

Inspired Life Care Limited

Telford Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Telford Court Nursing Home is a care home that provides personal and nursing care for up to 85 people in a purpose-built building. Some people live with dementia. At the time of the inspection 84 people were living in the home.

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

People's care plans included risk assessments which ensured risks were reduced or mitigated. Risk assessments were regularly reviewed and updated as changes occurred.

Safe recruitment procedures were in place and enough staff were employed to meet people's needs. The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

Staff had developed positive relationships with people and their relatives. They had a good understanding of how to meet individual needs.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Medicines policies and procedures were available for staff along with best practice guidance. Staff had access to and understood the importance of personal protective equipment (PPE). Infection control policies and procedures were followed by all staff.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff told us they felt confident to identify and raise any concerns they had about people's safety. They believed prompt action would be taken.

The service was well-led. Effective audits were completed, and action plans developed to reflect areas for development and improvement.

People, relatives and staff told us that the management team were approachable. The registered manager and staff spoke positively about the provider.

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 30 May 2019) and there were two breaches of regulation. 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.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Telford Court Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide 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:

The inspection was conducted by two inspectors and a medicines inspector.

Service and service type:

Telford Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced.

What we did:

Our inspection plan took into account any statutory notifications sent to us, by the registered provider, with regard to any incidents and events that had occurred at the service since our last inspection. We also contacted the local authority for their feedback on the service and used all of this information to plan our 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.

During the inspection, we spoke with four people using the service and four relatives to ask about their experience of care and support at Telford Court. We also spoke with the manager, registered provider, two unit managers, a care supervisor, five nurses and three members of staff who held various roles including care staff and ancillary staff.

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 looked at four people's care records and a selection of medication administration records (MARs). We looked at other records including quality monitoring records, staff recruitment and training records and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

The report includes evidence and information gathered by the specialist advisor, medicines inspector.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to appropriately and consistently monitor and manage risk to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to the health and safety of people and the staff that supported them were assessed. Guidance was in place for staff to follow and mitigate risks.
- Risk assessments were regularly reviewed to ensure staff had access to the most up-to-date information.
- Relatives told us they were always informed of any changes to the risks relating to people. One comment included; "[Name] has had some falls and has deteriorated recently. Staff have been proactive in ensuring additional safety measures have been put in place."
- Safety checks had been carried on the equipment people used to help with their mobility and to keep them safe.
- Each person had a personal emergency evacuation plan (PEEP) which was kept under review, and updated to reflect any changes in people's needs.

Using medicines safely

At our last inspection we recommended the provider reviewed their medication processes to ensure people's level of safety. The provider had made improvements.

- Medicines were stored safely and at the right temperature.
- Records showed that people received their medicines in the right way.
- Medicines that were controlled drugs were managed appropriately.
- The home had clear policies and procedures for managing medicines.
- Medicine audits were effective because action was taken to keep people safe.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks were carried out to ensure that only suitable people were employed.

- There were enough staff with the right skill mix on duty to support people's needs.
- There was a process in place for checking that nurses employed were registered appropriately with the Nursing and Midwifery Council.
- Relatives told us there were enough staff to meet people's needs. Their comments included; "[Name] tells me that staff answer the call bell quickly" and "Staff know [Name] really well, they are quick to let me know any changes or raise any concerns they have."

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew how to protect people from the risk of abuse.
- Staff felt confident to raise any concerns they had. They believed the registered manager and provider would take prompt action to address their concerns.
- Up-to-date safeguarding and whistle blowing policies were in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Staff completed accident and incident records as required.
- Accident and incident records were reviewed by the registered manager. This was to identify any trends, patterns, learning required. Lessons learned were shared with the staff team.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Systems and processes to monitor the quality and safety of the service were effective.
- Risk prevention measures were in place and followed.
- Effective governance systems were in place with clear provider oversight.
- Each member of staff was clear about their role and responsibilities and took pride in being part of the team. Staff comments included; "I feel supported in my role by the full management team" and "The management team are very approachable and there is always someone available to offer support when needed."
- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required, of events and incidents that had occurred at the service.

Continuous learning and improving care

- Audits were completed regularly across all areas of the service. Areas identified for development and improvement were addressed through action plans.
- There were clear systems in place for learning following any concerns or complaints raised by people or their relatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management and staff team had developed positive relationships with the people they supported and their relatives.
- People received care that was individual to them and regularly reviewed and updated as changes occurred.
- The registered provider had policies and procedures and good practice guidance in place for staff to

follow. We discussed ensuring each policy was dated to ensure it was up-to-date.

- The staff and management team were committed to maximising people's quality of life.

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

- People, relatives and staff were all regularly invited to give feedback about the service. This was used to further develop the service. 'You said, we did' boards were clearly displayed throughout the service stating the actions that had been taken following comments and suggestions made by people using the service, their relatives, or staff.
- Staff champions had been trained and introduced to represent many quality areas within the service including; pressure area care, falls prevention, dignity, nutrition and oral health. Staff photographs were displayed so that people and relatives knew who to speak to regarding these areas.
- Relatives told us they felt included in the development of the care plans, reviews and best interest meetings where required. Comments included; "I trust that the staff will always keep me informed" and "[Name] always tells the manager to include me and they do, I find this reassuring."

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.