Spring View Care Limited

Tutnall Hall Care Home

Inspection report

Tutnall Lane
Bromsgrove
Worcestershire
B60 1NA
Tel: 01527875854

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Ratings

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

Overall summary

We 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 2008, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. Tutnall Hall Nursing Home provides accommodation and nursing care for up to 40 people who have nursing or dementia care needs. There were 32 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were positive about the care they received and the staff at the home. Their relatives said that they were very happy with the overall care and treatment. Our observations and the records we looked at supported this view.

Summary of findings

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

People told us and we saw that their privacy and dignity were respected. We saw that care provided took into account people's views and input from their relatives. Guidance and advice from other professionals such as social workers had also been included.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection there was one person currently being assessed for DoLS.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People received their medicines as prescribed and at the correct time. People had access to other healthcare professionals such as a dietician and a chiropodist.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with both internal and external training. Two of the seven staff we spoke with preferred external classroom style learning. The registered manager told us that all staff received an element of this style of training and they were happy to source more of this training.

Staff told us that they would raise concerns with the nursing staff, the duty manager or the registered manager and were confident that any concerns were dealt with.

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 received care and treatment from staff that understood how to keep them safe and free from potential abuse.

People received their medicines as prescribed and when required to manage their pain or treatment.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home.

Good

Is the service effective?
The service was effective.

People's needs, preferences and risks were supported by staff that had up-to-date information. The three care plans we looked at showed the most up-to-date information about their care. Staff told us and we saw that the information in the care records were consistently followed.

Staff were trained and supervised and felt supported in their role. People told us that they enjoyed their meals and had a choice about what and where to eat. We saw that people ate in the dining room, lounge areas or in their rooms.

Good

Is the service caring?
The service was caring.

People were positive about the care they received and this was supported by our observations. Staff provided care that met people's needs and took account of people's individual preferences. We saw that staff spoke with and provided care to people whilst being respectful of their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People told us they were happy to raise any comments or concerns with staff and that these were responded to. For example, complaints were responded to appropriately and relatives told us their queries had been addressed.

People told us that they were able to make everyday choices which we saw during our visit. We saw people engaged in activities, such as reading, conversations with staff and joining in with an external singer.

Good

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

People we spoke with, their relatives and staff were very complimentary about the registered manager and told us they listened and were approachable.

Good

Summary of findings

Staff told us they enjoyed their job and were supported and trained appropriately to provide care to people who lived at the home. They told us the registered manager and providers monitored the quality of care provided. There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Tutnall Hall Care Home

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of one inspector, a specialist advisor and an expert by experience who had experience of caring for people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with eight people who lived at the home, four relatives, two nurses, seven care staff, the registered manager, the deputy manager and the provider. We also spoke with a GP that visited the home.

We observed care and 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. We looked at six records about people's care, staff duty rosters, three staff recruitment files and audits about how the home was monitored.

Before our inspection, we reviewed the information we held about the home, notifications and the Provider Information Return.The inspection team consisted of one inspector, a specialist advisor and an expert by experience who had experience of caring for people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe and the staff treated them well. They said: "It's safe" and: "It's nice to be in a place like this, safe". Three relatives told us they felt confident that their relatives were kept safe and not at risk of abuse. One relative said: "If I have a concern I feel that I can approach any of the staff and say". In addition, all relatives we spoke with told us they felt confident that they could raise concerns with any of the staff if required.

All eight staff we spoke with told us how they would respond to allegations or incidents of abuse, and also knew who to report to in the home. In addition, we had evidence that the registered manager had notified the local authority, and us, of safeguarding incidents. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They confirmed that they had an understanding of adult protection awareness and had received training. They were also aware of the home's policies and procedures for the protection of people at risk of harm.

We looked at staffing levels in the service. The care staff were supported by the registered manager, catering, administration and housekeeping staff. People we spoke with felt that staff were available to support them when they needed assistance. One person said, "You see staff around all the time". Another person said, "I do not feel rushed, they are good". We saw that there was at least one member of staff in the lounge to support people and that staff had time to spend with people. People's needs were responded to by staff in a timely manner. For example, call bells were answered promptly by staff. Staff told us that although there were busy times during the day they were able to meet people's needs.

People's medicines were up to date and had been recorded when they had received them. During our observation nursing staff offered people their medicines. People were supported with instruction and encouragement. People were also able to have their medicines in private where they had wanted. We spoke with nursing staff on duty that administered the medicines. They told us about the people and their medicines. They knew when people needed their medicines, which included where people required their medicines before food. The homes medication policy was available in the folder where the administration of people's medicines was recorded.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw that one person's eating had been identified as a risk. The plans in place told staff how to support them and staff confirmed the support that person had needed.

We looked at how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We saw in three care records that mental capacity assessments had been completed and included what areas of care these related to, for example personal care. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Training had been provided to some staff in understanding the Mental Capacity Act. However, all staff we spoke with told us they knew to refer any concerns to the registered manager or nurse on duty. The registered manager advised that training in understanding the Mental Capacity Act and DoLS was now part of their induction programme and current staff would receive training over the next few months. The registered manager and provider knew of a judgement made by the Supreme Court in March 2014. The judgement meant that restrictions that previously would not have needed DoLS authorisation would need to be reviewed by the funding authority.

We saw that they had asked the local authority for further advice and one application had been made to restrict a person's liberty. Information had been clearly documented so staff knew the actions required to care for this person whilst awaiting the authorisation outcome. People who lived at the home were supported by staff that knew when an application needed to be made.

Good

Is the service effective?

Our findings

We spoke with six people about the food available to them. One person said, "I like the food" and another person said, "I don't eat that much, but the food is always OK". All relatives that we spoke with commented on how good the food looked and smelled.

We spoke with staff who told us that people always had a choice of meals. They said, "The food is very good here", "We know about their preferences and special diets" and: "There is a list which shows the type of diet they have".

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. Where people required a specialist diet or required there fluid intake to be monitored this information was recorded by staff.

We spoke with the cook who told us they always prepared meals with as much fresh food as possible and that there was never a problem with supplies. They said, "I know the food people like and the types of diets I need to cook for". We saw the list used which informed staff of people's nutritional needs.

During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly. We saw that staff reflected people's personalities and routines when talking with them and were able to tell us about the person's life history. One person said, "As far as I'm concerned they look after me". Relatives told us they were confident that their relative's needs were met.

We looked at people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. This meant that staff had the information available to meet people's nutritional needs.

We spoke with four staff and they told us that they felt supported in their role and had regular one to one meetings with the registered manager. Staff we spoke with told us that: "We all get on well together here. It's a good place to work" and: "I have good support from the deputy manager and manager. We can talk to them at any time". This helped to ensure staff felt supported and trained in delivering care to people.

Staff had been trained and future training courses had been booked. The subjects included food hygiene, moving and handling, caring for people with dementia and basic first aid. Staff said, "The training is good. I have the knowledge to deal with situations" and: "We can request extra training and we have good support from colleagues and management". However, two staff we spoke with told us that they preferred a class room style of learning. The registered manager was able to tell us about additional training that had been arranged, provided by the local authority. They felt this would work well alongside the current on line training they used called 'Social Care TV' provided by the Social Care Institute for Excellence.

Staff told us that they reported concerns about people's health to the nurse on duty, who then took the appropriate action. For example, contacting the doctor for an appointment. We spoke with a GP that visited the home regularly. They told us that they felt people received the care they needed and staff were good at responding to people's changing needs. People also got to see other professionals to help them maintain a healthy lifestyle. For example, people received regular visits from opticians, dentists and chiropodists.

Good

Is the service caring?

Our findings

People looked happy, comfortable and relaxed in their home. We spoke with six people who told us: "I am well looked after, care is very good actually", "Comfortable and cared for", "I love the staff here they always come in and speak to me at every opportunity" and: "Couldn't do enough for me".

We listened to staff as they provided care and support to people who lived at the home. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. People and relatives we spoke with told us they did not have to wait for the things such as requests for drinks.

Three relatives commented about the warmth, friendliness, caring nature and approachability of the staff at the home. We saw that staff were welcoming and caring towards visitors and ensured they had privacy during their visit. One relative told us they felt that the staff were sensitive when providing end of life care. The notice board in the home displayed recent compliments left by relatives, which said that their relatives received care in a manner that retained their: "Quality and dignity" and with: "Respect and warmth".

We spent time in the communal areas of the home and observed the care provided to people. We saw that staff had a kind and caring approach towards people they supported. For example, the staff provided constant checks and reassurance to people. One person told us: "They help me get into bed at night and then I watch my favourite programmes". Staff were seen to listen to people's choices, respond to them and engage people in conversations. Staff told us: "We are able to spend time with the residents" and: "There is always a staff member in the lounge to make sure residents are OK".

We found that staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual health needs. Staff told us: "Changes to people's needs are discussed. We report changes to the nurse or we are told about any changes to a resident" and: "I am confident that we know them and the care they need".

We saw that people were supported in promoting their dignity and independence. For example, staff helped people to eat their meals and plate guards were used to promote their independence at meal times. A call bell system was available throughout the home for people to request help. We observed a number of staff respond quickly when a call bell was heard. We saw that staff always knocked on people's doors before entering and ensured doors were closed when delivering personal care. Staff told us: "I always make sure I tell them about what I am going to do" and: "I listen to them if they don't want something then I will not do it".

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Whilst reviewing records we saw people had expressed choices about their care or information had been gained from relatives or staff that knew the person well. For example, people had been involved in decisions about their preferred daily personal care routine.

Staff told us and we saw that they made sure they were fully up to date with any changes to people's care needs. Staff discussed the care and support for all people daily and the nursing staff made changes to people's care records when necessary. This helped to ensure that the records reflected the care that people received.

Good

Is the service responsive?

Our findings

People told us: “They [staff] are very good, make me feel comfortable”, “I ask to go to bed at around 9.30pm with my TV on which is wonderful” and: “I am generally well, but if I’m not they help or get the doctor to see me”. Two relative’s told us they were kept informed and updated when there had been a change in the health needs of their relative. Relatives also told us that the registered manager and staff were approachable and would action any request they may have.

Staff were responsive to people and their requests. For example one person was supported to sit upright so they could have drink. Staff told us: “We respond to residents as we go”, “They have a choice and we respond to that. We always update the daily notes and report any concerns to the nurse”. Staff told us that when they reported a change or concern about a person it had been dealt with immediately.

During our inspection we observed people involved in activities. People we spoke with told us they enjoyed the activities and were supported in their individual chosen activity. One person told us: “I enjoy knitting”. People enjoyed listening to a singer that visited the home in the morning of our inspection. The home employed one member of staff to coordinate the activities, however they were not working on the day of the inspection. We heard staff spending time with people and talking with them in a social way. They demonstrated that they knew about the person and their interests. Staff also told us that they promoted people interests. For example, one member of staff had spent time watching sport with one person.

People’s views about the home and their care and treatment were asked for in small group meetings or individually. There were also comment cards available in the reception area for anyone to complete. Any comments received had been recorded in a book which had been reviewed by the registered manager to respond where required. This had led to one person being supported to request a review and specialist assessment.

We spent time speaking with people in their bedrooms and saw that these contained personal items such as photographs, pictures and items of their furniture. The registered manager told us that all rooms were redecorated for people on admission and people were encouraged to personalise their rooms.

People and relatives told us that they knew how to raise concerns or complaints. The home had received one written complaint in February 2014. The registered manager had followed the provider’s complaints policy. Following the registered managers investigation’s a response had been sent which had addressed the points raised.

We looked at three people’s records which had been kept under review and updated regularly to reflect people’s current care needs. In addition where people had an additional short term care need a plan of care had been included. For example, a course of antibiotics for an infection.

The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. We saw mental capacity assessments had been made where people did not have the capacity to make a specific decision to enable their care to meet their needs. We saw that the provider had held a meeting that included relatives, social workers and staff to reach a decision about what was in the person's best interests.

Good

Is the service well-led?

Our findings

People were supported by a consistent staff team that had been trained and understood people's care needs. One relative we spoke told us: "The care is of high quality and the staff give 100% care and are dedicated to the care they give". Staff told us: "I get training, never feel pressured and feel well supported", "It's a lovely place to work and the residents are family and treated as such" and: "Good staff group, supportive, very approachable and passionate about care and I enjoy the role". Staff were supported with regular supervisions and team meetings. They told us that the registered manager was approachable and accessible.

The registered manager has been in post for seven years and was supported by a deputy manager and an administrator. The registered manager told us that they had good support from the providers, and the staffing team. The providers visited regularly two or three times a week and we spent time talking to them on the day of the inspection. They told us they were passionate about making a service that promoted good care and "Employed the right people for the job" and were "Looking to build a reputation for good care and a home that is good enough for my mum and me".

The providers produced a monthly report on the quality of care and identified areas for improvement. The monthly report was then discussed with the register manager and deputy manager to see where changes were required. In addition, the registered manager and nursing staff told us about the 'resident of the day'. This was where one person was selected to have a full review of their care. This review looked at the quality of care delivered, medication, person centred care, skin care and falls prevention.

The providers had recently sent an annual questionnaire to relatives and were awaiting the responses. They told us they planned to follow this with a survey for staff. We saw that there were several compliments that relatives had sent regarding the care and treatment that had been provided. Relatives that we spoke with did not raise any areas of concern and were complimentary about the care of their relative.

The registered manager had monitored and reviewed the service through monthly audits. These audits looked at the environment, medication, infection control, people's skin care and an analysis of incidents, accidents and falls. We found the provider had analysed these incidents and put measures in place to reduce the potential of further incidents reoccurring. We saw the results from a recent audit for people's care plans. This audit had identified areas for improvements and a plan to complete required actions

There had been other external reviews of the home from the local authority, local pharmacy and other regulatory services. We saw that any actions had been recorded and completed. For example, following a recent visit from the local Clinical Commissioning Group (CCG) improvements had been made to the daily notes. The statement of purpose had recently been updated and the providers were currently reviewing and amending other policies and procedures to ensure that the information was current and reflected best practice.