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Tusker House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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
Tusker House is a residential care home which provides accommodation and personal care for 72 older people in one adapted building. At the time of the inspection there were 37 people living at the home.

People's experience of using this service and what we found
Improvements were needed to the quality assurance system. It had not identified the shortfalls we found in relation to the lack of mental capacity assessments. Mental capacity assessments had not been completed in relation to key decisions that had been made regarding people's care. People's records did not reflect the care and support people received. We made a recommendation about this.

Although there was a range of activities taking place, improvements were needed to ensure everybody was given the opportunity to take part in activities that were meaningful and reflected their individual interests. We made a recommendation about this.

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. However, these had not been recorded. We made a recommendation about this.

People were supported by staff who were kind and caring. They treated people with compassion and patience. Staff knew people well and understood their needs. People received care and support that was person centred and met their individual needs and choices.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff working to provide the support people needed, at times of their choice. Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

Recruitment procedures ensured only suitable staff worked at the service. The home was clean and tidy throughout, good infection control procedures were followed.

Staff received the training they required to enable them to deliver the care and support that people needed. They received regular supervision and were well supported. People's health and well-being needs were met. They were supported to receive healthcare services when they needed them. People's nutritional needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

The registered manager and staff were well thought of by people and their relatives. People told us it was a friendly and happy home.

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

Rating at last inspection
The last rating for this service was Good (published 2 December 2016).

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 not always effective. Details are in our effective findings below.	**Requires Improvement**
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**

Tusker House

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 team included one inspector 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
Tusker House 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.

The service had a manager registered with the Care Quality Commission. They are also the owner of the service. They 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
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection
During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care. We spoke with ten people, seven visitors, and twelve staff members. This included the registered manager who was present throughout the inspection.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals. 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Tusker House. One person said, "I would speak to everybody if I was not happy, it's very secure here, all my things are safe." A visitor told us, "She is safe here, staff are so attentive to her, we've never had any safety issues, there has been no risk of harm, they notify me at once if anything happens to her."
- Staff received safeguarding training and regular updates. They told us what steps they would take to protect people if they believed they were at risk of abuse, harm or discrimination.
- There was information displayed to remind staff what actions they should take to protect people. This included contact telephone numbers for the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people had been identified and risk assessments completed. These provided guidance for staff about the care and support people needed to stay safe. We saw care provided reflected what had been recorded in people's risk assessments and care plans.
- Staff understood the risks associated with supporting people and told us how they supported people to minimise risks and help people maintain their independence. For example, supporting and observing people when they mobilised around the home.
- Some people were at risk of developing pressure wounds. There was guidance about how these risks were managed. This included pressure relieving mattresses and regular checks of people's skin and pressure points.
- Risks associated with choking were safely managed. There was information about the type of diet people needed, for example, pureed and whether they needed their drinks thickened. People received the care and support described in their risk assessments.
- Where people may display behaviour that challenged we saw staff supporting them promptly and distracting them to prevent a reoccurrence of any incidents. This often involved comfort and a cup of tea.
- Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.

Staffing and recruitment

● There were enough staff working each shift to ensure people's needs were met in a timely way.
● People told us staff attended to them when they needed them. One person said, "The staff come quickly." Another person told us, "The staff respond very quickly if I need them." A visitor told us staff attended their relative, "Like a shot."
● Throughout the inspection call bells were answered promptly and there were enough staff to respond to people's needs and wishes as they changed throughout the day.
● Staff told us there were enough of them working each shift to provide people with the support they needed.
● In addition to the care staff there were activity staff, a cook and kitchen staff, plus a team of housekeeping staff working each day. This meant care staff were able to spend all of their time looking after people.
● Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely
● Medicines were ordered, stored, administered and disposed of safely. Medicine records confirmed people received their medicines as prescribed. One person said, "My medicine comes on time and they are good at explaining things." A visitor told us, "The staff have discussed medicines with us."
● Only staff who had the relevant training and competency checks by a suitably trained senior member of staff gave people their medicines.
● There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed, and if it had been effective when taken. Staff had a good understanding of why people may need PRN medicines and when to offer them.
● Some people needed their medicines at a specific time. Staff were aware of this and people received these medicines appropriately.
● There was a homely remedy policy. A homely remedy is a medicine that can be purchased over the counter and does not require a prescription. They can be used to treat minor ailments such as headaches or indigestion. If people needed a homely remedy for longer than 24 hours staff would contact the person's GP, for guidance. This helped and to ensure it was safe for them to continue with the medicine or if a prescribed medicine was needed.
● Medicine administration records (MAR) were completed appropriately. A senior staff member checked the MAR after each medicine round. This helped to ensure people had received their medicines as prescribed and records had been fully completed. There were regular audits of medicines and action was taken when any shortfalls were identified.

Preventing and controlling infection
●The home was clean and tidy. Both people and visitors told us the home was always, "Clean and tidy."
● Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when needed, for example providing personal care and serving meals.
● There were suitable hand-washing facilities available throughout the home.
● There were appropriate laundry systems and equipment to clean soiled linen and clothing.
● A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained protected.

Learning lessons when things go wrong
● Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.

● Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed.

●Staff were updated verbally about any changes throughout the day and at handover. They were also updated via the computer system. This meant that staff who were not on duty at the time were provided with the same updates when they returned to work.

● An incident occurred during the inspection. Staff were informed about what had happened and all staff were made aware of one person who needed to be observed whilst eating and drinking, to identify if they were at risk of choking.

Requires Improvement

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support was not always consistent.

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.

- Mental capacity assessments had not been completed in relation to key decisions that had been made regarding people's care. There was no information about whether people had capacity or whether decisions had been made in their best interests. This included the use of alert mats which would sound and inform staff if the person starts to move from their bed or chair.
- Some people's consent forms had been signed by their relatives or representatives, who did not have the legal authority to do so. The registered manager told us about discussions that had taken place with people's relatives to demonstrate these decisions had been made in people's best interests.
- There was limited information about people's mental capacity and how they were able to make decisions and choices. One person's assessment stated they had short term memory loss and found it difficult to make decisions. There was no information about the support the person needed to make decisions, for example how they chose what to wear.
- Throughout the inspection staff asked people's consent before they provided any care or support. Staff offered people choice's and involved them in making their choices throughout the inspection.

We recommend the registered manager obtain guidance from a suitably trained person to develop mental capacity assessments and best interest decisions.

● Some people had a lasting power of attorney (LPA) in place. These are people who can legally help them make decisions if they lacked mental capacity to do so themselves. This information was available within the care plan and a copy of the document was kept at the home.
● There were 15 DoLS authorisations in place and applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications and authorisations were available to staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People told us staff understood their needs and how to look after them. One person said, "The staff know me and how to look after me." A visitor told us, "The staff seem to have the right skills to look after her."
●Throughout the inspection we saw staff supporting people appropriately, for example when assisting supporting them to mobilise and when giving medicines.
● Before they moved into the home people's needs were assessed to ensure staff had the appropriate knowledge and skills to look after them effectively at Tusker House.
● The registered manager told us they would only admit people to the home if they had enough staff working each shift to meet people's needs in a timely way.
● Information from the pre-assessment was used to develop the person's care plan, risk assessments and these were reviewed regularly.
● Care and support was delivered in line with current legislation and evidence-based guidance. It reflected professional's involvement. People's nutritional risks had been assessed using the Malnutrition Universal Screening Tool (MUST). This helped to identify if people were at risk of malnutrition or dehydration. Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals, regular weight records and increased support with eating and drinking.

Staff support: induction, training, skills and experience
● Staff received ongoing training and updates that was relevant to their roles. This included infection control, moving and handling, mental capacity and equality and diversity.
●Competency assessments had been completed by the trainer following each training course. This helped to ensure staff had understood the training and had the appropriate knowledge and skills to support people.
●Staff who gave medicines had their competencies assessed by a senior worker at the home. They were observed giving medicines until they were confident and demonstrated the appropriate skills.
● When staff started work at the home they completed a two day induction where they received training. They were then introduced to the day to day running of the home, people and the support they needed. They completed a worksheet which demonstrated their knowledge and understanding of the induction received.
● The registered manager and senior care staff completed observations of new staff. Although these were informal and not recorded they helped to demonstrate staff knowledge and understanding.
● Staff received regular supervision. Staff told us they were supported by the registered manager and could discuss issues at any time. The registered manager told us, they had an open door policy and staff could speak with them at any time. This was confirmed by staff who told us the registered manager and their colleagues were open and supportive.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflect their choices and preferences.
● People told us they had enough to eat and drink throughout the day. One person said, "The food is very

good, we get a choice and snacks as well. We never go hungry, I like going to the dining room, it's very sociable." Another person told us, "The food is very good, we get a choice. There's too much to eat and drink." A visitor said, "The food is good here, the choice seems good, and a little more adventurous these days."

● A menu was displayed in the dining rooms. Due to their dementia, some people were less able to choose what to eat and drink. Therefore, staff showed people what the meals were, and this supported people to make a choice. Staff also used their knowledge of people to help them make decisions.

● People were able to eat their meals where they chose. Most people ate their meals in the dining rooms or lounge. They were given a choice of where to sit, and some chose to eat within their friendship groups, others chose to eat alone.

● People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advise was sought and followed.

● Some people required specialist diets, for example pureed food, because they were at risk of choking. These were provided appropriately. Where people were reluctant to eat or at risk of losing weight, regular snacks were offered throughout the day.

● Some people needed support at meal times, this included prompting and encouraging people to eat. People were also provided with adapted crockery, this enabled people to retain their independence at meal times.

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

●The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities. One person said, "My room is lovely; I have my own photos and ornaments."

● There was a lift which provided access to each floor. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.

● There was level access throughout the home and to the outside seating area. People enjoyed using the outside space.

● There were two lounge areas and two dining room areas. People were able to spend time where they wished to with each other or in private. One visitor told us, "We had a family party here in a private room when Mum was 90, with a cake."

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

● One person told us, "I can see a doctor if I need to, I also see the Chiropodist." Another person said, "If necessary you can see a doctor, dentist or chiropodist."

● Records showed, and people and staff told us people were supported to access health care professionals when their needs changed. During the inspection the staff contacted a person's GP for guidance and advice when the person was unwell.

● People received regular healthcare support from dentists, chiropodists and opticians.

● Where people had specific health needs they received support from appropriate healthcare professionals, for example the speech and language therapist and falls team. Where guidance was provided, staff followed this, to ensure people received appropriate care and support.

● When people had hospital appointments, staff were able to go with them if people wished for the support.

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 good. At this inspection this key question has remained the same.

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 told us staff were kind and caring and treated them with respect. One person said, "Staff are excellent, I couldn't wish for better, they always treat me with dignity and respect and laugh and joke with me as well which is very important." Another person told us, "I know I am happy here and they look after me, I could not be in a better place. I just feel safe and comfortable here; my family know I am happy here." A further person said, "The staff are lovely, very kind and caring and very respectful."

● Staff knew people well. They were able to tell us about people's personal histories, their likes and choices. They used their knowledge of people to support them throughout the day.

●There was a calm and friendly atmosphere at the home with relaxed and easy conversation between people and staff. We heard a lot of laughter throughout the day.

●Staff were attentive to changes in people's moods which may indicate they were distressed and unable to express themselves verbally. When this happened staff offered people, comfort, support and reassurance.

● Peoples' equality and diversity was respected. Staff talked about treating people equally. They had received training on equality and diversity to support people's differences. One person's first language was not English. Although they spoke and understood English a staff member spoke with this person in their native language. The person clearly enjoyed the opportunity to use their own language.

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

● People were involved with decisions about how they received their care and support. We saw staff helping people to make choices and decisions each day. This was done through conversations and with patience. People were involved in developing their care plans. One person said, "They discussed my care with me and my family when I came here." Visitors told us they were involved in supporting their relatives to make decisions about their care. One visitor said, "I had a meeting this year and updated [name] care plan.

●Staff encouraged people to give views and opinions regarding how they wanted their care provided, this included their preferences for a male or female carer and what time they would like to get up and go to bed.

●Staff knew people well and were able to tell us about people's care and support needs and how they liked their care provided. Staff told us they looked after people and thought of them as part of their wider family. One person said, "It is good being here as it is like a family."

● People were supported to maintain relationships with those that were important to them. Staff had developed positive relationships with visitors and welcomed them to the home. One person told us, "My visitors are made welcome." A visitor told us that staff not only cared for their relative they cared for them as

well. This enabled the visitor to remain involved and an important part of their relative's life.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence were respected and promoted. Care staff supported people to have privacy in their own rooms when they wanted it and understood the importance of people having their own personal space. This included choosing where to sit and how to spend their day.

● People's bedroom doors were closed before care or private conversations took place and discussions around care were done discreetly. Staff knocked on people's door and waited for a reply before they entered. One person told us, "The staff are very kind and caring, always treat me with dignity and respect, and always knock on my door."

● Staff supported people to be as independent as possible. They assisted people with mobility. And ensured they were unhurried and enabled to do as much as possible themselves. Staff were there to prompt and encourage people when needed. A visitor told us their relative was treated with, "Tremendous dignity, they are very determined on helping her remain as independent as possible, they don't give up at all."

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 good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

● There were two activity co-ordinators who supported people to take part in a range of activities. One of the activity co-ordinators was not working at the time of the inspection.
● People living with dementia liked to walk purposefully around the home. They were supported to do this. We saw one person enjoyed collecting clothes protectors which they carried with them. One person had their own rummage box and was seen to be enjoying themselves throughout the day. However, there were no other sensory items or rummage boxes available around the home for other people to engage with. A rummage box can be used as an activity, as a distraction technique or as a reminiscence tool. It can be specific to each person or general and contain items that people may enjoy touching or looking at, such as pictures or soft fabrics. After the inspection the registered manager told us sensory items and rummage boxes were available, but these items are often "claimed" by people and taken to their rooms. She said staff were to be reminded to gather these items and bring them back to the communal areas.
●The registered manager told us that until recently activities took place in the main lounge. This allowed people who did not fully engage in activities to take part and leave the group as they wished, or to observe what was going on. Following a number of falls, and after advice from a professional the activities had been moved to a smaller lounge. The registered manager told us they had identified this may impact on people and was working with staff to address this.
● After the inspection the registered manager told us they were in the process of booking an activities training session to be delivered in-house and be specifically tailored to people who lived at the home.
● People and visitors told us there was a range of enjoyable activities taking place each day. One person said, "We do a lot of indoor and outdoor activities, I enjoy a mixture of things." Another person told us, "I like all the activities, I like music, and they take you out on fun trips." A visitor said, "[Name] does the activities, puzzles, bingo and exercises, she has been on trips."
●There was an activity programme, but staff told us this was not scheduled, and activities based on what people wanted to do throughout the day. We saw people engaging in games with a large balloon. This encouraged physical movement and coordination. People were also seen enjoying arts and crafts and a singing group.
● People were watching the television, we heard staff asking people what they would like to watch. We saw people enjoyed watching the news after lunch.
●Themed activities were planned around national and local events. This had recently included Wimbledon tennis and a further activity was being planned around the Ashes Cricket. These activities helped people to

remain involved with what was happening in the wider community.

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

● People received care and support that was person-centred. It met their individual needs and reflected their choices. Staff knew people really well. They told us about each person, their individual care and support needs and how people spent their day.

● People told us their needs and preferences were met. One person said, "I can get up and go to bed when I like, I have a nice room, and I have my own things."

● Staff responded to people's needs appropriately. They supported people with their continence and to mobilise safely around the home. One visitor told us how the staff had supported their relative with their rehabilitation and enabled them to regain their ability to walk following an accident.

● Staff were updated about changes in people's needs at each handover and throughout the day. There was a computerised care planning system. This allowed staff to send messages to their colleagues about a change in person's needs. For example, if a person was less mobile that day. This meant staff had up to date knowledge about people's changing needs.

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.

● The service identified people's information and communication needs by assessing them. The provider understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.

● The registered manager had worked with people to develop a resident's guide. This was written in an easy read format with pictorial support and reflected what people felt was important to them and others that used the service.

Improving care quality in response to complaints or concerns

● People told us they did not have any complaints but if they did they were able to raise them with the registered manager or staff. One person said, "I would go straight to the manager personally if I had a complaint." A visitor told us, "We have never complained about anything at all."

● There was a complaints policy which provided guidance for people if they wished to make a complaint. There had been no recent complaints. The registered manager told us this was because any issues or concerns raised were addressed immediately.

● Concerns had been raised in a relative's feedback survey, in January 2019, about missing laundry. As a result, one staff member had been given the responsibility of putting people's washing away. Comments in a more recent survey complimented the service on the laundry service. This showed that lessons had been learned and actions had been taken to improve the service for people.

End of life care and support

● As far as possible people were supported to stay at the home until the end of their lives. At the time of the inspection no-one was receiving end of life care.

● Care plans showed that people's end of life wishes had been discussed with them and their families.

● Some people were living with deteriorating health. They had detailed end of life care plans in place. These had been developed with the person, external healthcare professionals and their representative and care staff. This reflected people's wishes and provided clear guidance for staff.

● Staff told us about the care people needed to keep them comfortable in their last days. They told us they would receive support from the local hospice team and the person's GP. This included ensuring anticipatory medicines had been prescribed and were available for people when they needed them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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 in relation to the quality assurance system and record keeping.

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

●Although there was a quality assurance system in place. This had not identified the shortfalls in relation to mental capacity. Mental capacity assessments had best interest decisions had not been completed.

● Some aspects of record keeping needed to be improved. Care plans and risk assessments did not contain all the information staff may need.

● Examples included; one person who had been assessed as displaying behaviours that may challenge. Their care plan informed staff to observe for triggers, offer reassurance and diversion. There were no details of what these were. Another person was living with short term memory loss and found it difficult to make decisions. Their care plan informed staff to support with personal care but did not define whether the person liked a bath or a shower.

● There was limited information about people's mental capacity and how they were able to make decisions and choices. One person's assessment stated they had short term memory loss and found it difficult to make decisions. There was no information about the support the person needed to make decisions, for example how they chose what to wear.

●Activity plans did not include details of how to support people with their interests. One person's care plan stated to make the person aware of activities and see what they would like to do. It also said the person may be easily distracted. However, there was no information about what they may like to do or how to encourage and support them.

● People's records did not fully demonstrate what activities people enjoyed and what activities they had done each day. Activity records were only completed by the activity staff. However, we saw care staff talking with people and asking what television program they would like to watch. This had not been recorded. Therefore, it was difficult to identify what each person had done each day.

● These issues had not impacted on people because staff knew people well, they understood people's care and support needs. Staff were regularly updated about people's changing needs at handover and day to day communication.

The registered manager and senior care staff acknowledged improvements were needed in relation to people's records and aspects of the quality assurance system.

● Staff had clearly defined roles. They were aware of their individual roles and responsibilities. In addition to the registered manager and care manager there was a 'person in charge' on duty each day. They were supported by senior care staff and care staff. When the registered manager and care manager were not working, they, or another senior staff member was on-call and available for staff to contact if they had any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager told us they had an 'open door' policy where people, visitors and staff were welcomed and encouraged.

● There was a positive, open culture at Tusker House. One person told us, "Living here you can mix in with everything which is nice, the staff are nice, they would take me to the manager if I wanted to." Another person said, "I get the care I deserve here, it's a wonderful atmosphere, there is no member of staff who are bossy or unkind, and they are all lovely and helpful."

● People spoke highly of the registered manager. One person said, "I like the manager and" "I think the atmosphere is good or I would not be here."

● One visitor said, "The manager is very nice, and I can ask anything. I think Mum gets the care she deserves here, there's nothing I can think of that could be improved. It's definitely a friendly atmosphere, they are all very pleasant to us as a family and to Mum." Another visitor told us, "The manager, is approachable, the staff and manager know the residents, she is hands on."

● Staff told us they were well supported by the registered manager and their colleagues. They told us the registered manager was approachable and they could discuss any concerns with her.

● We saw staff worked well together and supported each other throughout the inspection.

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

● The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Feedback surveys were sent out twice a year to gain continual feedback to develop and improve the service. Feedback from surveys was positive and any issues that needed to be addressed were done so promptly.

● People and their relatives were encouraged to feedback about the service through regular meetings, surveys, care plan reviews and daily conversation. Minutes from meetings showed people were involved in discussions about the home. This included menu choices, activities and outings.

● There was also feedback from visiting health and social care professionals. This was positive, with one professional complimenting the service on its staff attitude and consistent approach to people.

● Staff were encouraged to share their views and feedback about the service. This was through surveys, meetings and regular supervision. Meeting minutes showed staff were updated about changes at the home and reminded of their responsibilities.

Continuous learning and improving care; Working in partnership with others

● Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event occurring. This information was shared with staff to ensure learning and improvements had taken place.

●The registered manager had identified a number of falls had taken place. With support from a specialist nurse they had identified where falls were happening. As a result, a chair had been moved from the hallway and the activity table had been moved to another room. This had reduced the number of falls.

● Moving the activity table had impacted on some people's activities. However, this had been identified by the registered manager and they were working to identify how this would be addressed.

● The registered manager and staff worked in partnership with other services, for example GP's, district nurses, and other specialist practitioners. This helped to ensure people's needs were met and best practice was followed.

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 and senior staff were fully aware of their responsibilities including those under duty of candour.

● They had a good understanding of when and who to report concerns to. Incidents were recorded, and relevant professionals informed as required such as the Safeguarding team. They submitted relevant statutory notifications to the CQC promptly.