

# Tarvin Estates LLP

# Tarvin Court

## Inspection report

4 Tarvin Road  
Littleton  
Chester  
CH3 7DG  
Tel: 01244 332538  
Website:

Date of inspection visit: 12th November 2015  
Date of publication: 07/01/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



### Overall summary

We inspected this service on 12th November 2015 and the inspection was unannounced.

Tarvin Court provides accommodation for persons who require nursing or personal care for up to 26 older people. It is situated in Littleton on a main bus route into Chester. The property is a two storey building with a single storey extension at the back. There are 22 single rooms and three double rooms. At the time of this inspection there were 22 people living at Tarvin Court.

There is currently no registered manager at this service. 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. The lead nurse was the acting manager for the service at the time of this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

We had concerns regarding some of the equipment used at the service and the general upkeep and décor of the home. No maintenance plan was in place and furnishings and décor were tired and dated. There was equipment that was broken and had not been mended or replaced at the service.

The registered provider did not have a quality assurance system in place. This meant that shortfalls in the service provision were not identified or addressed.

People told us that they felt safe at the service and that the staff understood their care needs. People commented “The staff are lovely”, “I have no complaints” and “The staff are kind.” People said they enjoyed the meals.

We found the registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Policies and procedures related to safeguarding adults from abuse were available to the staff team. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge or the local authority safeguarding team if appropriate.

The registered provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was aware of their responsibility in relation to DoLS and when this needed to be applied.

Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and caring towards people who lived at the service.

The home was clean and hygienic.

We found that care plans contained good information about the support people required and were written in a way that recognised people's needs. We saw that care plans were regularly reviewed and were up to date.

We saw that medication administration and records were completed appropriately, which helped to ensure that people who used the service received their medication as prescribed.

There were good recruitment practices in place and pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at the service could be confident that they were protected from staff that were known to be unsuitable.

An activities coordinator was employed at the service and a range of activities were undertaken throughout the week. Staff had undertaken a range of training, however some refresher training was needed. Staff had regular supervision sessions and the opportunity to discuss their work and training needs.

People told us they would approach the management if they had any concerns about the service. We saw the complaints policy and the documentation used during the complaints process. People had access to the complaints policy and this helped ensure that people had the opportunity to raise concerns and that they were encouraged to voice their concerns.

We had concerns regarding some of the equipment used at the service and the general upkeep and décor of the home. No maintenance plan was in place and some of the furnishings and décor were tired and dated. Some equipment was broken and had not been mended or replaced.

# 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 not always safe.

Maintenance of equipment and the premises had not been undertaken and the décor was tired and dated.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults. Staff managed people's medicines safely.

Recruitment practice was robust and safe. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Requires improvement



### Is the service effective?

The service was effective.

People told us they enjoyed the food provided. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

There were arrangements in place for staff to receive relevant training, however, this needed to be updated. Staff received regular supervision.

The registered provider had policies and procedures in relation to the MCA and DoLS. From discussions with the manager and staff they were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

Good



### Is the service caring?

The service was caring.

We saw that people were well cared for. People commented on the caring and kindness of the staff. Staff were patient and gave encouragement when they supported people.

Staff engaged with people in a positive and friendly manner. People told us that their privacy was respected when staff were supporting them, and particularly with personal care.

Good



### Is the service responsive?

The service was responsive.

We noted that there were activities available and an activities coordinator was employed at the service.

Good



# Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised they had been dealt with appropriately.

## Is the service well-led?

The service was not always well led.

The home did not have a registered manager in place. The acting manager was organised and approachable.

There were no quality assurance systems in place to monitor the service provided and audits were not completed. There were not sufficient resources in place from the registered providers to support the running of the service.

**Inadequate**



# Tarvin Court

## 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.

We inspected Tarvin Court on 12th November 2015. The inspection was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor. The specialist advisor is a registered nurse who also had knowledge in governance and quality audits.

On the day of our inspection we observed staff supporting people who used the service. We spoke with six people who used the service, two visitors, the manager and three

staff members. We spent time in the office looking at records. These included three people's care and support records, four staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals, complaints and any other information from members of the public. Before the inspection we examined notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams, Healthwatch and Infection Control Team for their views on the service. None of these people had any concerns about this service. Healthwatch had not visited the service.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff at Tarvin Court. Comments included “Yes I feel safe here” and “I am very happy here.” Visitors commented that their relative was safe and happy at the home. One person commented that they felt safe inside the home but that the paving in the courtyard was uneven and not safe.

People said the home was clean and free from unpleasant odours. They said “The cleaners do my room each day” and “The home is clean.” We looked at the safety of the home and maintenance of equipment used. We toured the building and looked at the exterior of the home and gardens. We saw that externally paving was uneven and could cause problems to people with limited mobility and an unkempt garden. Externally window frames were in a poor condition and needed attention. Within the home the décor was tired and dated and needed to be updated.

Equipment such as hoists, passenger lift, fire and call bell system were maintained and regularly serviced. Maintenance checks were undertaken by the handyman. The checks undertaken regarding legionella had been undertaken in May 2010 and this needed to be updated to ensure that water supplies were safe. Following the inspection visit the registered provider told us that the legionella testing was completed on 1st December 2015. We saw gas and electrical safety certificates which had been completed during the last year. However the report on the electrical safety check showed the system was “unsatisfactory with numerous defects requiring urgent attention”. We spoke with the manager who said she had brought these issues to the attention of the registered provider, but that no action had been taken. Records confirmed that this had been brought to the registered provider’s attention.

We saw that the platform lift which enabled people to avoid two steps had been out of action since August 2014. Requests for repairs had been received and it had been deemed un-repairable. However two people needed access to their bedrooms and due to this being out of action they had to be assisted by two staff members to get to their rooms. This was discussed with the manager and she agreed to discuss with the people involved and their families the possibility of moving rooms to facilitate easier

access and for these rooms not to be used until the issue was resolved. Following the inspection visit the registered provider told us that a new platform lift had been ordered and was due to be fitted in the new year.

**This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to that the premises and equipment used by the service was properly maintained.**

Care plans contained information to assist in keeping people safe. This included allergy information and do not resuscitate information at the front of the plans for easy and quick access. Emergency evacuation folders were situated around the home which included a service user register; emergency contingency plan, risk assessments for each person; fire escape precautions; and horizontal or progressive evacuation procedures. Records showed that these were reviewed weekly to ensure that the information was up to date.

Medicines were stored in a room that was locked, clean and tidy. The person in charge confirmed that all the medical equipment needed for her to safely care for the service users was available. A MIMS (Monthly Index of Medical Specialities) guide was available in the medicines room for staff to check medication information which was good practice. MIMS is a prescribing reference for healthcare professionals. There was a completed and up-to-date book to monitor the medication fridges temperatures on a daily basis. The medication trolley was clean and well organised and it was evident that a list of all nurses who had administered medication to people was utilised and up to date. We discussed the routine for administration of controlled drugs and it was clear that the person in charge was experienced within this area. We checked that two of the control drugs stock levels matched the numbers written in the controlled drug book. Both were up-to-date, accurate and had clear signatures on each administration.

A copy of the medicines policy was kept within a file the medication room and the nurse’s office. The medications policy was satisfactory but generic. Care was taken by the nurse to ensure that the medicines were safely administered and the trolley was locked between each administration. We observed the nurse was caring and patient whilst administering the medications.

## Is the service safe?

We saw that the 'Thick n Easy' thickening powder was left unattended for a short time period on a tea trolley whilst the staff were busy providing care for people. We informed the person in charge and this was removed into the kitchen. On examination of the thickening powder stored in the kitchen the labels only said 'use as directed' and this should be addressed by the GP's via the Nurse Lead and the speech and language therapy team to ensure that staff had correct dosage information available. We spoke with a senior carer and a carer about this and they confirmed that they knew how to administer the powder safely to meet each individual person's needs. They were also aware of the safety alert that had been published in the past regarding this product. The amount of thicker required by each person will vary and is dependent on how much fluid they drink and which consistency is required. We recommend that the provider follow the correct guidance in the administration of medicines such as NICE Managing medicines in care homes March 2014.

Recruitment processes were reviewed and we looked at four staff files. These were well presented with all pre-employment checks in place. Each file contained an application form, two references, interview checklist record, information confirming the staff member's identity and a disclosure and barring service (DBS) check. A DBS check is undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. Copies of terms and conditions of employment and staff signatures to show they had received copies of the staff handbook and the confidentiality policy were also evident in the files. This meant that good recruitment processes were in place and people were protected from staff who may be unsuitable to work with vulnerable adults.

People told us that the staff were "kind" and "caring". They said call bells were answered promptly and there were staff

on duty when they needed them. Comments included "The care staff are friendly" and "The staff are very kind." Staff rotas showed that one nurse, a senior care assistant and four care assistants were on duty during the day. They were supported by a cook, kitchen assistant, activities co-ordinator, administrator, cleaners, and a handyman. Rotas showed that staff were on duty across the day and night and that a significant number of bank and agency staff assisted in providing cover for the nurses on a regular basis. The manager said that they used the same agencies and requested named staff where possible to help with continuity of care of the people who lived at Tarvin Court.

We spoke with staff about how people are kept safe from abuse. They confirmed they had completed on-line safeguarding training and gave examples of what would constitute a safeguarding referral and gave examples of the types of abuse that could occur. The service had a copy of the local authority safeguarding policy and procedure and the manager said that they completed monthly low-level safeguarding reports which were reviewed by the local authority safeguarding team. Records confirmed this. Low-level concerns were incidents that did not meet the safeguarding threshold for reporting as a safeguarding referral but were appropriate to be notified as a concern.

We saw a range of risk assessments within the care planning documentation which covered moving and handling, falls, continence and nutrition. Each person had a profiling bed with integral bedrails in place. Other risk assessments included oral health assessments, pressure area risk assessments, dependency assessments, nutritional assessments, bed rail assessments and falls risk assessments. These had been regularly updated and contained a good level of detail to enable staff to provide care.



# Is the service effective?

## Our findings

People said they liked the food. Comments included “The food is excellent”, “I like the food” and “The food is very, very good.”

A copy of the four weekly menus was displayed in the hallway. The menu showed a good variety of traditional food. People were offered three meals a day and were served drinks and snacks throughout the day. The lunchtime meal showed one choice. The evening meal consisted of several options which included soup, sandwiches, and a choice of two lighter meals. Temperature checks for hot food, fridges and freezers were undertaken each day and records confirmed this. One staff member said she was especially proud that people were fed well and were encouraged to eat nice meals. Other dietary needs such as diabetic, soft or pureed diets were provided as needed. Details of people’s likes and dislikes were available within the kitchen. This meant that people’s dietary needs were monitored and recorded to ensure their needs were being met. People told us they had enjoyed the meal and during the lunchtime period staff were attentive to people’s needs and interacted in a friendly manner with people. Care plans showed that risks associated with poor nutrition and hydration were identified as part of the care planning process. We spoke with the cook who had worked at the home for 10 years. They said they enjoyed working at the home and was aware of people’s dietary needs and confirmed at present no one had any food allergies. In the past any people who had allergies were provided with appropriate foods and they had used stickers to label food that was for a specific person.

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 2005. 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 within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager was aware of the principles of the Act and how to determine people’s capacity. One person had a DoLS authorisation in place. This was clearly documented and information was reflected within the individual’s care plan documentation. Options had been reviewed and discounted as to why the person was best placed within the home. Best interests, mental health and mental capacity assessments had been completed and an Independent Mental Capacity Advocate (IMCA) had been involved. An IMCA is a person who is a specialist who can help the make decisions in the best interests of the individual when someone is assessed by a doctor or social worker as lacking mental capacity to make key decisions in their lives.

People’s health care needs were well documented in the care plans. Information was available to the staff team to help them care and support for people who lived in the home. A range of professionals visited the service and these included GPs, district nurses, continence advisors, speech and language therapist and the chiropodist. Staff said they would inform the nurse on duty if they felt someone’s needs had changed and they were confident this would be acted upon.

Staff confirmed that they had undertaken an induction programme at the start of their employment. This included a range of training that was relevant to the job role and was followed shadowing an experienced staff member.

Staff said that they had enough training and knowledge to support people who used the service. Training records showed that staff had undertaken training that included moving and handling, health and safety, safeguarding, first aid and DoLS. However records indicated that refresher training was required for some courses. The manager said she had brought this to the attention of the registered provider but no action had been undertaken to date.

The manager told us that staff received regular supervision, annual appraisals and were invited to attend meetings. Records of supervisions and meetings showed staff had access to a range of support and the opportunity to discuss any concerns or issues which related to their role. Staff told us that the support they received from the manager and senior staff was good. One person said supervision was every three months, appraisal every six months. They



## Is the service effective?

explained that they were asked at these sessions if they were happy and did they need any training. They said they

felt supported with this process and they were happy to raise any concerns to the manager. Another staff member said that the e learning training was good and they felt supported during their supervision and appraisal sessions.

# Is the service caring?

## Our findings

People said they were well cared for by a friendly staff team and that they were comfortable at the home. Visitors said people were 'well looked after' and the service was 'homely'. Other comments included "The staff are lovely" and "The staff are very caring." One person said that the manager was "very good" and that there was "nothing wrong here".

One person told us that she liked her room and "the girls kept it clean". They stated that they were 'cleaning all the time'. They were happy with their care had "no concerns". They said that on occasions they had to wait for the bell to be answered but knew that this was the same for everybody. During our visit we noted that call bells were answered promptly. One staff member explained that if the bell wasn't answered within three minutes then it would change to the emergency call alarm and staff would attend as if an emergency.

People told us there were enough staff available to help them. Visitors commented that it was a very good home and that people were well cared for and supported. One visitor commented that there were usually enough staff but sometimes they had to wait for the toilet. Visitors told us that staff were very caring and that people were well looked after. One visitor said that this was a "very good service" and "it's second to none. Staff caters to all [name] needs". We saw that people looked well cared for and comfortable. One visitor commented that staff were aware of which people liked staff to be tactile with them. For example some people liked to be "hugged" or "touched on the face or hand" and that staff knew who liked this and responded to each person as they preferred.

During the day we observed that staff spoke with people in a quiet and dignified manner that respected people's dignity and privacy. When prompting people to go to the toilet this was undertaken in a quiet manner respecting people's dignity. We saw staff were available to support people when they needed it.

People were provided with appropriate information about the service, in the form of a brochure and statement of purpose. Copies of these were available in the hallway. Visitors told us they were aware of the brochure and had seen a copy and some people had copies. The brochure contained pictures of the home, information about the activities undertaken, details of the accommodation provided, an example of the menus and other information people may find useful.

Within the employee handbook the aims and objectives of the service and the philosophy of care were noted. Also standards expected by the registered provider on conduct and performance at work were also detailed. Each staff member had signed to show they understood the confidentiality policy. These helped to make sure staff understood how they act at work and they should respect people's privacy, dignity and human rights. Staff said they were aware of the employee handbook and confidentiality policy and had received copies of these. Records confirmed this. Staff were able to give examples of how they maintained people's dignity and privacy for example they ensured that personal care tasks were completed in privacy with doors and curtains closed as appropriate.

# Is the service responsive?

## Our findings

People told us that staff were “very good” and “friendly”. Visitors said that they had no concerns or problems with the service and that people were well supported by the staff team. They said they were offered refreshments when they visited and that there were no visiting restrictions at the home. Other comments included “We are offered drinks when we visit”, “The cook baked a cake and gave a card and present to my relative for their birthday” and “The staff are kind.”

We reviewed three care plans and other care records for people who lived at the home. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date. We found there was detailed information about the support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. Some people had ‘do not resuscitate’ information at the front of their plans and these had been discussed with relatives. The manager confirmed that she had excellent support from the tissue viability team. It was evident that good, effective and clear care plans were in place to treat pressure ulcers. Dressings were kept in people's rooms and a daily chart for positioning was available and up-to-date. We spoke with a person who was being “nursed in bed” and they said they were very comfortable and well cared for.

The manager said they had excellent support from other professionals. The GP visited the home on a weekly basis and conducted a “surgery”. Non-emergency issues were dealt with at this time and the manager said this worked well. Documentation showed photographs of bruising to a person's foot. The nurse confirmed that these had been taken by the home and that the person had been seen by a healthcare professional. Care plan records confirmed that someone had been in to see the bruising, however it was

not clear who it was that had visited. The nurse stated that it was a nurse practitioner and that there were no concerns. It was evident in the care plan that the person was being regularly observed for further bruising due to the delicate and fragile nature of their skin.

There was a regular programme of activities within the home. There was a good social section within the care plans which included information on people's interests. The service had an activities file in place to document all people's recent activities. This was up-to-date and provided a good range of evidence of activities undertaken including trips out, painting, exercises, card making and bowls. Other activities included visits from the hairdresser, reading, exercises and quizzes. An activity board was on display in the hallway which showed the activities for the day. There was good written information on each person's plan of their likes and dislikes regarding their hobbies. A list of people who had participated in different activities was completed.

People and their visitors told us they didn't have any complaints or concerns about the service and confirmed they would feel confident in raising issues with the manager if they needed to.

People said “I have no concerns” and “This is a good service.” We saw the complaints policy in the hallway and noted that the details of the manager and CQC needed to be updated. This was brought to the attention of the manager. The complaints procedure set out how any complaints would be managed and investigated. There was a record kept of all complaints, and we noted there had been none since the last inspection. No concerns about the service had come directly to us at the Care Quality Commission.

We saw a number of cards and letters complimenting the service during the visit. Comments included “Thank you for all your care and kindness”, “We would have no hesitation in recommending you” and “Thank you for all the care you give.”

# Is the service well-led?

## Our findings

People and visitors told us that the manager was well liked and was approachable. They said they could discuss and concerns with her and that they didn't have any problems. Other comments included "The staff are good", "Staff listen to what you say" and "We are well looked after." One person said the manager was 'very good' and 'nothing was wrong here'.

Staff explained that the support they received from the manager was good. One staff member said they felt supported in their role especially by the manager and nurses on duty, however she found that the registered provider had not been supportive. One staff member who had worked for the service for 15 years said they felt able to raise concerns with manager and the nurses. We observed during the day and confirmed through interviews with staff that there was a good visual leadership presence by the manager who was professional and enthusiastic.

We found that there were widespread and significant concerns in the way the service was led. There was no organised quality assurance system in place, there had not been a registered manager in place for a significant length of time and there were not sufficient resources in place from the registered providers to support the running of the service. No improvement or action plan was in place to address the issues raised by the manager. This meant that people were receiving a service which was inadequate.

During the inspection it was evident that there were no structured and organised quality assurance procedures or plans in place. This included medication audits, however, there were blank monthly medication checklists within the medication policy, which could be utilised as a tool to assist with medication audits that had not been used. Support with this area had been requested by the manager to the registered provider, however they stated that this support and training had not been forthcoming. The manager explained that they had tried to get a number of issues resolved with the registered provider which included further training for the manager and staff, equipment being repaired or replaced, a business continuity plan and a legionella risk assessment. Records confirmed that the

registered providers had been made aware of the manager's requests and concerns but that action had not been taken by the registered providers to remedy the concerns.

We saw that the registered provider visited the service, usually every eight weeks. It was noted that they did not complete the "directors visit report" sheet themselves but gave verbal feedback to the manager following the visit. This was a very brief account of their visit and the document would benefit from being written by the registered provider to ensure that the information is accurate and up to date.

**This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to assess, monitor and improve the quality and safety of the services provided including the quality and experience of service users receiving those services.**

There was an accident log file and evidence of accident/incident reports and basic follow-up information recorded on a monthly basis. However, not all of the sections had been completed within the forms. There was also no evidence of trend monitoring or lessons learnt. The manager confirmed that staff meetings did not discuss lessons learnt on a regular basis.

The manager sent completed statistics to the Clinical Commissioning Group on a monthly basis as requested and records confirmed this. This form documented a range of information which included a number of people with pressure sores, urinary tract infections and people's falls within the home.

A range of staff meetings had been held over the last three months. However, minutes were very brief and didn't give the reader a full account of the meeting. This meant that staff who were not at the meeting had very little information available to them regarding missed meetings. It was brought to the attention of the manager that more robust minutes should be kept.

A 'residents and relatives' meeting was held in August 2014 and that no subsequent meeting had been undertaken. Again the minutes of the meeting did not give a full account of the issues discussed and this was brought to the attention of the manager.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance of equipment and premises.</p> <p>Regulation 15 (1) (c) (e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have effective systems and processes to make sure they assess, monitor and improve the quality and safety of the services provided and seek and act on feedback from relevant persons.</p> <p>Regulation 17 (2) (a) (e)</p>