Barchester Healthcare Homes Limited

Tandridge Heights

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Tandridge Heights is a residential care home providing personal and nursing care to 62 people at the time of the inspection. The service can support up to 75 people across three floors in one purpose built building, one floor provided support to people living with dementia.

People's experience of using this service and what we found
People told us they felt safe and we observed practice which showed staff understood risks. People received personalised care and there had been improvements to care plans. We identified some inconsistencies in record keeping which hadn't affected care delivery. We made a recommendation about auditing.

People liked the food prepared for them and had access to a wide range of activities. There were links with the local community, including involvement in initiatives, which had added to variety of activities. People and staff said they could access management and there were a variety of meetings and surveys to involve people in their care.

People told us they got on well with the staff who supported them and staff had received appropriate training and support in their roles. People's medicines were managed safely by trained staff. Staff understood safeguarding and there were processes in place to monitor and respond to incidents.

People lived in an environment that was tailored to their needs and staff provided support to meet people's healthcare needs. 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.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 17 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

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? 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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Tandridge Heights

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.

Inspection team
The inspection was carried out by one inspector, two assistant inspectors, a specialist nurse and an Expert by Experience. 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
Tandridge Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service and sought feedback from commissioning and placing authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 11 people and one relative. We also spoke with the registered manager, the regional director, a nurse, a housekeeper, a kitchen assistant and five care staff. We reviewed four staff files and looked at records of complaints and incidents. We also reviewed information relating to staff training, supervision and minutes of meetings. We reviewed a variety of quality assurance documentation such as audits and surveys.

After the inspection
We received email evidence from the provider and details of actions taken in response to our feedback.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely.
- Staff followed best practice when administering medicines to people. Staff had received training and their competency had been assessed and reviewed. Records relating to people's medicines were accurate with information for staff about how and when to administer them. Staff kept accurate records to show medicines were administered as planned.
- Whilst most medicines were stored securely with systems in place to sustain stocks and remove old medicines, we found one diabetic grab bag with glucose products within it that were out of date. We provided feedback and this was addressed on the day of inspection.

Assessing risk, safety monitoring and management

- People's care was safe and risks were responded to appropriately.
- People told us they felt safe when staff supported them. We observed staff using equipment to support a person to move and the person looked content as two staff helped them transfer from their bed.
- Where people faced individual risks, these had been assessed and plans were in place to inform staff about how to provide care safely. Examples seen included plans around falls, skin integrity and behaviour.
- One person was at risk of pressure sores and the risk had been assessed with a detailed plan for staff to follow, including equipment and topical medicines, to reduce the risk. Another person was living with dementia and was at risk of behaviours that could cause harm. There was a detailed plan for how staff were to interact with the person. Records and our observations showed this was being followed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who understood safeguarding.
- Staff had received training in safeguarding adults and knew how to identify and respond to any suspected abuse. One staff member said, "First I'd speak to the manager or could ring CQC or social services."
- There were systems in place to record accidents, incidents and complaints. When an incident occurred, staff were able to record the details and their response.
- The service held regular clinical governance meetings and carried out root cause analysis of individual incidents to identify trends and reduce the risks. For example, where one person had experienced more than three falls in a month, the analysis determined the location and time of day of the incident and introduced a sensor mat to alert staff and help to minimise risk.
- There were examples of shared learning and messages from these meetings were cascaded to staff to ensure that safe procedures were followed.

Staffing and recruitment

● People received safe support because there were enough staff deployed to meet their needs.

● People said they received care when they needed it, which matched our observations. One person said, "I ring a bell and nurses come tearing in."

● There was a system to calculate staffing levels based on people's needs. Rotas showed the provider had ensured there were above the numbers of the calculated staff number, with sufficient nurses and care staff deployed.

● Staff files showed evidence of a variety of checks when staff were recruited to ensure they were suitable for their roles.

Preventing and controlling infection

● People lived in a clean environment where the risk of the spread of infection was reduced.

● The home environment was clean with no malodours. The provider employed housekeeping staff who cleaned communal areas and people's rooms each day. A housekeeper told us they had enough time to ensure rooms were clean.

● Staff had been trained in infection control and were able to tell us when they would use personal protective equipment, such as gloves or aprons when providing personal care. People told us they observed staff washing their hands.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
● People were satisfied with the food.
● People's feedback on the food provided was positive. One person said, "The food is top." Another person told us, "Lunch is nice, it always is." Another person said, "The gammon is not bad today."
● There was a choice for each meal every day and the kitchen prepared alternatives for people where required. People told us they had input into the menu at meetings and we observed people providing feedback on meals to staff during lunch.
● The dining experience was pleasant and people said they enjoyed meals at the service. There was a nice atmosphere with people chatting at nicely set tables with condiments and a variety of drinks on offer.
● Where people had specific nutritional needs, care was planned around them. One person used a device to maintain their nutrition because they could not consume food orally. There was a care plan in place and staff were knowledgeable about how to use the device to support the person.
● Staff kept detailed information about people's nutrition each day, such as the amount of food or fluid consumed. People's weight was regularly recorded and this was monitored so any changes could be responded to promptly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People received an assessment before moving into the service.
● Care records contained evidence of pre-admission assessments and these were detailed and robust. One person had moved into the service and their assessment identified they had complex continence needs so staff used the assessment to produce a care plan around this. The assessment also captured the persons preferences and needs related to a medical condition.
● Assessments were used to identify baseline needs using nationally recognised tools. People's needs had been assessed in relation to skin integrity and nutrition with regular reviews. Assessment tools also gathered information about people's diversity, such as their religion or sexuality.

Staff support: induction, training, skills and experience
● People told us they were supported by competent staff.
● Staff had received training and they told us they could request training or support if they were unsure. A staff member said, "There's always training and supervision, if there's something we're not sure about we can go to our manager or have a one to one."
● Clinical staff were given training and support to ensure their practice was up to date. A nurse told us how they had received training in clinical procedures as well as having regular supervision to discuss their

practice.
● All care staff had regular one to one supervision and records showed these were used to discuss practice as well as to identify any training needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's healthcare needs were planned for and met.
● Care plans contained sufficient detail about people's medical conditions and the support required to maintain their health and wellbeing. One person had a long term condition which impacted on their mobility as well as their ability to complete tasks. There was a care plan in place which detailed the fluctuating nature of their needs and staff were knowledgeable about their condition.
● The service had links with the local community, such as local health services, hospitals and the local authority. We saw examples of care being planned in a holistic way. For example, a person came to the service from hospital and we saw evidence of planning for the person's discharge which involved healthcare professionals.
● People were supported to access healthcare where required. We saw evidence of staff supporting people to attend their healthcare appointments and to have health check ups when required.

Adapting the service design, and decoration to meet people's needs
● The service was suited to the needs of the people who lived there.
● The building was designed for people who used mobility aids to be able to move around freely. We observed communal areas and gardens were accessible with wide doors and lifts to enable people to move around the service.
● Areas were well lit and there was clear signage in place. In the area of the service for people living with dementia, there were pictures on the walls for them to engage with as well as signs and kitchen areas where people could be supported to prepare drinks independently.

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.

● People had consented to their care and we observed staff asking for people's consent before providing support to them. For example, staff asked a person if they could support them to eat before they began their meal.
● Care plans contained evidence of people's mental capacity being assessed where they could not consent to interventions. Best interest decisions had been documented with a referral to the local authority DoLS Team where appropriate.

● One person was living with dementia and was unable to consent to living at the service and being subject to supervision from staff. There were decision specific mental capacity assessments in place covering aspects of their care. Staff had documented best interest decisions and made an application to the local authority DoLS Team because the person was subject to restrictions.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 supported by caring staff.
- At our last inspection, people said staff sometimes used loud voices at night time which affected their sleep. We made a recommendation about staff conduct and the registered manager carried out spot checks and supervisions around night care. At this inspection, people said this had improved.
- People's feedback about the staff was positive and this matched our observations. One person said, "They're all fantastic."
- We made observations of pleasant caring interactions. In the area of the service for people living with dementia, staff supported a person to move around, using verbal prompts and holding their hand to enable them to orientate themselves.
- Another person spent time telling the registered manager a story, the interaction was warm and showed familiarity as both engaged with each other pleasantly.
- People and relatives told us guests were made to feel welcome and we observed relatives and visitors coming and going from the service. Relatives told us they benefitted from good communication and were made to feel welcome when they visited. A person described how staff left notes for a relative who visited in the evenings, because they did not always see them.
- Staff described how they provided care to people and they showed a commitment to making people happy. One staff member said, "I went to Disneyland for my first holiday and I Facetimed the residents here when I went to the castle. I always take the time to sit with them and chat."

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

- People were involved in their care.
- People told us staff involved them in their care. One person said, "I know what I like. I make it known and they will change things quickly."
- People had regular meetings and reviews to request changes to their care and records showed action was taken when people raised issues.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care in a way that promoted independence.
- People were supported in a way that promoted their wellbeing and encouraged them to be independent. We observed two people living with dementia who believed they worked at the service and were being supported to lay tables and move laundry. Staff understood the importance of orientating themselves to the

person's reality and allowing them to participate where it was safe to do so.

● People received care that promoted their dignity. People said staff were considerate of their privacy and this matched our observations. Staff were able to describe how they provided personal care in a way that made people feel comfortable and protected their privacy.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure people received personalised care because care was not always planned in a personalised way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and was no longer in breach of Regulation 9.

- People received personalised care.
- Since our last inspection, care plans had been reviewed and updated to include more personalised detail about peoples' needs as well as their backgrounds and preferences.
- One person was living with dementia and could become confused or anxious. Their care plan contained detailed information about their background and interests, informing staff how to involve and reassure them. We observed staff following the person's care plan, making a cup of tea with them and allowing them to do tasks themselves that they were able to do.
- Care plans documented people's routines and what was important to them each day, such as how and when they liked to sleep, their hobbies and interests as well as how to meet needs associated with their medical conditions.
- People's needs were being regularly reviewed and care was updated in line with changes in need. One person told us changes were actioned promptly, they said, "I know what I like. I make it known and they change quickly."

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 received information in a way that was considerate of their needs.
- Information about how to complain or raise concerns was available in an accessible form to people with visual impairment, such as ensuring they were available in large print. As well as policies and posters, there were a selection of books and games for people in large print.
- A person had a hearing impairment and we observed staff showing them the menu at mealtime and talking them through it to make an informed 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 had access to a varied range of activities that suited their interests.

● People gave positive feedback on the activities on offer. One person said, "We had the children here they come two or three times a week."

● Activities covered a range of interests and hobbies with quizzes, arts and crafts and entertainment. There was a regular play group at the service as well as outings which people enjoyed.

● Staff took a lead on preparing activities and told us they contributed ideas as well as seeking people's feedback and suggestions. One staff member said, "For Halloween we have put out on Facebook that we will accept the trick or treaters here so they can give the older people in the community a rest and the local Morrisons have donated a load of sweets to us for it."

End of life care and support

● End of life care was planned appropriately.

● People's care plans documented their advanced wishes and where appropriate, there was information about how to provide personalised and holistic care at these times.

● One person had a condition that meant they may require support and there was information for staff about their medicines as well as their preferences at this time. Staff were knowledgeable about the person's needs.

Improving care quality in response to complaints or concerns

● People knew how to raise a complaint. One person said, "I just go to the desk."

● People said they felt confident to raise any issues and the manager was accessible and regularly asked for feedback.

● Records showed complaints were being documented, investigated and responded to in line with the provider's policy. For example, where a person raised an issue about access to water jugs, action was taken to refresh equipment for this.

Requires Improvement

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been improvements at the service, but people's care records did not always reflect the care they received.
- Some records were not accurate and up to date. Whilst there had been an improvement to care plans, people's records did not always accurately reflect care delivery. For example, one person spoke two languages and staff supported them in a personalised way around this. However, this information was missing from their care plan. This showed staff were making efforts to provide personalised care, but this was not documented in records.
- We also found two care files with no life histories in and two care files where tools used to monitor falls were inaccurate. In all these instances, staff practice was consistent but the records did not reflect their actions.
- There was a variety of audits at the service. Audits covered areas such as documentation and medication which identified any areas of improvement and recorded appropriate actions taken. Whilst these took place regularly and identified actions, they had not picked up the out of date diabetes medicines reported on in Safe.

We recommend the provider seeks and follows best practice in ensuring quality assurance systems are effective in driving improvement in the service.

Working in partnership with others; Continuous learning and improving care

- People benefitted from links with the local community.
- There were links with local voluntary groups which had led to people accessing activities, as well as engaging in local initiatives and making the service an important part of the local community.
- During the inspection, the service hosted a meeting of local councillors and healthcare professionals as they were part of a dementia friendly town initiative. They had taken a central role in this as well as planning events at the service for the local community such as parties and events, there had been a recent classic car show we saw photographs of.
- There was an ongoing action plan which contained actions from audits and feedback to continuously improve the service. Where we raised issues with record keeping described above, we received evidence to show these had been addressed promptly.

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 involved in the running of the service.

● People spoke positively about the registered manager and we observed them interacting with people throughout the day.

● The service had various monitoring systems in place to gather the views of people who use the service and their relative's. For example, we saw evidence of regular resident and relative meetings taking place. In a recent meeting, a person who uses the service requested to take part in a knitting club. The following month this person was supported to attend a knitting club within the local community.

● There were regular meetings of people, relatives and staff which provided opportunities to engage. Staff said meetings were productive and they were encouraged to give feedback and suggestions.

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 provider shared information with CQC when required. Providers are required by law to share information about important events such as deaths, injuries and allegations of abuse with CQC. Where required, statutory notifications had been submitted to CQC.

● The provider had policies and procedures for handling complaints, accidents and incidents. Records showed that incidents were investigated thoroughly, and relatives were informed, and where appropriate were involved with the next steps. The service apologised when things went wrong and outlined the actions taken to prevent reoccurrence.