

Tendring Care Homes Limited

Tendring Rest 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 ●

Summary of findings

Overall summary

The inspection took place on 22 July 2016 and was unannounced. We returned on 27 July 2016 to complete the inspection.

The previous inspection took place in 2014 when we found the service was meeting all assessed standards.

Tendring Rest Home is registered to provide care and support for up to 23 people. It is not registered for nursing care. 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service was supporting people safely, effectively and with care.

Staff knew people well and were kind and caring. Visitors were welcomed. Staff respected people's preferred routines and activities provided were geared towards people's needs and interests.

People were protected from abuse and avoidable harm. Risk to people's health and welfare were managed appropriately. Environmental risks were regularly considered and managed well.

There were generally sufficient numbers of suitably trained and safely recruited staff to meet people's needs. Staff said there were occasions, particularly in the mornings when they could not respond to people's wishes as quickly as they would want, but this did not have an impact upon people's safety.

Staff received appropriate training and support. The service liaised well with health care professionals when they needed support and guidance about people's health care needs.

People liked the food and were supported to have a diet which suited their needs and preferences.

Staff ensured they sought consent before supporting people with their care and adhered to the Mental Capacity Act 2005.

People were given information about what the service could provide and staff were able to provide appropriate support because people's needs were clearly assessed and updated when a change had taken place.

People were encouraged to provide feedback about the quality of the service and complaints were responded to quickly.

There was a registered manager in post. Quality assurance processes helped to ensure the service maintained good standards which met people's needs and expectations

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the home.

Risks to people's health and safety had been assessed and acted upon where necessary.

There were enough staff deployed to meet the needs of the people.

People's medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably trained and supported to meet their needs.

People's health and nutritional needs were understood.

Staff acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected.

People were encouraged to make decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected how people would like to receive their care and support. Activities were tailored to suit individual preferences and wishes.

Staff responded positively to comments and complaints

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

There were systems in place to assess and monitor the quality of the service provided.

Tendring Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 22 July 2016. We returned on 27 July to complete the inspection. The inspection team consisted of two inspectors for one day and one inspector for the other day.

We spoke with eight people who lived at the service, with five visitors, six staff and with one visiting healthcare professional. We looked at care records for six people. We also looked at records relating to staff training and recruitment and other records relating to the management of the service.

Is the service safe?

Our findings

People said they were safely cared for. One person, for example, said they had never felt worried about asking for help when they needed to do so. There was information on display in the home to inform people about how to recognise signs of abuse and how this could be reported. This helped to ensure everyone who worked, lived and visited the home knew how to respond and report any poor treatment. Staff had received training in how to safeguard adults and knew about their role and responsibility regarding whistleblowing. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staff had followed agreed protocols and had notified Hampshire County Council and the Care Quality Commission when any abuse was alleged or suspected. This served as a check to ensure all appropriate action had been taken to keep people safe.

Action had been taken to reduce identified risk to people's health and comfort. For example people who were at risk of developing sore skin had pressure relieving equipment supplied and staff showed a good understanding of what they needed to do to keep people comfortable in this respect. People's weight was monitored and action had been taken to ensure people at risk of malnutrition were regularly assessed and action had been taken where necessary to ensure they received appropriate nutritional support. A record was kept of all falls. A falls prevention champion had been appointed to monitor falls within the home and to look for any potential trends. Accidents and incidents had been recorded and action had been taken where necessary to reduce the likelihood of reoccurrence.

Environmental risks were reviewed, for example, kitchen fridge temperatures were regularly checked and any open foods were labelled and dated. There were plans in place for foreseeable emergencies and these were reviewed regularly.

People said there were enough staff to support them safely. One person said "they come when I press my bell" Other people agreed they did not have to wait too long for staff to assist them. Visitors generally agreed although one said at times staff were a bit "thin on the ground" Staff said they thought people who lived at the home were getting everything they needed but said they were sorry at times when people wanted a bath in the morning they could not always get one at that time, they sometimes needed to wait until later in the day.

Staffing levels were determined according to the number of people living at the service and their level of need. There were three care staff employed 8am to 10 pm. There were two waking night staff from 10 pm to 8am. Care staff were supported by a cook, kitchen assistant and cleaning staff seven days a week. The registered manager and deputy were also available to provide care and support where necessary. The service had recently increased staffing levels in the evening to respond to people's needs at this time as they had established more people were at risk of falling during the late evening.

Any gaps in the rota were filled by agency staff. Agency staff we spoke with said they were well supported by the regular staff and by management.

There were clear processes in place to help to ensure only staff suitable for the role and responsibilities were employed. Staff had provided references and completed other pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

There were safe policies and procedures in place for managing medicines. Prescribed medicines were checked in by the manager or senior staff and were stored securely within correct temperature ranges. Unused medicines were also checked out by senior staff and these were recorded and signed for by staff at the home and the pharmacist.

Staff confirmed they did not administer medicines until they had completed appropriate training and their competencies in managing medicines were also routinely checked. Staff said the system for administering medicines was very easy to follow and said they were confident people received their prescribed medications as directed.

Is the service effective?

Our findings

One person told us that although living in a care home was never an ideal situation this was "as good as it can get." They appreciated the good food, the fact that the home was clean and they said the care staff cared. They said they had friends at Tendring. People were happy with the skills of the staff and had a high regard for the staff team. One person said "They seem to know what is needed and when." A visitor described the staff as "phenomenal."

Staff confirmed they shadowed more experienced staff when they were new to help them to understand people's needs and the routines of the home. One new member of staff said they had not worked unsupervised before they were confident to do so. New staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to.

Staff said they liked to keep up to date with their training because "things change." Staff said they were more than happy with the level of training they received. They confirmed they had completed training in key health and safety areas such as food hygiene, fire safety and safeguarding. They had also completed training specific to people's individual needs such as changing catheter bags, dementia awareness, training about how to care for people with Parkinson's disease and end of life care. Staff said when they had requested training in areas they were not confident in this had been provided, for example they had highlighted they needed guidance about how to support people from sitting to standing as they had observed people were having more difficulty getting out of their chairs. This had been provided. Some staff were completing NVQs (National Vocational Qualifications) in care and all staff were encouraged to do so.

Staff said they had received supervision to help them to review their practice and to identify any training needs. Supervision sessions had not been very regular previously but these sessions had increased in regularity recently. The registered manager said senior staff also observed practice. For example one member of staff had not been confident about how to move a person using a hoist and as a result they, and other staff had completed a training session to increase their skills.

Visitors said staff were very prompt to contact health care professionals. One visitor described how well the service had cared for their relative during a serious illness. A health care professional who regularly visited said communication had improved since they had undertaken regular weekly visits to the home.

A dentist and chiropodist visited when required. Staff liaised with specialist health care professionals and followed advice when this was needed, for example they worked effectively with a community psychiatric nurse to address one person's mental health needs. Pain care plans were in place to guide staff about how to recognise and take action when a person was in pain but was not able to verbalise this for themselves.

People liked the food. One person said "The food is very good" another said "It impressed me from the start." On the first day of our inspection the weather was very warm. Staff ensured people had very regular drinks and people were offered ice lollies. There were plenty of iced drinks available and staff were encouraging people to drink. We observed one person who was sipping on a drink. Staff were very encouraging saying "Well done it's a good drink" and then slightly later "you drank it all. That's good, well done".

There was a snack bar in the dining room with fruit and cookies which was available to visitors and residents

of the home.

Staff knew about people's food allergies and intolerances and ensured they were given an appropriate diet. People were offered a choice of main meal and we observed people who did not want hot meals were provided with an alternative, for example one person had cheese biscuits and grapes and another had sandwiches, others had a salad. People confirmed they were offered choices and said they could have alternatives to the set menu if they wanted. Staff said the meals provided were flexible, for example one said "if people are not hungry at mealtimes they can have something to eat at any time... people can have whatever they like really". A vegetarian option was always available.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Where people did not have the capacity to consent to their care, a mental capacity assessment had been carried out in line with legislation and staff provided care in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using the least restrictive practices to keep people safe. All people had been referred to the local authority for a DoLS assessment where this was needed.

Is the service caring?

Our findings

Staff treated people with compassion and kindness. There were friendly interactions between staff and people who lived at the service. We observed staff greeted everyone when they entered a communal area and said goodbye to people at the end of their shift. We observed staff paid people compliments saying for example "I love your sense of humour" and "your nails look lovely" Staff mainly ensured they were at the same level when they interacted with people.

We observed one person had missed being offered a biscuit because they had been asleep when biscuits were being passed around. Staff noticed they had woken up and came back to them saying "Don't worry – we hadn't forgotten you" The person said "They are good to me here. They spoil me really" We observed staff supporting people to eat and drink and they did this in a friendly and encouraging way. Where people were not able to see the food they were eating, staff described the food they were providing and encouraged people to eat. We observed one staff member encouraging a person to drink tea, they spent time with them and were gently supportive saying "well done" when they had had taken a sip saying "it's a good drink isn't it?"

Staff spoke warmly about the people they were supporting and said they and said they cared for people as they would like their own family members to be treated. For example one member of staff said regarding food choices "if it was my mum I'd hope she'd be offered a choice and something different if she wanted it." People were called by their preferred names and could choose whether they wanted male or female care staff to support them.

Visiting relatives were welcomed There was a notice by the snack bar which said 'Tendring invites family and friends to join residents for lunch or tea at any time' We spoke with some relatives who came to the home regularly. One said "They always give me a cup of tea". and said staff always warmly welcomed them.

The service supported people to make decisions about their daily lives. For example while we were visiting one person had their breakfast later than most and they were given hot toast at their request. Staff provided discrete support for example they ensured a privacy screen was placed around a person who had a consultation with a GP. This person had not wanted to go to their room. Staff respected people's desire for privacy. One person said "I'm not a mixer." They said staff understood this and did not intrude upon them unless they requested them to do so.

Information was available to help people know more about the home, for example on the notice board there were photographs of all staff with their names and job roles. Staff had personalised people's walking frames with decorations to help them to identify which one was theirs. This promoted their independence as they did not need staff to assist them.

Is the service responsive?

Our findings

People were encouraged to visit the home before making a decision to move in. One relative described how they had visited the home without an appointment, and said they were shown round and made welcome. People's needs were assessed before they moved to the service. One visitor said (the manager) visited us at home" This helped to ensure people's needs were known and understood so people could have an assurance the service would be able to meet these. Visitors we spoke with said they were not involved in on going care planning but said they were very happy that their relative was receiving the care and support they needed.

Care plans contained information about what people could do for themselves as well as detailing the support they needed. This prompted staff to support people to be as independent as possible. Care plans were reviewed regularly and updated to reflect changing needs which meant they contained relevant information to guide staff about how to support people appropriately. Staff said they updated care plans with the person concerned where possible, to ensure they reflected their needs and wishes accurately. Information about people's needs was also shared during the daily handover so staff were aware of any changes which had occurred since they had last been on duty. Relatives confirmed the service contacted them promptly if there was a change in their relative's condition.

People's records contained information which could be sent with them in the event of a hospital admission. This included information about people's health and their likes and dislikes. This helped to ensure people who may not be able to verbally communicate their needs and wishes would be provided with appropriate care when they moved between services.

Some adaptations had been made to the environment to enhance people's enjoyment. The garden area for example, contained raised beds to assist people to garden if they wanted to, and there were different areas of interest. When we visited some people were eating their meal outside under a shaded canopy. There were some signs on doors for example, toilets to help people who were living with dementia to orientate themselves although we discussed with the registered manager how some improvements could be made to help people to identify their bedrooms.

People were supported to take part in social activities where this was wanted. People who had a cognitive impairment were provided with short sessions of 1-1 support. Conversations helped people to reminisce for example one topic was "Do you remember the sort of cakes your mum used to bake?"

Staff made sure people's senses were stimulated, giving them the opportunity to smell flowers, and they also had head and hand massages. We observed people's mood improved when staff put on music which they knew they would enjoy. There were also organised activities such as bingo, quizzes sing-alongs and tea parties.

The service was involved in community events such as those who were religious were supported to worship in the way they wanted, local school children visited and there were some trips to town and garden centre.

People were aware about how to complain and people we spoke with said any concerns they raised had

been dealt with. Complaints were logged and responded to fully and in line with the homes complaints policy and procedure. Action had been taken where it had been identified as a result of the investigation into the complaint that improvements were needed, for example additional supervisions and training took place with individual staff members if their practice needed to improve.

The home also had a comments and suggestions box for people to use if they did not wish to make a formal complaint. We saw comments and suggestions made had also been responded to by the registered manager.

Staff said they were confident to report any concerns they had to management and said they would be listened and responded to.

Is the service well-led?

Our findings

There was a registered manager in post. Staff and visitors said the home had an open culture and the registered manager said "my door is always open". She walked around the home several times a day and clearly knew people and their relatives well.

Staff were well supported and people were encouraged to make any suggestions and ideas about what could improve the service. Staff described the values of the service as being caring and homely. People who lived at the service and their visitors agreed.

Staff consulted people who lived at the service and their relatives to ensure they continued to meet people's needs. Improvements had been made to the home as a result of feedback, for example, some rooms had been modernised and the garden had changed. People were invited to complete questionnaires as a further measure of the quality of the service. The results of the questionnaires were available to see and these showed people were satisfied with the service provided. Some improvements had been made as a result of comments made. The registered manager described how one relative felt communication could be improved upon. The registered manager had started to e mail the person with updates about their relative and sent a copy of the newsletter to keep them more informed about what was happening in the home.

People were informed of their rights and everyone had a contract which detailed what they could expect from the service.

There were quality assurance systems in place to monitor the service which helped to ensure it delivered care in line with legislation. The most recent quality assurance report had been completed in May 2016. Action had been taken where necessary when improvements had been identified.

A business continuity plan was in place and this was reviewed regularly, to ensure any identified improvements were made in a timely way. For example plans to improve the kitchen area were going ahead at the time of our inspection