

Prime Life Limited

Tanworth Court

Inspection report

Tanworth Court Nursing Home
Tanworth Lane, Shirley
Solihull
B90 4DD

Tel: 01213892266

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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

Tanworth Court is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People were safe in the home and were supported by staff who knew the risks associated with their care. Medicines were managed safely and people received them as expected. There were enough staff to meet people's needs and keep the home clean.

People's care needs had been assessed and staff had received training so they knew how best to provide the care. People enjoyed their meals and were supported to maintain a healthy weight. Where needed health care professionals had been contacted for direct care or support.

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.

People enjoyed living in Tanworth Court and liked the staff who supported them. People were treated kindly, promoted to be independent and had their privacy protected.

Care plans detailed people's care needs and staff used these to provide the right care and support. People got to do the things they enjoyed and had contact with people who were important to them.

The management team were known to people and staff and the registered manager made regular check to make sure people were happy with their care.

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 07/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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.

Tanworth 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. 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 Care Act 2014.

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

Three inspectors completed the site visit and an Expert by Experience completed telephone calls to relatives following the 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

Tanworth 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nurses, senior care workers, care workers and the chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with four family members over the telephone.

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 for this newly registered 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 protected from the risk of abuse by staff who understood how to recognise and report any concerns.
- People told us they felt safe living at Tanworth Court and trusted the staff who looked after them. One relative told us, "They keep [person] safe and staff are available."
- Where any suspected issue had arisen these had been appropriately reported to the local authority. One of the management team told us, "All staff have safeguarding training, so they know how to keep people safe."

Assessing risk, safety monitoring and management

- People's care and support risks had been identified, recorded in their care plans and updated as required. The information provided staff with the details on how to provide safe care and promote or maintain the person's health.
- People and their relatives told us the staff knew the care needed and how best to provide it, such as nutrition. One relative told us, "[Person] is gaining weight and seems happy."
- The management team had oversight of people's risks and made regular checks to make sure the information was accurate and relevant. One relative told us following a fall, "They re-evaluated [person's] room and changed the layout, it's very reassuring."

Staffing and recruitment

- People told us they did not have to wait for staff when they needed assistance. Staff were available to people in the communal areas of the home.
- The management team reviewed people's level of needs and made adjustments to staffing numbers to ensure people's needs were met.
- We identified staffing deployment would benefit from review to maximise staff time with people. The registered manager agreed this would be reviewed.

Using medicines safely

- People received their medicines from nursing staff on time. Medicines were stored securely and records maintained to show when and who had administered them.
- There was a named clinical lead who supported nursing staff and checked they remained competent to administer medication.
- The management team made regular checks to ensure any errors were noted and actioned without delay.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Learning from accident and incidents was in place which supported people's care. One example was an increase in staffing levels at certain times to better support one person from the risks of falls.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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 for this newly registered 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 management team completed a care profile before a person moved into the home. This took account of level of support needed and personal information.
- The information was linked to professional guidance and risk assessments to ensure the person's needs could be met.
- The information was reviewed frequently by the management team to ensure it continued to reflect the person's needs

Staff support: induction, training, skills and experience

- New staff had been checked to ensure they were suitable for the role, this included obtaining police checks and work references. There was then a period of induction, while working alongside an experienced staff member to gain confidence and knowledge of the role.
- The provider had various training programmes for staff to access to develop and support them in their role.

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

- People told us they enjoyed the meals and had choice at each mealtime.
- Staff knew if people required support with their eating? Their meal and who was at risk of malnutrition.
- Nursing staff identified people who had lost weight and had sought specialist help, for example the prescribing of nutritional supplements.

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

- People had support from other professionals, such as doctors and dentists.
- The management team ensured people had access to all health and social support, such as social workers and occupational therapist.

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

- People had access to a number of indoor communal areas and outdoor spaces.
- The home was newly built and had been designed to support people living with memory loss or dementia.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where required a capacity assessment had been completed so people's thoughts, feelings and wishes had been considered to allow the provider to make the least restrictive choice.
- People had been correctly identified as having their liberty restricted and the appropriate application had been made.

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 newly registered 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 enjoyed spending time with staff, relaxing and chatting together. One person told us, "They do their best, I enjoy a chat and laugh with them."
- Staff told us people were treated with kindness and their individual personalities were known and encouraged. One relative told us, "The staff seem to be exceptionally caring. There is always laughter."
- People's care plans detailed their life histories and staff used this information to promote diversity and equality.

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

- People told us they were involved in the care such as directing care staff during personal care.
- People's decision and views had been recorded in their care plans.
- Relatives told us they had been asked about their views and one relative told us, "Even the admin staff know [person]. There is a feeling that the staff have a vocation and they know her well."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were pleasant and showed courtesy toward them. One person told us, "Yes, they always knock my door, ask, tell me what's happening."
- Staff were considerate of people when talking with them [and the level of support each person required. One relative told us, "Our circumstances have been handled very sensitively."
- The management team maintained personal record securely and only shared information as agreed.

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 newly registered 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's care had been assessed with them and their relatives if requested. The plans showed detailed care and nursing needs, which the staff followed to support the person as expected.
- Staff knew how people preferred their care routines completed and their likes and dislikes.
- The management team had reviewed care plans to make sure they were reflective of the person's current needs and choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to understand information in a number of ways, where necessary with the use of equipment. This included both verbal and non-verbal communication.
- Staff knew the best way to engage people and the support required, such as showing objects of reference to help a person make a choice.

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 keep in contact with friends and families. This had been through video calls and using the two visitor's pods.
- People had things to do which they enjoyed, and the management team encourage people to maintain their interests and hobbies. One relative told us, "They are setting out a vegetable plot and chicken coop and are aware of [person] history...which is such a good thing for [person]."

Improving care quality in response to complaints or concerns

- Where people or their relatives had made complaints these had been recorded and responded to by the management team.
- Any learning or actions identified has been made, for example additional heating in the visiting pod.

End of life care and support

- People's thoughts feelings and wishes had been gathered and recorded. Information included how they would like care to be provide, if to include family and remain in the home pain-free.
- Staff knew how to provide end of life care and nursing staff understood pain management and end of life

treatments.

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 newly registered 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

- People were happy living at Tanworth Court, were comfortable and liked the staff who supported them. They had been asked about their views of the care, environment, food and entertainment. One relative told us, "[Registered manager] has been helpful and positive and I would recommend it."
- Relatives felt involved and able to support their family members. One relative told us, "We have been more than happy with all aspects of [person] care."
- The management team promoted an inclusive environment and welcomed feedback from people, staff and relatives. One relative told us, "When I visit the atmosphere is a positive one and the staff seem happy."

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 understood the need to be open and honest if things had gone wrong. They were willing to receive feedback and the Duty of Candour policy was in place. Where needed apologies were offered.
- The provider had recorded and responded to complaints received.

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

- There was a clear management structure in place, and all staff understood their role and responsibilities in supporting people to live at Tanworth Court.
- Staff understood the importance of recording any care provided and had their work observed by senior staff to ensure it was good quality care.
- The management team and provider made regular checks to ensure the care people received reflected good practice guidance, such as National Clinical Institute for Excellence (NICE).
- The provider and registered manager knew when to notify the CQC and other professionals as needed.

Continuous learning and improving care; Working in partnership with others

- There was a continuous development plan which demonstrated how the registered manager was driving improvements for the benefit of people living in the home. This included how to re-engage with the community as COVID-19 restrictions were reduced.
- The registered manager had developed good working relationships with GPs, the pharmacy and other

local professional.

- The registered manager linked with internal and external networks to ensure they remained up to date with any changes in legislation or good practice guidelines.