

Anchor Hanover Group

Tandy Court

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

About the service: Tandy Court provides accommodation and personal care for up to 40 older people, including people living with dementia. At the time of our visit 38 people lived at the home and one person was in hospital. Accommodation is provided in a purpose-built home across two floors, with communal areas on each floor.

People's experience of using this service:

People said they felt safe at Tandy Court. Personalised care was provided by staff who understood people's needs and were available at the times people needed. Individual and environmental risks were assessed and regularly reviewed. Risk management plans ensured staff had the up to date information they needed to keep people safe. Medicines were managed in line with regulatory requirements and best practice guidelines.

Staff were recruited safely and received the support and on-going training they needed to be effective in their roles. People had access to health and social care professionals and their nutrition and hydration needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People and relatives spoke highly of the staff who provided their care and support. Staff practice demonstrated their commitment to providing individualised care which showed the provider's values were embedded within the service. People's privacy and dignity was upheld, and their independence promoted.

People's needs were assessed prior to moving into the home to ensure these could be met. Detailed care plans provided staff with the up to date information they needed to provide care in line with people's wishes and preferences. Complaints were managed in line with the provider's policy and procedure. Individual and group activities were driven by people's interests and feedback.

The provider used a variety of effective methods to monitor and improve the quality of the service provided. People and relatives were positive about the way the home was managed and the quality of service they received. The management team and staff worked in partnership with other professionals to improve outcomes for people and were committed to working towards achieving an outstanding rating.

Rating at last inspection: Good (report published November 2016). At that inspection we found the service required improvement within the safe domain, but remained good overall.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Tandy Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

Service and service type: Tandy Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection: This comprehensive inspection was unannounced and took place on 4 June 2019.

What we did: We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service and assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with six people who lived at the home, five relatives and a health care professional. We spoke with seven members of staff including a team leader, care staff, housekeeping and maintenance staff and the chef. We also spoke with the acting manager, the previous registered manager and district manager.

Some people were not able to tell us what they thought of living at the home; therefore, we used different methods to gather experiences of what it was like for them to live there. For example, we observed how staff supported people throughout the inspection. We also used the Short Observational Tool for Inspection

(SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included two people's care records, medicine and personal care records to ensure they were reflective of people's needs. We looked at two staff personnel files to ensure staff had been recruited safely. We also reviewed the records of accidents, incidents, falls, complaints, staff rotas, meeting minutes and quality assurance audits the management team and provider had completed.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection this key question was rated as 'Requires Improvement' because individual risks had not always been assessed and some risk management plans lacked detail. At this inspection improvements had been made.

Assessing risk, safety monitoring and management:

- Risks associated with people's care, were assessed and detailed risk management plans were in place to inform staff how to manage and reduce risks. For example, one plan informed staff how to safely manage a person's laundry because the person was prescribed an emollient that contained highly flammable ingredients. Staff we spoke with knew this.
- Where required, health care professionals were involved in assessing and recommending how to reduce risk. Staff followed recommendations.
- Emergency plans were in place if the building had to be evacuated. Staff had received training in fire safety and knew what action to take in the event of a fire to keep people safe.
- The provider had systems and processes to check the environment and equipment was safe.

Staffing and recruitment

- Safe recruitment practices were followed.
- People and relatives told us staff were 'always' available when needed. Throughout our visit staff had time to sit chatting with people and to support people to engage in daily living activities.
- Staff told us there were always enough staff on duty which ensured they consistently worked in accordance with safe practice. Staffing rotas confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed this. One relative said, "There is no question [name] is absolutely safe."
- The provider's safeguarding policy was displayed within the home to ensure it was accessible to people, staff and visitors.
- Staff received safeguarding training and knew how and when to report concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not.
- The provider understood and had met their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Using medicines safely

- People received their medicines as prescribed.
- Medicines, including prescribed creams, were managed, stored, administered and disposed of safely in line with best practice guidance.
- Effective processes were in place for the timely ordering and supply of medicines.

- Medicines were administered by trained staff whose competency was regularly checked.

Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and practiced good infection control.
- The environment was visibly clean. Housekeeping staff followed cleaning schedules to ensure high standards of cleanliness were maintained throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The management team monitored and analysed accidents and incidents to identify and address any trends or patterns to minimise the risks of a reoccurrence.
- There was an open culture in the home where learning when things went wrong was encouraged. Learning, and any action needed was shared with staff through handover, individual and group meetings.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People were supported to eat and drink enough and maintained a balanced diet. Nutrition and hydration needs were met.
- Specialist advice was sought, and outcomes clearly recorded for people who were nutritionally at risk. For example, people at risk of losing weight were offered drinks fortified with extra calories.
- Mealtimes were relaxed and unhurried. People chose where they sat and what they ate and drank. Staff were attentive and people who needed support received this in a calm and sensitive manner. Meal options reflected people's individual preferences and traditions. People described the quality of food as good.

Staff support: induction, training, skills and experience

- People and relatives were confident in the skills and knowledge of staff. A relative told us, "The staff know what they are doing. The way they support [name] is nothing short of amazing."
- Staff developed and refreshed their knowledge and skills through a comprehensive induction and programme of on-going training, including training specific to people's individual needs, for example, dementia and catheter care.
- Staff training was up to date and regular observations ensured staff practice reflected the learning and best practice guidance training provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider worked within the requirements of the MCA. They had submitted DoLS applications where needed to keep people safe and had systems in place to meet and renew any recommendations of authorised applications.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance.

- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

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

- People's needs, including their lifestyle choices, aspirations, physical and mental health were assessed before they moved into the home to ensure these could be met.
- Assessment information was used to develop care plans for each identified need to ensure staff understood how these should be met.
- The provider respected and promoted 'inclusion and diversity'. This ensured protected characteristics under the Equality Act 2010 were considered.

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

- People had access to a range of health and social care professionals when needed.
- Management and staff had developed good relationships with professionals who had contact with the service to help support people's health and wellbeing.
- Staff shared important information when people were admitted to hospital including, personal care and communication needs. This assisted in ensuring consistency of care.

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

- The provider had taken steps to ensure the design and adaptation of the home met people's assessed needs. For example, communal areas had varied sensory items which people could see and touch. Directional signage assisted people to move around the home independently.
- People were actively involved in choosing how the home was decorated and furnished. There were a range of communal spaces, including quiet areas where people could sit in a quiet environment or entertain their visitors.
- The outdoor space was well maintained, and everyone was looking forward to the creation of 1950's style village shops in the garden. The acting manager told us, "We're creating a memory lane for people. It is really exciting."

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. The management team and staff demonstrated they were working towards achieving an outstanding rating in this key question. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- People and relatives described staff as sensitive, friendly and genuinely caring. One person told us staff treated them like a family member which they liked. A relative described staff as 'faultless'. They added, "I am confident from hearing the way they speak, [name] is loved and looked after. I trust them totally."
- Staff practices demonstrated people mattered. Staff took time to talk to people whenever they met them and showed genuine interest in what people had to say.
- During our SOFI and throughout our visit staff showed people kindness and affection. We heard one person tell a staff member, "Love you." The staff member replied, "I love you too." The person smiled. On other occasions when people were showing signs of anxiety, staff provided comfort through hand holding and hugs.
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting people's differences to ensure person centred care was provided.
- The provider's commitment to promoting equality and inclusion was demonstrated through information leaflets and posters displayed in the home. A diversity calendar provided information about different religious and spiritual celebrations and a leaflet had been produced to share information about the festival of Eid which people and staff were planning to celebrate. A staff member told us, "Celebrating different things through the year brings people closer together."
- We saw the home had consistently scored highly in feedback surveys completed by people and their relatives, including feedback left on independent websites.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was upheld. Staff rang doorbells and waited to be invited to enter people's rooms. A visiting health care professional asked a person, "Where would you like to go to have your dressing?" The person's wish to return to the privacy of their room was respected.
- Staff understood the positive impact supporting people to maintain their independence had on people's wellbeing. One person was able to eat independently because staff assisted them to cut up their food. The person said, "I like to do things myself."
- People's personal information was managed in line with data protection law.

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

- People were able to spend time where they wished and were encouraged to make choices about their day to day lives. Staff understood the importance of respecting people's choices and checked with people before providing support.

- Care plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.
- Family and friends were invited to join social events and activities and were made welcome when they visited. We saw relatives being greeted warmly by staff in a friendly and familiar manner.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who understood their needs and were responsive to people's requests for assistance.
- Care plans contained detailed information which staff followed to ensure care and support was provided according to people's needs and preferences.
- Communication care plans provided guidance for staff on how to support people in making decisions about their care. For example, plans informed staff to remind people to wear their hearing aids, dentures and spectacles to enable effective communication.
- People had access to information in different formats including, pictorial and large print. This was in line with the 'Accessible Information Standard' which is a legal requirement to ensure people with a disability or sensory loss are given information in a way they can understand.
- People and relatives, where appropriate, reviewed their care in partnership with the staff. One relative said, "Everything is based on what [name] wants. It's discussed and agreed."
- The ethos of ensuring people were able to engage in meaningful activities was embedded within the home. People chose to spend their time assisting with laundry and food preparation. The chef told us how one person fondly recalled childhood memories when they were peeling vegetables. Another person enjoyed going to the pub and records showed this happened.
- Structured group activities were also available including, iPad sessions, pizza making, music and 'Oomph' gentle exercise sessions. People reviewed each activity to inform the activity programme. One person told us they liked shopping and had recently been supported to do this.

Improving care quality in response to complaints or concerns

- People and relatives told us whilst they had no reason to complain, they would not hesitate to speak to the acting manager or staff if they needed.
- Records showed complaints had been investigated and responded to in line with the provider's procedure.
- The provider also kept records of compliments. The most recent from a relative expressed their gratitude for the staff's care and kindness towards their family member.

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care. However, staff had previously cared for people at the end stage of life and were trained to do so.
- People's end of life wishes were recorded where they had chosen to share this information.
- The provider's 'looking ahead' document was used to support and structure open discussion with relatives of people who did not have capacity to share their wishes. The aim of the document was to inform future best interest decisions.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management and staff team were passionate about providing high quality individualised care. Our discussions and observations confirmed people were at the heart of the service.
- People and relatives said they would recommend the home because of the high standards of care and quality of staff. One relative told us, "Tandy Court is a brilliant place."
- Staff enjoyed and were proud to work at the home. They told us, "We are valued here, managers are always saying thank you, it makes me proud." And "...it's a really happy place."
- The provider understood their responsibility to be open and honest when things had gone wrong. Learning had been used and shared with staff, to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the registered manager had moved to one of the provider's other homes and in April 2019 an acting manager had been appointed. The acting manager was previously employed as the home's deputy manager and had a good oversight of the service. They described feeling 'excited' about the new opportunity including, developing their knowledge of regulatory requirements and responsibilities with support from the district manager.
- Staff received support and guidance through individual and team meeting. One staff member said, "Management support is good and team work is amazing, just excellent we all pull together to make sure people are happy."
- The provider understood their regulatory responsibilities. The home's latest CQC rating was displayed on the provider's website and within the home so it was accessible to the public. However, whilst the provider had informed us about the recent management changes, the correct procedure had not been followed. The district manager took immediate action to address this oversight during our visit.
- The provider's quality monitoring systems were effectively used to monitor, maintain and improve the quality and safety of service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people and relatives was encouraged through meetings and questionnaires and used to drive improvement. For example, new chairs had been purchased for the hairdressing salon and additional 'iPad' sessions had been organised.

Working in partnership with others: Continuous learning and improving care

- The home had developed very good links with the local community and were supportive of community projects and services. A coffee morning had been hosted at the home to raise funds for the Alzheimer's Society and a gardening project was planned which would enable young people to learn new skills whilst benefitting people living at the home by enhancing the garden area.
- Further links were being established. A 'blue light breakfast' initiative invited emergency services staff such as, paramedics, fire fighters and police to join people living at the home for breakfast. The acting manager said, "It's a way of welcoming and working together with the people who serve our community. It also recognises the contribution they make."
- Throughout our inspection the acting manager and district manager were open and honest. They welcomed our inspection and feedback which they said would be used to continue their journey to achieving an outstanding rating.