Cheerhealth (Selsey) Limited

# Tenchley Manor Nursing Home

## Inspection report

Ursula Square
Selsey
Chichester
West Sussex
PO20 0HS

Website: www.cheerhealth.co.uk

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23 April 2019

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service:
Tenchley Manor Nursing Home is registered to provide accommodation and nursing care for up to 37 older people. At the time of our inspection, 29 people were living at the home. The home provides permanent placements and short-term breaks for older people with a variety of nursing and healthcare needs.

People's experience of using this service:
• People received care and support that was safe. The provider continued to have a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding people.
• There were risk assessments in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were enough staff to support people with their daily living and activities.
• People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.
• People received care from staff who were kind and caring. Staff respected people's privacy and dignity. Staff supported people to be fully involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.
• People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. People were supported to access health care services and to see healthcare professionals when necessary.
• People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Staff said the registered manager was open to suggestions and approachable.
• There were systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.
• The registered and deputy managers worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others.

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

Rating at last inspection:
Good (report published on 4 November 2016).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 effective?**

Good

The service was effective

Details are in our Effective findings below.

**Is the service caring?**

Good

The service was caring

Details are in our Caring findings below.

**Is the service responsive?**

Good

The service was responsive

Details are in our Responsive findings below.

**Is the service well-led?**

Good

The service was well-led

Details are in our Well-Led findings below.

# Tenchley Manor 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one inspector and an Expert by Experience with experience of care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Tenchley Manor Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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:
The inspection was unannounced.

What we did:
• We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information

about the service, what the service does well and improvements they plan to make.

• During the inspection, we spoke with 12 people who used the service and eight relatives to ask about their experience of the care provided. We looked at four people's care records and at their medicine records. We spent time in communal areas observing staff interactions with people and the care and support delivered to them.

• We spoke with the provider, registered manager, deputy manager, administrator/training manager and with the activities coordinator who also acted as a carer when required. We spoke with one visiting Paramedic Practitioner who agreed with their comments to be included in this report.

• We reviewed all employed staff training. We looked at quality monitoring records relating to the management of the home such as audits and quality assurance reports, as well as records of accidents, incidents and complaints.

Good

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● People were protected from the risk of abuse. A relative said, "People are safe, because of the care they give [person]." Another relative said, "It is safe here, it's very professionally run. The nurses are very kind. It's top quality."
● The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were able to give us examples of when concerns and allegations were acted on to make sure people were protected from harm.
● Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately, should they raise concerns?

Assessing risk, safety monitoring and management:
● Risks to people had been assessed and the potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. Staff knew how to mitigate risks and took measures to reduce risks to people. Care planning was clear about how people should be supported to move safely, and staff had regular training in this subject.
● One person said, "I can get wobbly on my feet. Staff are aware of this. I know I am at risk of falls and the staff here do their best to support me. I cannot fault them." A relative said, "The staff are wonderful. They know [person] and they make sure their needs are risk assessed and supported safely."
● To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.
● People had individual Personal Emergency Evacuation Plan (PEEP) in place on how they should be supported to evacuate the building in the event of a fire. An environmental risk assessment was in place which identified risks to people, staff and visitors.

Staffing and recruitment:
● People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner, which we observed. During the inspection bells were answered promptly. Staff told us they felt there was enough staff as they could take time to talk with people and not be task orientated.
● People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks and getting references from previous employers. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.

Using medicines safely:
● Medicines were managed and administered safely. There were reliable arrangements for ordering, administering and disposing of medicines.
● There was a sufficient supply of medicines. Nurses and trained care staff had been assessed as competent to safely administer medicines. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'
● The temperature of the medicine's storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.
● Medication audits were completed on a weekly and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection:
● Staff used personal protective equipment when assisting people with personal care. For example, gloves and aprons. There were systems in place to assess and review the cleanliness of the building, and that clinical equipment was cleaned as required.
● One relative said, "It's spotless and [maintenance person] is good." Our observations supported this. The home was visibly clean, tidy and odour free throughout.
● A Food Standards Agency inspection in February 2019 had awarded the service the highest rating of five.
● Staff had received training in infection prevention and knew what action to take to prevent infections from spreading.

Learning lessons when things go wrong:
● Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns. For example, an incident categorised as a near miss occurred. This is a description of an incident that had the potential to cause harm. A person being supported in a hoist was at risk of tipping over. The legs to the hoist were unable to fully open to support the weight of the person. The registered manager explained this was due to wires under the persons bed preventing the hoist of fully opening. The registered manager discovered people with a certain type of bed had the same wires under their bed, which could cause the same risk. The provider purchased a device to secure the wires identified as a risk. Staff were asked to attend a 'flash' training session to discuss the near miss and how to avoid future incidences.
● Records demonstrated sharing of Incidents took place during the daily handover meeting and through monthly staff meetings.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People confirmed they were offered choices, and their consent sought before they received personal care. One person said, "They [staff] always ask for everything, no matter what. They say, 'Do you mind if we do this?'"
● People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.

Staff support: induction, training, skills and experience:
● People received effective care and treatment from competent, knowledgeable and skilled staff. People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided.
● The provider maintained a spreadsheet record of training in courses completed by staff which the provider considered as mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included health and safety, emergency first aid, moving and handling, equality and diversity.
● Additional training was available to staff in specific conditions, to keep people safe. These included palliative care, choking and nutrition.
● New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
● Staff told us they were supported by the registered manager through regular supervision and an annual appraisal. Staff told us this provided them with the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

Supporting people to eat and drink enough to maintain a balanced diet:
● People reported positively about the quality of food and choices. People were provided with a choice based on their individual needs. One person said, "The chef comes around with the menu and gives you two or three choices." A relative said, "They [staff] always ask about what she wants to eat. They often make something just for her."
● We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the day, in their rooms and in the lounge (open planned) dining area.
● People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and

providing for special diets, such as for people living with diabetes.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support:
● The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The registered manager met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them. The visiting Paramedic Practitioner said, "The staff are very good. We see consistent staff. Each of our visits we are allocated one staff member when we do our rounds, which assists in ensuring consistency in communication is promoted and shared with the team. The nurses make appropriate referrals, on time. I enjoy coming here. It feels like a family."
● People were supported to improve their health through a weekly yoga class, being encouraged to mobilise and complete exercises. They could access in house optician visits, a flu prevention vaccine clinic and were supported with health appointments.

Adapting service, design, decoration to meet people's needs:
● The home was adapted to meet the needs of the people. For example, there were raised toilet seats in the bathrooms to provide additional comfort and pressure relief.
● The home was decorated creating a warm and welcoming environment. Homely touches were evident, including a fish tank, photographs and art work. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Ensuring consent to care and treatment in line with law and guidance:
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Any decisions made on their behalf must be in their best interests and as least restrictive as possible.
● Where people lacked capacity, mental capacity assessments were undertaken. A staff member described how a best interest decision had been made on behalf of a person who lacked capacity. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, regarding a person's health.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● The registered manager had submitted DoLS applications to the local authority for four people who lacked capacity and were subject to some restrictions for their safety, and so far, two had been authorised. We found the staff had complied to the conditions of the DoLS.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● People received care from staff who developed positive, caring and compassionate relationships with them. People's comments included; "The staff are lovely, very caring." "The staff are very polite."
● People were treated with kindness by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff.
●There was a strong rapport with staff which could be seen when they were talking and laughing with people. For example, a person was distressed because they felt unwell, a member of staff assured they would feel better once their medication took effect and sat and talked with them. Staff sat with another person who had a limited ability to verbally communicate but through their body language was able to let staff know they enjoyed someone sitting with them and holding their hand, which we observed staff do.
● People said, and records demonstrated people were part of their local community. People enjoyed visiting local shops, attending local church services and going out with family members.

Supporting people to express their views and be involved in making decisions about their care:
● People said they were involved in day to day decisions and care records showed they participated in reviews of their care. Their views were reflected in care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with. One person asked if they could go back to their room after lunch and was reassured in a kind way they could do as they wished and was assisted to do so.
● Staff supported people to keep in touch with their family. There was a telephone for people to use in the welcome area, which had an area to sit while on the phone. People said visitors were always made welcome and offered a drink, and some privacy to talk. Staff kept in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence:
● Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.
● Confidential information was held securely in locked cupboards. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
● People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. This reduced the risk of people being over supported and losing the skills they still retained.

Good

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● Activities were co-ordinated by an activity team every day. The programme was varied and inclusive of all as people were supported to participate as much as they wanted and were able. People told us there was enough to keep them occupied and they did not get bored. Where people chose not to participate in group activities, staff spent one to one time with them, talking about topics of interest to them, which helped people avoid becoming isolated.
● One person said, "There's a staff member who does the activities, she's really worked wonders. She's put up those flags for St Georges Day. People come in with guitars. They had 2 lots of people at Christmas doing carols. That was wonderfully done." A relative said, "The activities have been good recently. [Activities coordinator] is good, she's quite creative. A yoga teacher comes in once a week and they do exercises sitting in their chairs. There's singing and other things going on."
● People's care plans included clear information about the support they required to meet both their physical and emotional needs. They included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required.
● Important information about changes in people's care needs were communicated at staff handover meetings each day. Summary written information about people's care needs and any risks was available for new staff who hadn't yet got to know people well.
● Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans. For example, one relative told us, how their loved one was extremely worried when they first moved to the home and would worry at night. The person preferred to have a staff member visit them in the night to offer reassurance. The relative said, "Staff came in at night and held [person] hand. She got better. The level of care helped her get better."
● We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Written information was available in bigger print for people who needed it.

Improving care quality in response to complaints or concerns:
● There was a concerns, complaints and compliments procedure. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint to. None of the people we spoke with said they had raised any formal complaints.
● We reviewed the records of complaints that had been received since the last inspection. The records demonstrated concerns had been thoroughly investigated and relatives had received a detailed response to their complaint.

End of life care and support:

● The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded, and families were involved as appropriate.

● Systems ensured people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interest, by a medical professional and appropriate others, were known to staff. This meant people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Good

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
● There were a range of systems to measure and monitor the quality of the service overall. This included observations of staff practice and audits of medicines, care planning, infection control, recruitment, incidents and accidents, training and risk assessment. We saw these were capable of identifying shortfalls. Senior staff and the registered manager undertook daily, weekly and monthly checks with evidence of actions taken in response. For example, making improvements to the environment.
● Staff at all levels were aware of their role and responsibilities. An on-call system was available, so all staff could contact a manager at any time of the day or night for advice and support.
● The registered manager was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
● People and relatives told us they knew the registered manager well. This confirmed our observations. One person said, "She [registered manager] is very nice, very approachable." A relative said, "There's never been a problem. Whatever we've wanted, it has been all sorted out." We observed the registered manager was visible in the service, spent time engaging with people and helped staff with delivery of support to people where needed.
● Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered manager.
● The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Staff described the ethos of Tenchley Manor Nursing Home. One staff member said, "it's our ethos that, people here do not live in our workplace, but we live in their home." We observed this value on the wall in the entrance to the home. Each staff member we spoke with told us of the importance of remembering this. One staff member said, "We should be going the extra mile with each person here. Ensuring they feel at home, safe and well cared for."
● People and relatives were consulted and involved in day to day decisions about the running of the home

through monthly meetings. Areas discussed included activities people would like over the next few months, and menu planning. One person said, "The meetings are very fair. You can say what you think." A relative said, "They [people]have meetings and they're very good and they [team of staff and management] listen." The relative gave an example of a concern raised about the safety of the footpath outside. The provider came and arranged for an external contractor to ensure the area was made safe.

● Without exception all the people and relatives we spoke with stated they would recommend Tenchley Manor to anyone who needed this type of service.

● Staff were consulted and involved in decision making through monthly staff meetings. They were encouraged to raise issues, and records showed action was taken in response.

Continuous learning and improving care:

● The registered manager kept up to date with developments in practice through working with local health and social care professionals. They used the national skills for care and social care institute for excellence websites. This was to enable the sharing of experiences, tools and good practice ideas.

Working in partnership with others:

● The registered manager had set up links with a local secondary school and had arranged for the teenagers to visit the home to teach people about the technology used today. People told us, they were excited about this and looked forward to meeting them.

● The provider worked professionally with external agencies such as West Sussex County Council [WSCC] social services. This demonstrated the management of the service conducted themselves in an open and transparent way. A visiting Paramedic Practitioner said, "The management team are brilliant. It's nice to come in. If the staff are relaxed, then the patients are relaxed. I see people are happy. I have been coming here for 3.5 years now and I know of no person that has ever said a bad word. That is a good sign that they [people] are getting their expectations met. I wouldn't mind living here."