported to participate in a variety of both individual and group activities. In the activities room people were observed to be participating in art and craft, another person was colouring a picture and other people were being 'pampered' and getting their nails done. In the afternoon an outside entertainer was visiting the home. The manager told us every week they had an entertainer coming in the home. People told us they also had regular quizzes which they enjoyed. Other people we spoke with told us they preferred to relax in their own bedrooms and read or watch TV. The activity staff told us people could choose what they wanted to do and when they wanted to do things. People also told us that they enjoyed a chat with staff and that they did not feel the need to participate in the more 'formal activities`. In addition people told us when the weather is better they do more outside activities as well as arranging days out.

People were invited to attend residents meeting and relatives were welcomed as well. This was an opportunity to discuss how the home was run. For example, food choices, plans for the future or anything that was important to people and they wanted to discuss they were given the opportunity to do so. Meetings were minuted and distributed with an action plan and updates recorded progress on what had been discussed.

There was a complaints and compliments process in place and complaints and concerns were recorded and investigated in line with the provider`s policy. People had access to support if they needed to help them raise concerns. People told us that if they were unhappy with anything they would speak to a member of the management team and had confidence that the issue would be resolved.

Is the service well-led?

Our findings

People told us they felt that the home was managed well, they knew who the manager was and they had confidence in the management team. People told us the managers had a presence and were seen frequently in different parts of the home. People we spoke with were complimentary about the management team. One relative told us, "I'm very happy with them, I have not had any issues but if I did I would feel comfortable discussing things with them." Another relative said, "They are really good, both (the manager and the deputy manager) and the staff are good as well."

We saw the management and staff team worked closely together and had regular communication with each other. Staff were clear about their roles and responsibilities. We found the manager to be open and transparent throughout the inspection process. For example care and support plans were not always 'user friendly' and we found it was difficult to find information we were looking for. Staff also felt that information was sometimes duplicated. The registered manager acknowledged this and said they would feed back to the strategic lead within the organisation. They told us, "Anything that can improve the way we work is welcomed; we are not perfect but we are always trying to get better." We observed the manager took the lead and delegated tasks to other senior staff within the home. For example the clinical lead and deputy manager both had specific areas of responsibility including the management of medicines and infection control.

There were systems were in place to monitor the quality of the service and these were reviewed periodically. We also saw a range of quality assurance audits undertaken by various staff within the home. For example clinical staff monitored infection control audits, medicines, and pressure area care. The manager was responsible for the overarching monitoring and upkeep of systems and processes within the home; they made sure everything was working effectively and where issues were identified

actions were in place to rectify these and drive continuous improvement. Internal audits were carried out by senior staff from within the organisation to ensure actions were being addressed in a timely way.

We received many positive comments about the management team from staff who told us that they were both approachable and communicated well with them. One staff member told us, "There is always a senior manager on duty and available to give support." Another member of staff said, "The manager keeps us all on our toes that is why it works so well." Staff felt valued and motivated and some had worked at the home for many years.

The quality safety and well-being of people who used the service was central to everything within the home and the way the home was managed. For example, people received personalised care to meet their needs and their care was kept under regular review to ensure that their needs continued to be met. People's health, safety and well-being were promoted because manager had taken steps to identify and reduce risks and to continually review the service provided.

The manager showed us the quality survey questionnaires that had recently been given to people to complete. Different versions of the questionnaire were sent to all stakeholders so that different views could be sought and that would be representative of all people. The feedback had been analysed and reported upon. A development plan was in place to address any areas that had come out as less than good; this approach was aimed at driving improvement across the service.

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