Spring View Care Limited

Tutnall Hall Care Home

Inspection report

Tutnall Lane
Bromsgrove
Worcestershire
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Tel: 01527875854

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 26 January 2016 and was unannounced. Tutnall Hall is a care home and the provider is registered to provide personal and nursing care for up to 40 people. At the time of the inspection 33 people lived at the home.

A registered manager was in post and present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were some arrangements in place to assess, monitor and improve the quality of the care but these were not always effective. This is because the checking systems had not identified some areas that required improvement actions to be taken. There were potential hazards which directly placed people's safety and wellbeing at risk such as the sluice door was left open several times during our inspection. People living at the home may be living with dementia and there was a potential danger they might digest the chemicals.

People's medicines were not always stored correctly putting people at potential risk.

People were kept safe from potential abuse and harm by staff who understood how to identify the various types of abuse and knew who to report any concerns to. Staff were trained and supported to meet the needs of people who lived at the home. We heard some examples where people's health and physical needs had improved due to effective staff practices. Checks had been completed on new staff to make sure they were suitable to work at the home.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their rights. Staff asked people for their permission before care was provided and gave people choices about their support.

People enjoyed the food they received and were supported to eat and drink enough to keep them healthy .We noted inconsistency in the records of people's fluid intakes so it would be difficult to accurately monitor and how this may affect people's health. When people needed it they had access to a range of healthcare professionals to make sure their nutritional needs were met and they remained healthy and well.

Staff didn't always treat people with dignity and respect especially over meal times. People's right to confidentiality was breached.
People were treated as individuals as staff knew people's needs and their individual preferences. People told us staff responded to their care and support needs at times people needed it and were not kept waiting for unreasonable amounts of time.

People knew how to make a complaint and told us they felt able to discuss any concerns with staff or the

registered manager. The registered manager was visible in the home so that people were able to approach them with their concerns and views of their care.

Staff respected the registered manager and felt they were part of an established team. The service benefited from a low staff turnover.

Quality Assurance systems were in place but not always effective, they had failed to identify potential hazards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.

Environment risks were not always considered to keep people safe as locked doors to rooms containing chemicals were left open.
There were suitable staffing levels to meet the needs of the people living at the home.
Not all medicines were stored safely.

Is the service effective?

Good

The service was effective.

Staff received training and regular support from the management team in order to meet people's health and nutritional needs. People were asked for their consent and supported to make decisions when required

Is the service caring?

Good

This service was caring

Staff did not always treat people with dignity and respect their right to confidentiality.
People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to take part in fun and interesting things of their choice. People knew how to raise complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

There were quality assurance checks in place but these were not

always effective to ensure people were safe. People and staff were complimentary about the registered manager and felt they listened. Staff felt confident to raise any concerns of poor practice and felt their concerns would be addressed appropriately by the registered manager.

Tutnall Hall Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 26 January 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor in nursing care for people with mental health needs including dementia.

We looked at the information we held about the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding incidents. A notification is information about important events which the provider is required to send us by law.

We asked the local authority and the clinical commissioning group, who commissions services from the registered provider for information in order to get their view on the quality of care provided at the home. In addition to this we received information from Healthwatch who are an independent organisation, who promote the views and experiences of people who use health and social care services.

We spoke with ten people who lived at the home, two relatives a visiting GP, and external pharmacy auditor, who was conducting a pharmacy audit on behalf of the clinical commissioning group on the day of our inspection.

We spoke with the registered manager, two directors of the home, two nursing staff, four care staff and the activities co-coordinator who was responsible for planning and delivering social events. We looked at five care plans of people who lived in the home. We looked at the quality monitoring records, staff training records, minutes of meetings including staff, resident and family and carers meetings, complaints and compliment records.

Requires Improvement

Is the service safe?

Our findings

We looked at how people had their medicines administered to them, we found. medicine administration record (MAR) were in place for each person and had been correctly completed. The staff member administering medication took time to explain to people why they needed their medication. However we found that anti- inflammatory creams had been administered to people by staff who had not been trained to undertake this task, putting people at unnecessary risk.

In the dining room we found open boxes of prescribed food supplements, catheter bags and thickening agents stored in the corner of the room. These were easily accessible to people living at the home, which could put them at potential risk of harm, should they take them.

Although risk assessments were in place for people, during the inspection we noted that people may be exposed to environmental risks. We saw the sluice door which contained chemicals was left open on several occasions during the day of our inspection. We saw staff walk past the cupboard, they failed to notice the potential risk and deal with it to protect people's safety. We reported this to the registered manager as we were concerned people living in the home potentially enter the room and mistakenly digest them.

All of the people we spoke with told us they felt safe. One person told us "I feel safe living here, staff help me, they help me go to bed". Another person told us "I like it here - I feel safe." A relative said "[Person's name] is much safer living here, he's only had one fall since being here".

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure any immediate action was taken to keep the person safe and then they would share the concerns with the registered manager, provider or if necessary external safeguarding authorities and Care Quality Commission (CQC). Staff and people living at the home we spoke with, told us they felt they could raise concerns with the registered manager. As they were very approachable and felt confident they would take the appropriate action.

Risk assessments were in place for staff to follow to ensure people were kept safe. For example moving and handling assessments, which detailed how staff should use specialist lifting equipment with individual people in order to keep them safe. We saw staff use specialist lifting equipment safely during the inspection to transfer people from their arm chairs to their wheelchairs. Staff explained to people how they were going to support them using the equipment so assuring people they would be kept safe during the manoeuvre. We saw from the risk assessments people or their representatives had been involved in the contents of the care plan and risk assessments. A relative we spoke with confirmed "Yes I was involved with [Person's name] care plan, I was asked for my input."

People told us they thought there was enough staff on duty to meet their needs. One person told us "They'll do [staff] anything for you. I wouldn't go anywhere else." Another person said "Staff are always available to help."

The registered manager told us that staffing levels were determined on the level of people's individual needs. Throughout the day we saw that staff were visible in the communal areas and able to attend to people's individual needs such as personal care and position changing without unreasonable delays. We noted that call bells were answered promptly so people's safety was not compromised

Staff told us the required employment checks were made before they started work at the home. When we checked the records we found staff had two references, employment histories and Disclosure and Barring services checks (DBS). Registered Nurses had also been checked with their professional body to show they were able to practice as a nurse. These checks ensured staff were suitable to work in the home.

Good

Is the service effective?

Our findings

People told us they liked living at the home and the staff that supported them. One person told us "'I love it here, staff are wonderful, they look after you' 'food is ok, never had to send anything back, If I don't like what's on the menu, they'll do me something else, we can go out into the grounds whenever we like". A relative told us "Their family member considered Tutnall Hall "as their second home."

Staff told us they received training to provide them with the skills to meet people's needs. This had included induction training on the start of their employment. Staff told us this had included a variety of learning experiences including e-learning using the computer and the opportunity to shadow work more experienced members of staff. Staff described they received regular supervisions with their line manager and were encouraged to reflect on practice and identify future training requirements. Staff told us they had received specialist training in diabetes and dementia care. Staff told us this training had enabled them to provide more effective care and support for people.

We spoke with staff about how they managed people's pressure area care. We saw there were detailed records of wound progress.
A visiting GP complimented the staff and their skills of their treatment of people's pressure sore care. They felt confident in the staff's ability to heal people's wounds when they were admitted to the home with pressure sores.

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 interest 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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager had a good understanding of the MCA and DoLS was aware of her responsibility to ensure decisions were made within this legislation. For example, where people had restrictions in place to keep them safe and meet their needs, applications under the DoLS had been made to the funding local authority. This was to make sure people were not being restricted unlawfully and they could continue to receive the care and support they needed.

We saw staff had been trained in the MCA and encompassed its principles in their daily work. We noted that staff asked people's consent if they thought they required assistance. We saw from people's care files people's best interests decisions were recorded if they were thought not to have the mental capacity to make a decision for themselves.

People and their relatives confirmed to us, they were supported to access a variety of health and social care professionals if needed. For example, we saw from the care records people had seen dentists to maintain their oral health, dieticians if there were concerns over their diet. We saw when staff had any concerns about people's changes in health they contacted the GP for advice.

We saw the registered manager had implemented recording methods to monitor people's food and drink in take. However they were not always completed by staff, therefore this made it difficult for staff to accurately monitor people's dietary needs and ensure people did not become dehydrated.

People told us they enjoyed the food provided. One person told us "I enjoyed my breakfast.". We saw the chef had records highlighting people's specific dietary requirements such they were aware that some people required their food to be pureed, to prevent the risk of choking.

Good

Is the service caring?

Our findings

We saw that people were treated with dignity and staff had a good understanding of what dignity meant for people. However during the inspection we found there were some aspects of dignity for people that staff were not consistent with. These related to promoting people's dignity during mealtimes by protecting their clothes.
We heard people being asked "whether they wanted to wear a bib, whilst eating to protect their clothing." by staff. We saw staff had conversations with each other rather than conversing with people living in the home.

There were elements of the routines that did not always show a caring approach to people's needs. For example we saw in the dining room at lunchtime the chef plated meals from the hot trolley and placed them on table at his side. The catering assistant controlled the flow of meals from table, using a list which they initialled as plates were taken. They referred to people by name, saying "[person's name] processed meal and [person's name] part processed. Is [person's name] in the lounge? [person's name] needs a beaker can't manage a cup." These comments could be heard by all in dining room or corridor outside which compromised confidentiality and dignity for people.

People told us "Staff were so friendly". Another person told us "Staff are very good." A relative told us "My relative said to me it's like a second family living here. It's one of the nicest places I've been to." They told us they were welcomed into the home and "Staff always had time to speak to them". They told us they could visit at any time.

Staff were aware of people's preferences and took time to listen to people. They could recall people's personal needs, preferences and personal circumstances. Staff knew people's family member's names and welcomed them when they visited. They respected people's privacy when people chose to see their relatives in their own room.

We saw people and staff having positive communications, staff tried to make the environment as homely as possible for example we saw how staff gently encouraged a person to have a drink, they sat next to them whilst they took small sips from a cup. The person responded to them with a smile and said "thank you". Another staff spent time asking people how they would like to spend the morning, and sat helping a person unravel their knotted wool so they could continue with their knitting.

One person told us a member of staff brought in a newspaper for them from home and would be spending time with them later that day discussing the contents and headlines with them.
Another person told us "I'm fine, this is a lovely place. We have singers in, when they come we can choose if we want to go, I always go as I like singing." On the day of our inspection the hairdresser was on site. We saw staff compliment people on their new hair style when they returned to the lounge. One staff said to a person "Your hair looks lovely." The person responded with a big smile.

Staff knocked on people's doors and before they entered when they checked whether people needed anything. We saw staff discreetly assisted people who needed support to use the bathroom. " We saw staff

offered people choices about parts of their care. For example, people chose where they wanted to sit and be in the home and what activities they wanted to participate in.

Good

Is the service responsive?

Our findings

People told us staff met their needs and provided their care the way they liked it. People felt staff knew their preferences and these were respected. One person said, "I can have a bath or shower whenever I want." Another person told us, "Staff will do anything for you." We saw staff knew people well and had a good understanding of each person's individual needs. Staff were able to tell us about people's individual care and health needs. We saw people's needs were assessed when they moved into the home, so the registered manager knew what staffing levels were needed to support a person Where people were not able to be involved with the development of their care plans we saw family members and other social care professionals had been involved.
We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person told us they liked to sit in the dining room, as some meal times they liked to eat their meal on their own. We saw staff spoke with this person and asked them where they would like to have their meal today and made a space available for them.

We spent time with the activities organiser during the morning. They moved between two lounge areas. In one lounge there was a TV on and also a CD player on. A person was dancing and singing along and was enjoying the moment. The other people were watching and were also singing. After the activity organiser asked people what they would like to do next and responded when the person replied they would like to do some colouring, by fetching the arts and crafts equipment they required.

Staff we spoke with described how people received care personalised to them. We saw how staff communicated and responded to these changes in people's needs during the handover of information at the beginning of their shift. Staff told us this helped them share up to date information about people's care needs. We saw people's care needs were reviewed regularly and updated within their care plans so that staff had information to check and refer to. This ensured people's needs were consistently responded to.

People told us they knew how to make a complaint. One person told us "the registered manager was approachable and very nice". People told us they saw the registered manager around the home during the day and often stopped to chat with them. They thought they would have any complaints responded to, but hadn't needed to. One relative told us they had raised a concern with the registered manger and felt it had been dealt with promptly and to their satisfaction. Staff told us they could raise concerns and were confident any issues they raised would be dealt with. We saw that information for people on advocacy services was available in an information file in the hallway.The registered manager showed us how they dealt with complaints, we noted that people had been responded to promptly and any action recorded, so lessons could be learned.

The registered manager showed us how they gained customer and relative's feedback, through customer satisfaction questionnaires. As a result of the feedback the provider had decided to improve the entrance to the home, to make it more welcoming and attractive for people and their visitors.

Requires Improvement

Is the service well-led?

Our findings

We looked at the provider's arrangements to assess the quality of the service people received because we wanted to see how regular checks and audits led to improvements in the home. We saw checks had been carried out on areas, such as, environment and medicines audits by the registered manager and deputy manager. However, the provider's checking systems had not been effective in enabling them to consistently identify and respond to safety concerns. We discussed the quality assurance processes we had examined and shared our concerns with the provider and the registered manager. During the inspection we found unsafe medication storage and areas of the home were not clean so potentially putting people at unnecessary risk.

We asked the registered manager about their view of the strengths and areas for development within the service. The registered manager told us the staff team was stable and consistent and because it was a small service this meant they and the staff team knew people and their relatives well. They told us they and the provider were committed to providing good quality care and to make the home a homely environment.

The registered manager told us they had a positive relationship with the provider, who we spoke with briefly during our inspection. The two providers told us they visited
twice a week and had a financial role in the running of the service, human resource, management, complaint handling, building up-grades and repairs elements to their role. The provider completed quarterly audits to assure themselves the service was running well and people were being provided with good quality care. Although regular meetings and minutes with the provider had been recorded, to discuss any concerns.

People and their relatives spoke about the registered manager with affection. One person told us "They thought the registered manager was very nice."
A relative told us "The home is very well run". A health professional told us "The current owners are often here and are very hands on."
During the inspection we saw the two owners of the company and the registered manager took time to chat with people living in the home. It was clear from people's expressions they were familiar with them and felt comfortable talking to them.

Staff told us they felt supported by the registered manager and told us they could air concerns at either one to one sessions or staff meetings. They described how their performance was discussed and future training requirements with them in a constructive way. All the staff we spoke with told us they respected and enjoyed working with the registered manager, and felt she was very approachable. One member of staff told us "Turnover of staff was very low and people stayed in employment at the home due to the support they received from the registered manager. " Staff told us the registered manager encouraged them to question practice and had developed a supportive, challenging culture at all levels.

The registered manager told us they had held resident and relatives meetings in order to gather and share people's opinions and used this to consider where to make improvements for the future. As a result of these

meetings and responses from customer feedback, the provider had agreed to landscape the front of the property to make it more appealing for people living at the home and more welcoming to visitors.

During the inspection we found the registered manager to be open and transparent to our findings, and assured immediate action would be taken.

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