

Bupa Care Homes (CFChomes) Limited

Tadworth Grove Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tadworth Grove is a residential care home providing personal and nursing care to people aged 65 and over, many of whom live with dementia. The service can support up to 45 people and there were 30 people living at the service at the time of the inspection.

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

There were not always sufficient staff to ensure that the needs of those cared for in their rooms were met in a timely manner. Some people told us there were occasional delays before staff could attend to them. We observed how lunchtime support for those confined to their rooms was impacted by lack of staff and staff told us there were times during the day when they experienced staff shortages.

There were insufficient activities provided for people cared for in their rooms, which meant they were at risk of being socially isolated. People told us there were not always sufficient activities to engage them and some of the activities we observed were not meaningful to the person. Whilst care plans were person centred, we found that people were not always supported in line with the preferences stated in their care plans.

The provider's quality assurance systems had not identified shortfalls found during this inspection, most of which were highlighted in the previous inspection.

People were supported to keep safe. There were systems to ensure staff documented any accidents or incidents which had taken place and there was learning from these incidents. Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. Staff were using personal protective equipment correctly and there were appropriate systems in place for the testing of staff, visitors and people living at the service for the COVID-19 infection.

We observed many positive interactions between staff and service users throughout the inspection day. Family members spoke positively about the support and care their relatives received and felt that any complaints they may have would be dealt with by the registered manager in an open and transparent way.

People, relatives and staff said the current leadership of the service was supportive and managers were frequently seen around the home. Staff told us that they were encouraged to report any incidents or matters of concern and to share their views and ideas on the running of the service. Staff felt valued and encouraged to progress in their careers. Positive working relationships with external agencies were developed and the registered manager sought advice in a timely manner to ensure continuous safe care for people.

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 29 August 2019) and there were multiple 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 enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tadworth Grove on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Tadworth Grove Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

Tadworth Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, nurses, senior care workers and care workers. We also spoke with a health care professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We reviewed additional evidence emailed to us by the Registered Manager.



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staff and Recruitment

At our last inspection in July 2019 the provider failed to ensure that there were sufficient staff to respond to the care needs of people in their rooms and assist them to eat and drink. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- We found there were not always sufficient staff to meet the needs of people. Similar to our findings at the last inspection, we found people cared for in their rooms were not being supported with their meals in a timely manner. One person told us, "Sometimes if you need something it can take a long time for member of staff to come – I think they can be a bit short staffed."
- A member of staff said, "We always make sure people are safe, but we just don't have the time to actually spend quality time with people as we need more staff."
- We observed that there were five people on one floor who required assistance to eat their lunch, which began at 12:30. There were two care workers supporting and by 13:30, just two people, who needed assistance, had eaten their lunch. One care worker said, "Some days we could do with a little extra help at mealtimes. Today has been a difficult day."
- There were other times during the day when we noticed there was an absence of staff on the upper floors. For example, we observed there was no meaningful staff interaction with one person cared for in their room for a substantial period of time and until such time as their medicines were due.
- During our initial meeting with the manager, they told us they assessed required staffing levels by using a tool based on people's dependencies and that the home was currently staffed according to people's needs. We discussed our lunchtime observations with the registered manager who said, "I rely on the nurse on the floor to let me know if they are short staffed. Maybe I could consider staggered mealtimes."

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas, we found those with fewer dependencies were readily supported by staff. For example, staff were able to support those who required minimal assistance to go to the dining room and to the communal areas.
- One person told us, "I have no concerns on staffing levels, nothing's too much trouble for them." A

member of staff told us that although they felt rushed, "We always make sure everything is done and people get good care."

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. We saw that nurse's professional registration was in date.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident in their knowledge of safeguarding and the process for reporting any concerns they had. They were able to describe the signs of potential abuse and the action they would take if they observed these.
- People we spoke with said they felt safe. One person told us, "One staff member knows me well, if I'm quiet they knows something's wrong." Another said, "I feel safe; I know if I fell over somebody would come to rescue." A family member told us, "I have never had a worry about my relative's safety from the day they moved here."
- There were established policies and procedures in relation to safeguarding in place and records confirmed that staff had regular training in safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were assessments in place which provided information for staff about people's risks and how best to support them. . They included information about mobility, moving and handling, falls prevention and choking risks. These were regularly reviewed.
- Where risks were identified, measures had been put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone. We saw that people in wheelchairs were supplied with a portable call bell to summon staff when they needed support.
- Staff understood people's individual risks, for example, one told us "They have a wheelchair and must have a lap belt to keep safe. The chair is adapted with padded arms. Staff will add a cushion if they are leaning to one side."
- Health and safety checks were carried out which included environmental checks as well as checks of the equipment used to support people with their mobility.
- Systems were in place to record and review accidents and incidents. The registered manager reviewed accidents and incidents and put actions in place to help minimise the chance of recurrence.

Using medicines safely

- Medicines were managed safely, were administered by qualified nursing staff and reviewed regularly by the GP. Medicines were recorded within people's medication administration records (MAR). This meant they were administered in line with the prescriber's instructions.
- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. The sample of medicines administration records we checked were up-to-date and accurate. Medicines were audited each month by the management team and by an independent pharmacist periodically. These audits confirmed that staff managed medicines safely.
- There was one occasion when we observed a person was given their time critical medicines 25 minutes later than prescribed and this time delay was not accurately recorded on the MAR. We spoke with the nurse and the registered manager about this as it was unclear why there was a delay. They agreed this was not best practice and would ensure that in future, medicines would be administered according to their prescription, with times of administration accurately recorded.
- We subsequently spoke about the delayed medicine with a visiting healthcare professional who understood the person's condition. They told us that it was unlikely the delay would have impacted on the

person's health. They agreed that it was important that the registered manager ensured medicines were given punctually.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 remained the same. This meant people's needs were not always met.

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

At our last inspection in July 2019 we found that there was a lack of meaningful activities, particularly for those cared for in their rooms. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People were not always supported to participate in activities which were meaningful to them. At the last inspection we found that people cared for in their rooms were at risk of being socially isolated due to the lack of provision of social activities for them. We found this to be still the case.
- Activities were provided seven days a week by one recently appointed full time and one part-time activities coordinator. Similar to the previous inspection, we found that entries in 'Activity and interaction' logs for people cared for in their rooms did not evidence activities meaningful or socially relevant to them. For example, there were several entries with 'sleeping', 'spent day in bed' or on several occasions, had no recorded entries. For example, one person's activity record had seven activities entered between 01 and 23 June 2021, four of which recorded 'sleeping'.
- One person who engaged in activities said, "I don't really like to join in with too many activities and they respect that. They support me to get out and about (in the community) as much as I can." Another said, "You can choose activities to join in with. I like crosswords and word searches."
- The registered manager told us that activities were evaluated at the end of each month to identify what worked well or not, which would in turn inform the activities which were offered in the following month. However, we saw that what was written in these evaluations was often repetitive and did not always detail what specific activity the person had enjoyed during the month. For example, 'Likes to participate in organised activities', 'Likes participating in activities of their choice' with no detail of what those activities were to help inform future planning.
- Although care plans were person centred, up to date and regularly reviewed, people's daily routines and specific care and support needs were not always followed.
- For example, one person's 'sense and communication' care plan stated the person should be assisted to have their hearing aids in place. We could not see that the person was wearing them and asked a member of staff who said, "They may be too small for you to see" and "They may be on charge in the office", neither of which was the case and they remained unaccounted for. The provider's monthly operational audit for February 2021 under 'lessons learned' recorded 'Staff to ensure (person) had their hearing aids on every

day.'

- Following the inspection, the provider shared a record which showed that staff had assisted the person to wear their hearing aids earlier in the day.

Failure to ensure people are supported to take part in activities that are socially and culturally relevant and according to their needs and preferences was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw that staff engaged positively with the people they supported. Staff took time to compliment people on how they looked.
- Weekly activities were displayed on a wall chart and included card games, bingo, sensory hand massage, chair exercise, bird feeder and craft making. We saw how the activities coordinator engaged people seated in the lounge area in a game of carpet skittles. There were photographs on display of recent events including afternoon tea, world baking day and a quiz which took place in the garden.
- 12 people completed a monthly survey of activities which scored 9.8 to 9.9 for satisfaction with activities between April and June 2021.
- Care plans detailed how one person's specific health care needs affected their emotional wellbeing. There was guidance for staff about how they should offer reassurance and encouragement to the person.
- A relative told us, "They put such effort into writing (relative's) care plan; my (relative) and I were fully consulted, and we review it every year and make amendments if necessary."
- A member of staff said, "Yes, care plans have information about people's background, likes dislikes and needs, I have their read care plans to make sure I know them."
- A healthcare professional told us, "The nurses are very prompt to recognise when they need to refer and will send request information in advance. They have good knowledge of the people here."

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's communication needs were recorded as part of the initial assessment and care planning process in a separate communication needs care plan. Information could be provided to people in different formats and print size to enable them to engage with staff and other professionals.
- A family member told us their relative's communication needs were discussed during their assessment. They said, "The registered manager asked me how I communicated best with my (relative) and they adapted my ways. They all have made such an effort to communicate and (relative) tells me they know people care and they never feel isolated."
- People were supported to order books in Braille from the Royal National Institute for the Blind. Where activities required printed materials, they were provided in large print and a flipchart was used for crosswords.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns, they would speak to staff directly. They complemented the Registered Manager as being able to sort out most minor issues alleviating the need to raise a formal complaint. One family member told us, "I have no complaints but firmly believe they would be sorted out quickly."
- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed.

- The service had received six complaints between August 2020 and July 2021. We saw that the provider's policy on complaints had been followed and the registered manager wrote to the complainants with confirmation of the nature of the complaint and outcome.

End of life care and support

- At the time of the inspection, no one was actively on the end of life care pathway receiving end of life support and four people had recently been prescribed anticipatory end of life care medicines to manage their symptoms.
- The provider had a 'Care during the last days of life' policy and an end of life care plan which included the person's desired wishes for care and support, as well recording any spiritual and psychological support they may require.

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; Continuous learning and improving care

At our last inspection in July 2019 we found that the provider's quality checks were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Although there were management systems in place, we found that quality audits were not always effective in identifying concerns and areas for improvement found at this inspection.
- For example, the provider's audits did not identify how the deployment of staff during the lunchtime period negatively impacted on people cared for in their rooms. Audits also failed to identify the low level of engagement in activities for those confined to their rooms. This has been addressed in more detail in the safe and responsive sections of this report.
- The provider did not identify concerns found on the inspection day about the quality of daily notes recorded by care workers. The provider's own monthly care plan audit notes that there should be a minimum of one entry every 12 hours; all dated and signed; to reflect the care that is delivered and the outcomes of that care on the resident. We found several examples of where there was a gap of more than 12 hours between care worker entries.
- Daily notes records were untidy and at times difficult to read. Much of the information of how the person was supported throughout the day was minimal and repetitive and did not evidence outcome of care for the person. We showed these records to the Registered Manager who told us, "There should be two daytime entries and there aren't," and "Legibility, we do have a problem with how some carers write, they say that is how they do it."

The provider failed to make sufficient improvements since the last inspection. The failure to ensure consistent management oversight of the service and robust quality checks as well as failing to ensure that there were sufficient staff to respond to the care needs of people was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a wide range of policies and procedures in place to support staff in their work. Staff told us they understood their roles and responsibilities and received guidance from the leadership team to fulfil

their roles.

- Systems were in place to record and review accidents and incidents. The registered manager and deputy regularly reviewed accidents and incidents and put actions in place to help minimise the possibility of recurrence.
- The registered manager understood the requirement to submit statutory notifications to the Care Quality Commission without delay.

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

- People and their relatives spoke positively about the culture within the home. One person told us, "They're a good lot, very sweet and kind (staff). It comes from the top, (registered manager) is excellent." A relative said, "The (registered manager) is strict but firm and we will compromise with each other if we have a difference of opinion."
- We observed positive interactions between staff and management. A member of staff told us, "The place seems a lot calmer. Staff morale has improved massively. The teamwork has just improved so much."
- Staff were positive about their roles and felt valued for the work they did. One member of staff said, "I know my work is valued because the management teams tells me this. They also really encourage me to progress in my career."
- We saw that Duty of candour concerns had been shared with people's representatives in line with the providers responsibilities. A family member told us, "We have had our differences, but the written communication from the manager is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people, relatives and staff to improve service provision. One person told us, "They're always having chats and checking on me and making sure I'm happy with how things are, if that's what you mean."
- Staff had opportunities to provide feedback via supervisions, meetings and a 'pulse' survey. A staff member told us they were able to raise issues at any time and the manager was receptive to suggestions about ways in which to improve the service.
- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and mental health professionals. Where specialist professionals had provided specific guidelines about people's care, such as guidance around the consistency of food and fluids, these had been implemented effectively by staff.
- A healthcare professional told us, "Any clinical recommendations I make are welcomed and followed as per my instructions. This is a very open and transparent service," and "We try hard to work as a team and they always do their best."
- The home had sought advice from healthcare professionals to improve the care and support people received. They also invited a healthcare professional to provide additional face to face training around infection prevention and control.
- Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to ensure that care and treatment was provided to people in an appropriate way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure that staff were deployed around to service to always meet people's needs in a safe way.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure that systems and processes were established and operated effectively.

The enforcement action we took:

We have issued a warning notice.