

Tewkesbury Care Home Limited

Tewkesbury Fields

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

We carried out an unannounced comprehensive inspection of this service on 23 and 29 September 2015. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.

We undertook a further comprehensive inspection on 26 and 27 July 2016 which was unannounced. This was to check the provider had followed their plan and to confirm that they now met legal requirements and to review the ratings of the service. We found that the provider was now meeting the legal requirements in relation to both breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

Tewkesbury Fields provides accommodation and nursing care for up to 74 older people. There were 61 people who were living at the home on the day of our inspection. There was no registered manager in place at the time of our inspection. There were two regional support managers working at the home at the time of our inspection. We spoke with the area manager who explained that one of the recently appointed regional support managers would register with the CQC while they recruited a permanent manager into 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.

People lived in a safe environment as staff knew how to protect people from harm. We found staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reflected the needs of people who lived at the home. People's medicines were administered and managed in a safe way.

The regional support managers supported staff by arranging training so staff developed the skills to provide care and support to people which was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received. We found that staff provided people's care with their consent and agreement.

We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as the dentist and their doctor when they required them and were supported to attend hospital appointments.

We saw people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last four months, since the regional support manager had been in post. We found seven complaints had been received, all of which had been responded to with satisfactory outcomes for the complainants.

The area manager had placed two regional support managers into the home to improve the standards of care as the provider had recognised further improvement was required to the care people received. One regional support manager had been in place since April 2016 while the second since July 2016. The area manager explained they were actively sourcing a new manager for the home; however until this time a regional support manager would become the registered manager with CQC, to fulfil their legal requirement.

The regional support managers demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people received care and support in-line with their needs and wishes.

We found the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

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.

We found that action had been taken to improve staffing. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People were cared for by staff who had the knowledge to protect people from the risk of harm. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way. People received care they had consented to and staff understood the importance of this. People were provided with food they enjoyed and had enough to keep them healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

People were supported in a dignified way that respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

We found that action had been taken to ensure people received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were included in the way the service was run and were listened too. The new management team had recognised that area's required improvement and were taking action to further develop and improve the service for people. Staff were involved in improving and developing the service.

Tewkesbury Fields

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 undertook an unannounced comprehensive inspection of Tewkesbury Fields on 26 and 27 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 23 and 29 September 2015 comprehensive inspection had been made. This second comprehensive inspection has provided the service with a new rating for each question and the overall judgement of the service.

The inspection team on 26 and 27 July 2016 consisted of one inspector and two experts by experience, with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 22 people who used the service and nine relatives. We spoke with an external healthcare professional who was a prescribing support pharmacist. We also spoke with, two catering staff, 11 care staff, two activities co-ordinators, one permanent nurse and one agency nurse, the deputy manager who is also a nurse, two regional support managers and the area manager.

We reviewed four people's care records. We also looked at provider audits for environment and maintenance checks, compliments, complaints, incident and accident audits and staff meeting minutes and

relatives meeting minutes.

Is the service safe?

Our findings

At our last comprehensive inspection on 23 and 29 September 2015 we found a breach of regulation, in relation to staffing. This was because people did not always have their care needs met in a timely way as there were not always sufficient numbers of staff deployed in the service. We found that the provider had made improvements since our last inspection and that the provider was now meeting their legal requirement for staffing.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "They are usually fairly quick". Another person said, "They always come to me when I press the call bell". A further person explained how they became anxious one night and staff came to them quickly to provide reassurance. We saw staff answered call bells promptly and responded to people's requests immediately. All relatives we spoke with told us there were enough staff to meet their family member's care needs. One relative we spoke with said staffing had improved over the last few months. We saw staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people's requests for assistance.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "We have more staff now, shifts are always covered". They continued to tell us that while they still had busy periods, these were not as frequent, and that staff had more time to spend with people. Care staff we spoke with told us they felt the staff team were stable and that new staff recruited were settling into their roles. All staff we spoke with said the regional support managers had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The regional support manager explained that there were nursing vacancies which the provider was actively recruiting to fill the positions. They explained that during this period agency nurses were being used and had been block booked for three months, to ensure continuity of care for people who lived in the home. We spoke with one agency nurse who told us that they had received an induction and detailed handover of the people they were supporting. They were aware of who the regional support manager was should they have any concerns and felt confident in the support they received from management and care staff. They told us, "The staff are very forthcoming with information; I know what the plans are for people today and what nursing care they need".

We saw that the regional support managers consistently reviewed staffing levels and made adaptations where people's dependency needs changed. The regional support manager told us that two senior care staff had been trained in medication. This was so during busier times senior care staff were able to support the nurses with medication so people always received these in a timely way. All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how staff helped them feel safe as their visitors were always escorted to their room and they were asked if the visitor was welcome. Another person we spoke with said that staff had spent a lot of time with them and provided reassurance when they first arrived at the home. A further person told us they felt safe as staff would, "Go past the door and wave and that's pleasant".

All the relatives we spoke with felt their family member was safe living in the home. One relative said "They seem to look after [the person's name] well. It gives us all peace of mind". Another relative told us that, "On the whole the staff are lovely and very supportive".

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found the regional support manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed and plans put in place in a way that protected them. For example, a senior care staff member explained how one person's mobility varied and this was discussed with the nurse as to how the risk of the person falling could be reduced. The senior care staff told us what measures had been put in place, such as a specific hoist to help the person transfer from their bed to a chair. One person we spoke with told us staff made sure they always had their walking frame to hand. They said staff supported them when they needed support and this made them feel safe.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "They bring me my medicine". A relative we spoke with told us the staff ensured their family member had taken their medicine before they left the person. We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way which helped to keep people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way for them because the staff had the skills needed to care for people. One person spoke about the skills and knowledge of the staff and said, "The staff are all very good". All relatives we spoke with told us staff were knowledgeable about people's care needs. One relative we spoke with said, "They seem to look after [the person's name] well. They are well fed, happy and always clean and tidy".

Staff we spoke with felt the training they had received was useful and appropriate to the people they cared for. One staff member said, "The training is good, I have been given more responsibility and with that more training". They went on to say that the training course was still being developed and that there were suggestions for improvement that they had found, for example, further dementia care training.

We spoke with two new staff members about their training and induction into the service. Both staff members told us that they had received training and worked alongside more experienced staff members before they worked alone. Both staff members told us they had been given the opportunity to discuss their learning and whether they felt confident to work alone. One staff member said, "I am happy to work alone, but anything I am unsure of there is always someone to ask who shows me how to do it". One staff member told us the regional support manager supported them with areas of further training or support for new staff, should they feel this was needed.

Staff told us that they worked together and that communication had begun to improve since the regional support manager had arrived. All staff we spoke with told us they knew where they were expected to work within the home and worked flexibly to ensure all areas of the home were covered where needed. We received mixed views from staff about the handover of information from the previous staff on shift. While the nurses received handover, the senior care staff had inconsistent handover of information. A senior care staff told us that this was due to prioritising the needs of the people. Care staff would receive handover throughout the day; however staff felt that a better system for receiving information in a timely way would be more beneficial. The regional support manager held a meeting each morning with all the heads of department, which all staff agreed this was useful to know the plans for people, such as transport to appointments or activities that had been arranged.

People we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. Staff had considered people's capacity for making decisions about their care and treatment.

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.

The regional support manager had a good understanding of the MCA process and assessments had been completed for people where it had been identified people lacked capacity for some decisions. We spoke with a senior care staff member who told us that they had sought advice from the regional support manager and felt more confident in the process of MCA, but also acknowledged that further training was required.

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 within the principles of the MCA.

We found that the regional support manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. Staff had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make some decisions themselves. Applications had been made to the local authority where it was assessed that there were restrictions on people's liberty.

We spoke with people and relatives about the food available and spent time with people during meal times. People we spoke with told us they mostly enjoyed the food at the home. One person said, "The food is very good, we have kippers". Another person told us the variety of food choices was good and staff were accommodating with their requests for different meals that were not in the menu. A further person told us, "Good school food, wholesome but unadventurous". A relative told us, "[Person's name] likes the food, they have enough to eat, they have biscuits in their room but they haven't eaten them, so I assume that [person's name] is full enough". They continued to say, "Their weight has been stable since they have been here". Where people requested more food throughout the day we saw those requests were always responded to.

Staff were able to tell us about people's individual nutritional care needs. Staff told us how they had monitored a person's weight monthly and recognised they were losing weight. They said the doctor was contacted, who arranged hospital appointments for the person. Staff told us they had supported the person to hospital for these and were supporting the person with guidance from the doctors.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were drawn up and tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy. Staff we spoke with gave examples of recognising the early warning signs of dehydration so that preventative steps could be taken to reduce the likelihood of people's health deteriorating.

People we spoke with told us they had access to healthcare professionals when they needed and appointments with health professionals were arranged in a timely manner when they requested these. One person we spoke with told us that they received a timely assistance from staff when they required a dentist. Another person told us that they were supported to visit the chiropodist. All people we spoke with told us they had a doctor's visit as they required.

All relatives we spoke with told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment, which was in-line with the person's consent. One relative told us, "They keep me up-to date with all their healthcare". Relatives told us that staff recognised when a person became unwell and contacted health care professionals where necessary. Senior staff showed us the processes they had in place so people would receive the support they needed to remain well.

Is the service caring?

Our findings

All people we spoke with told us staff were kind and caring towards them. One person said, "I am very lucky to be here, the staff are wonderful". Another person said, "I'm very well looked after here, I'm happy to die here". A further person told us staff were, "Very good, very polite". While a further person felt staff were always smiling and helpful, they said, "Nothing is too much trouble, there is a marvellous family feeling here".

All relatives spoke highly of the staff who provided care for their family members. One relative told us the activities coordinator "Has a very positive and inclusive approach". All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not visitors. Relatives told us they were able to visit when they wished. Relatives felt they could approach any member of staff for a discussion and found the deputy manager supportive to their requests.

Throughout the inspection we saw staff were kind and caring towards people they supported for. We saw people smile at staff when they spoke with them. Staff interacted with people in a relaxed way, which encouraged further conversations. We saw when one person became upset staff spoke with the person calmly and stayed with them until they had settled. Staff ensured people who were in the lounge with the person were also reassured and did not feel anxious.

People told us staff knew them well and respected their wishes. We spoke with the activities co-ordinator who shared examples of people's individual preferences for their hobbies and interests. With their knowledge of people's hobbies and interests, they were able to support people to do the things they enjoyed.

People said staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened to and respected. People we spoke with felt all their choices and decisions about their care were listened to. For example, people told us they chose what they wanted to do with their day and staff respected this. People gave us examples of how they were always treated with dignity and respect. One person told us, how staff ensured people maintained their dignity when they went to use the bathroom. A further person told us how staff always knocked the door and waited for a reply before they entered their room. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people's clothes were clean and changed if needed.

We heard staff speaking with people in a calm and quite manner and where encouragement was needed to assist a person with their drink, this was done gently and at the person's own pace. One relative we spoke with told us how they felt happy that their family member was being looked after in a caring environment and this provided them with reassurance. All relatives we spoke with felt that their family members were treated well and with dignity.

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having

discussions with other staff members about any care needs.

We read some of the many compliments left by relatives or people who had stayed at Tewkesbury Fields. For example, one relative had written, "Thank you for the lovely care and attention you gave [the person's name]". While another compliment card read, "You made a very hard and stressful time much easier". The regional support manager told us how these were shared with staff to ensure staff knew that their care and support was recognised.

Is the service responsive?

Our findings

At our last comprehensive inspection on 23 and 29 September 2015 we found a breach of regulation, in relation to person centred care. This was because people did not receive care which met their needs and reflected their preferences. We found the provider had made improvements since our last inspection and that the provider was now meeting their legal requirement for person centred care.

While people and most relatives told us they had not seen a care plan they felt they were involved in their care. One person said, "I tell them what I want and they take it from there". Another person we spoke with felt their care needs were responded to in a timely way. They told us how they had fallen while at the home and felt that they received good support following this. A relative we spoke with felt their family member received the right care. They told us how they arranged quarterly reviews of the care and found this to be a useful way to ensure their family member was receiving the care in the way they wanted.

We spoke with staff about how they knew people's preferences around their care and support, they told us this was gained through asking the person, their family member or seeking guidance from more experienced staff. Staff we spoke with recognised that people's care plans were a work in progress and some areas required more detail. However, from what we found on the day and from what people told us it did not have a negatively affect people's care.

The regional support manager had implemented a scheme called, 'Resident of the Day'; we spoke with staff about what this meant for the chosen person. Staff told us this was an opportunity for all heads of department to speak with the person along with family members where appropriate. All aspects of the person's care was then reviewed, from speaking with the chef about the food and their specific preferences, to their social interests and any maintenance work that may be required in their room. People and staff we spoke with felt this worked well for them.

Staff closely monitored people's health and took actions as appropriate. We spoke with three care staff, one catering staff and the regional support manager about a person whose needs had changed as a result of a specific medical problem. All staff we spoke with were aware of the person's new care needs and what measures and support was in place to ensure the person was cared for in the right way.

We observed on the day a hostess was concerned about a person during lunch as they appeared to be confused. They reported their concerns to care staff and also the nurse who was then able to take further action to support the person.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person said, "I prefer reading in my room". They continued to say the library was well stocked and they could always find something good to read. Another person said they felt and supported as staff had assisted them to send emails and pictures to their family who lived abroad. Another person told us how they liked to sing, they said, "I'm among people and I like a sing-song, the staff are all very good, they don't

let you sit doing nothing".

People we spoke with felt the activities offered suited their needs and they could choose which ones they wanted to attend. We observed some group activities taking place. We saw people enjoyed the afternoon quiz about local places which gave people and staff the opportunity to reminisce. Another person told us they were looking forward to a shopping trip on the weekend with staff to buy some new clothes.

We spoke with the activities co-ordinator who shared examples of how they met people's individual preferences for their hobbies and interests. They discussed the "Wishing Well" scheme, whereby people are asked what they would really like to experience. They shared an example of when they brought a horse into the ground for one particular person because this is what the person wanted. The activities co-ordinator told us how they felt people who stayed in their rooms needed more attention and felt that they now had the time to do more one to one with people.

People and relatives felt they were listened to. One person said, "I can't grumble". Another person told us how they had no complaints about the service or the staff. A relative told us how much the service had improved over the last few months and said that the regional support manager was approachable and responsive to their questions.

The provider shared information with people about how to raise a complaint about the service provision. A person we spoke with told us how they had spoken with the regional support manager about a concern they had. They told us they had listened and come to an agreement which they had approved of. The person felt confident that their concern would be resolved. Another person said, "I have no problems here." We looked at the provider's complaints over the last four months since the regional manager began. We saw that seven complaints had been received; these were mainly around the increase in fee's however two related to healthcare appointments and miscommunication. We spoke with the regional support manager who explained they were improving communication and setting clear policy and procedures around expectations for supporting people to external healthcare appointments. We saw that all complaints had been responded to within the provider's policy with satisfactory outcomes for the complainant.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. They said they would speak with the staff, the deputy manager or the regional support manager if they needed to. People told us staff often asked if everything was going well or if there were any changes they needed. People said their views and opinions were listened and responded to. People had the opportunity to attend meetings which were held every two months. People we spoke with felt the meetings were useful and worthwhile, as changes and improvements, for example, with staffing had happened. Meetings for relatives were held on an individual basis or at relatives meetings. There was a relative's chairperson in place who organised the meetings alongside the regional support manager. They showed us minutes of previous meetings and said they felt improvements had been made and that the provider was now listening to the relatives and their comments.

All people and relatives we spoke with felt included and empowered to make suggestion about the running of the service provision. A person we spoke with said, "Staff just check if I'm happy and if everything is okay". One relative said, "[The regional support manager] is very approachable, she listens and resolves any situations". An external health care professional told us how they worked with the regional support manager and staff at the home and said staff were accommodating and listened to their suggestions and acted upon them.

Staff told us they were supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. The moral amongst the staff had improved since our last inspection. One staff member spoke about the regional support managers and said, "I don't want them to go. For the first time, you've actually got someone to talk to". Another staff member we spoke with told us, "Things have improved immensely. [The regional support manager's name] is supportive and if we say we need something for the residents, then it's done and we have it".

All staff we spoke with said if they had any concerns or questions they felt confident to approach the regional support manager. One staff member said, "Everyone now has clear roles and responsibilities and senior carers have had more training" While another staff member said, "Carers are now more involved with people's daily reviews. It feels so much better, you wouldn't believe it". Staff told us that they did have staff meetings; however these had not been frequent. Staff told us that they would like the opportunity to have more frequent staff meetings, but felt that any comments or suggestions they did have they could approach the regional support managers as soon as needed.

People, relatives and staff told us they knew who the regional support manager was as they were visible within the home and felt able to talk to them in passing, or felt able to visit them in their office.

The provider had recognised the need to ensure the service provision was delivering a high standard of care and service delivery. The provider had recently appointed two regional support managers. The area manager explained that they were aware there had been a number of different managers at the home and this inconsistency had meant some aspects of the service required improvement, such as staffing and

leadership. They explained by having two regional support managers to manage different aspects of the service provision these areas could be addressed effectively. The area manager and regional support managers understood staff had felt a little unsettled with no manager of the home. They now anticipated staff could see improvements. The area manager told us that they were continuing with their search to recruit a new manager for the home.

The regional support managers checked different areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, they had worked with the senior care staff to improve their role and understanding of their responsibilities and provided enhanced training to support this.

Surveys had been sent out to people who lived in the home, which gained feedback around their experiences of living in the home. We found these to be mostly positive, with good feedback around the food on offer. Relatives had also been sent survey throughout May and June 2016, however these results had not yet been returned. The provider also issued staff surveys; these were completed nationally, so the regional support managers were unable to use specific information for the staff who worked in the home. The regional support manager explained that staff views were provided at staff meetings, or at one to one sessions, where any comments or suggestions could be made. We found areas where these suggestions had been listened and responded to.