

WT UK Opco 4

Tennyson Grange

Inspection report

123 Westmead Road
Sutton
Surrey
SM1 4JE

Tel: 02038239065
Website: www.gracewell.co.uk

Date of inspection visit:
12 July 2022

Date of publication:
12 August 2022

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

About the service

Tennyson Grange is a care home providing personal and nursing care to up to 83 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 55 people using the service.

People's experience of using this service and what we found

People were safe at Tennyson Grange. Staff had been trained to safeguard people from abuse, understood identified risks to people's safety and wellbeing and knew what action to take, to help keep people safe. There were enough suitably skilled and experienced staff to support people and meet their needs. The provider carried out recruitment and criminal records checks on new staff to make sure they were suitable to support people. New staff were actively being recruited to work at the service to help improve the consistency of support people received.

People were involved in planning their care and could state their choices for how this was provided. People's records reflected their needs and preferences and staff delivered care and support in line with people's wishes. Staff knew people well and understood how their needs should be met. They were provided relevant training to help them meet people's needs. Staff were well supported and encouraged to learn and improve in their role and to put people's needs and wishes at the heart of everything they did.

Staff were kind, caring and treated people well. They respected people's right to privacy and to be treated with dignity. People were encouraged to be as independent as they could be with daily living tasks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely. People were supported to take their medicines in a timely and appropriate way. Staff helped people to stay healthy and well. They supported people to manage their healthcare and medical conditions and made sure people could access support from healthcare professionals when needed. Staff encouraged people to eat and drink enough to meet their needs and to maintain a healthy diet. Staff worked proactively with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

People were supported to undertake a wide range of activities and interests at the service. Relatives and friends were free to visit people if they wished without any unnecessary restrictions. The home had been designed and decorated to meet people's needs. People had a choice of comfortable spaces to spend time in at the service. The home was clean and hygienic. Staff followed current infection control and hygiene practice to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals to make sure they were safe.

The service was managed well. The registered manager and senior staff team were experienced and had a clear understanding of how people's needs should be met. They undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service. The provider undertook their own checks of the service at regular intervals to make sure the service was meeting required standards.

There were systems in place to obtain feedback from people, staff and others about how the service could be improved. Accidents, incidents and complaints were fully investigated and people involved and informed of the outcome.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 October 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Tennyson Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tennyson Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tennyson Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people using the service and asked them about their experiences of the care and support provided at the service. Some people using the service could not talk to us, so we observed interactions between people and staff to understand their experiences. We spoke with the registered manager, the deputy manager, the administration assistant, a registered nurse, a senior care support worker, a care support worker, the chef, and two activity coordinators. We also spoke with the regional support manager and the regional director from the care provider that has joint responsibility for oversight of this service. We reviewed a range of records. This included five people's care records, medicines administration records (MARs) for five people, five staff recruitment files, staff training and supervision information and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person told us, "I'm very safe." Another person said, "I am as safe as I can be anywhere." A staff member told us, "We try to create a family environment. For people to feel safe they must know they can talk to you, know the other people and know their environment."
- Results from the provider's recent residents satisfaction survey (June 2022) showed people said Tennyson Grange was a safe place to live.
- Information for people, visitors and staff about how to report concerns about abuse, was clearly displayed around the premises
- Staff received relevant training and support to help them safeguard people from abuse. They were aware of how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. When a concern had been raised, the registered manager took appropriate action to make sure people were safe from further risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were well managed. One person told us, "It's well supervised... I don't think there are many risks in this place."
- People's records contained current information about identified risks to their safety and wellbeing. There were plans in place to inform staff how these should be managed, to reduce the risk of people being harmed or injured.
- We saw staff were vigilant when people were moving around the home or undertaking activities and made sure people remained safe. For example, we saw a staff member check a person was sitting safely and comfortably in their wheelchair before they wheeled them to the communal lounge for an activity.
- There were regular health and safety checks of the premises and senior staff dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations if these should arise at the home.

Staffing and recruitment

- There were enough staff to support people. The numbers and skills of staff on duty matched the needs of people using the service.
- The provider was actively recruiting new permanent staff to work at the service to help improve the consistency of support people received.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that

applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. One person told us, "I get my insulin and my tablets on time."
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- Senior staff regularly audited medicines stocks and records and checked staff's competency to make sure they were managing and administering medicines safely. When issues had been identified with staff's practice, action was taken to provide the appropriate support to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Learning lessons when things go wrong

- The provider managed accidents and incidents at the service, well. Staff understood when and how to report and record accidents and incidents to senior staff.
- Senior staff investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring.
- Learning from accidents and incidents was used to reduce safety risks to people. The registered manager analysed accidents and incidents at the service on a monthly basis to check for any trends or themes. They shared learning with staff from accidents and incidents from across all the provider's services to help them improve the quality and safety of the support provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had arrangements in place to make sure people's care and support needs could be delivered by the service, in line with current practice, standards and guidance.
- Assessments were carried out with people and others involved in their care prior to them using the service. This helped senior staff obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided.
- Information from these assessments was used to develop care plans for people which set out the support they needed. People had been able to state their choices about how and when support was provided and this information had been recorded in their care plan. One person told us they were able to state when they wanted to have their medicines, when their care and support was planned for them, and said, "I'm very particular about when I have my pill. The staff are all attuned to it now."

Staff support: induction, training, skills and experience

- Staff were able to meet the range of people's needs. They received relevant training to help them do this. Staff were expected to update their training and attend refresher courses to help them continuously apply best practice. Staff were given incentives to complete their required training to help make sure this was completed in a timely way.
- New staff could only support people unsupervised after they had successfully completed a period of induction and senior staff had assessed they were competent to meet people's needs and keep them safe.
- Staff received support in the form of supervision and appraisal and recognition of good practice. They were encouraged to discuss their working practices and any further training or learning they needed to help them provide effective support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to eat and drink enough to meet their needs.
- We observed the lunchtime service and people were supported by staff to make choices about what they wanted to eat. If people did not want what was on the menu they could choose from a range of different options. We saw one person ask for something different to eat for their lunch and staff made sure they had this. Outside of mealtimes, people were offered drinks and snacks at regular intervals.
- People's feedback about meals was sought including any concerns they had about this. Staff used this information to help them improve the mealtime experience to meet people's needs.
- Staff understood people's dietary needs and any specialist needs due to their healthcare conditions and

took this into account when planning and preparing meals.

- Staff monitored people were eating and drinking enough. When they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made. We saw an example of this for one person who was experiencing weight loss and the service had acted promptly to implement the healthcare professional's recommendations about how to fortify the person's diet to help them maintain a healthy weight.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this. Staff understood people's conditions and how they needed to be supported with these. One person told us, "The medical [care] is very good."
- People were supported to access healthcare services and healthcare specialists involved in their care.
- The GP visited the home every week and met with people who needed their support. The GP was often accompanied by other healthcare professionals, for example the community nurse, and this meant staff could work with them in a joined up way to support people to achieve positive healthcare outcomes. We saw a good example of this for one person who was unwell and the GP and staff worked proactively together, involving the person's relative, to make decisions about next steps in the person's treatment.
- When people needed to go to hospital, information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

Adapting service, design, decoration to meet people's needs

- The design, decoration and layout of the home was meeting people's needs. People's bedrooms had been individualised and furnished to their choice. Memory boxes were placed outside people's bedrooms which helped orientate people to their room.
- There were a range of comfortable spaces where people could spend time when not in their room including the communal lounges, the dining rooms, the activity rooms, specially designed social spaces such as the cinema and the terrace balcony.
- There was signage around the premises which helped people identify important areas they might wish to access such as the lounges, dining room or toilet.
- The registered manager told us further redecoration and refurbishment of communal areas was planned this year to continue to meet people's needs. For example, the provider planned to change the existing colour schemes around the premises to create a calmer and more comfortable environment which supported people's safety and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Senior staff undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions the provider would involve others involved in people's care and healthcare professionals to ensure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were looked after well by staff. One person told us, "There's always someone to look after you." Another person said, "They're very good staff." Another person told us, "They look after you well."
- We spent time observing people interacting with staff. People were relaxed and comfortable with staff and did not hesitate to ask for their support when they needed this, which staff were eager to provide. Conversations between people and staff were warm and friendly. People were asked how they were and encouraged to talk about topics they were interested in.
- Staff were kind, caring and patient when supporting people. People were not rushed or hurried and could take as long as they wanted doing activities, talking to others and when moving around the home.
- Call bells were responded to quickly which meant people did not wait long for assistance from staff. One person told us, "Oh yeah, help comes [quickly]."
- Staff were quick to comfort and reassure people when they became anxious or upset. We saw a number of examples of this during the inspection where staff calmly and discreetly supported people who became anxious or starting to show signs of distress.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided.
- People's feedback was obtained at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity were respected. Staff were respectful when talking to people, listened to what people had to say and responded in an appropriate way. They made sure people could spend time alone in their rooms and we saw they did not enter people's rooms without seeking their permission first.
- Personal care was carried out in the privacy of people's rooms or in bathrooms. Staff made sure people were clean and dressed appropriately for the time of the year.

- Staff prompted people to do as much as they could and wanted to do for themselves. One person told us, "I like to be as independent as possible."
- Adapted cutlery and plates were used to help people eat independently. Staff only helped when people could not manage tasks safely without their support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control about how they wanted to receive care and support from staff.
- People's care records contained information about their preferences and choices for how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- Staff understood people's needs and told us how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people. This helped senior staff check and monitor staff were providing the care and support planned and agreed with people.
- Senior staff reviewed the care and support provided to people at regular intervals to check this was continuing to meet their needs..

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities at the service. There was a varied programme of activities such as memory and reminisce quizzes, light exercises, games, arts and crafts, movie afternoons and group discussions about news events. Musical entertainers also regularly visited the service to perform for people.
- People enjoyed the activities being provided and actively took part. One person told us, "[Activity Coordinator] is very good. She was brought in by the new proprietors...they make a very good team...I do like the things they do in the grounds. I do like the flower beds."
- The registered manager told us the activities provision was being improved further and more staff had been recruited to increase the range and variety of activities on offer for people to enjoy. They told us they

planned to increase the number of outings and day trips in the coming months as the home had access to a minibus and a number of staff were currently completing the required training to operate this.

- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions.
- When friends and family were unable to visit, staff made sure people could still maintain contact with them through, for example, video and telephone calls.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- When people had raised concerns and complaints we saw these were dealt with appropriately by the service.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to make sure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Where this was appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and records showed people and those important to them had been consulted.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. They encouraged and supported staff to put people's needs and wishes at the heart of everything they did. One person said about the registered manager, "He puts his heart and soul into the job."
- The registered manager and the senior staff team were available and accessible to people and visitors and took a genuine interest in what people, visitors and staff had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff felt able to raise concerns with senior staff without fear of what might happen as a result.
- People's feedback and views about the service was sought by the registered manager. This was used to plan how the service could be improved for them. For example, based on recent feedback from people, changes had been made to the timing of the lunchtime meal service based on people's preferences about when they should have this.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Staff knew and understood the provider's vision and values and how to apply them in their roles.
- There were effective audits and checks of the service to monitor and review safety and quality. These helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff delivered good quality support consistently. One person told us, "I think it's a lovely, well run place. They cater for all your needs." Another person said, "It's well run. They look after you." Another person told us, "I am happy here."
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.

- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.