

Cygnet Health Care Limited

Tabley House

Inspection report

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12 October 2018

18 October 2018

19 October 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 11, 12, 18 and 19 October 2018 and was unannounced.

Tabley House was previously inspected in March 2018. During the inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: person centred care (Regulation 9); safe care and treatment (Regulation 12); safeguarding service users from abuse and improper treatment (Regulation 13); fit and proper persons employed (Regulation 19); consent (Regulation 11); good governance (Regulation 17); and staffing (Regulation 18).

Following the last inspection, the registered provider was placed into special measures by CQC. The registered provider was asked to complete an action plan to confirm what they would do and by when to improve the five key questions we ask. They are: is the service safe, effective, caring, responsive and well led. At this inspection we found that the registered provider had taken action to address the breaches identified at the last inspection and made enough improvements to be taken out of special measures.

Tabley House is a 'care home' run by Cygnet Health Care Limited. The care home is registered to provide accommodation to adults with nursing and personal care needs.

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

The care home accommodates up to 59 people across two units, each of which have separate adapted facilities. One of the units specialises in providing care for up to 12 people living with dementia. At the time of the inspection 35 people lived in the care home.

The care home had a registered manager. 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.

The registered manager was present throughout the four days of our inspection and was supported by their regional operations director and deputy manager. The management team were helpful and transparent throughout the inspection process and demonstrated a commitment to ensuring the continuous improvement of the service.

There was a warm and caring environment in the care home. We observed that staff were responsive to the needs of people living in the care home and that people were treated with dignity and respect.

Information on people's assessed needs and the support they required and received from staff had been

recorded on an electronic records management system. This included risk assessments and other supporting documentation. Additional records had been established to enable staff to record the delivery of care contemporaneously. For example, when recording fluid and nutritional intake or when a person had been assisted to reposition. Care plans had been fully reviewed since our last inspection and the registered manager was in the process of meeting with people living at the care home and their representatives where necessary to confirm that people had been involved and were in agreement with the information recorded.

People were supported to attend healthcare appointments and staff liaised with people's GPs and other healthcare professionals as necessary to maintain people's health or support them at the end of life. We observed that a GP visited the care home on a regular basis to ensure the healthcare needs of people were monitored and reviewed.

Policies and procedures had been developed to ensure staff were aware of their roles and responsibilities for ordering, storing and administering medication. The registered manager was in the process of reviewing staff competencies and transferring to a local pharmacist to improve the efficiency of the service.

People were offered a choice of nutritious and wholesome meals that were provided in dining areas that offered a pleasant environment for people to socialise and eat their meals.

A programme of group and individualised activities was in place which included both on and off-site activities. The activities programme was in need of further review to demonstrate how the social, recreational and leisure needs of people living with dementia were met.

Systems had been established to ensure that staff working in the care home had been appropriately recruited and to safeguard people from abuse or harm. Following our last inspection, the registered manager arranged for a full review of all staff personnel files to be undertaken to ensure all necessary records were in place.

A complaints policy and procedure had been developed and people's views, concerns and complaints were listened to and acted upon.

There were sufficient staff on duty to respond to people's care and support needs and the registered manager was in the process of recruiting to outstanding staff vacancies. Staff had access to regular supervision and completed induction, mandatory and service specific training to help them understand their roles and responsibilities. Progress in completing training was kept under review.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Since our last inspection, the registered manager had taken action to ensure mental capacity assessments had been reviewed and completed where there was reasonable belief that a person living in the care home lacked capacity to make specific decisions. Where people did not have capacity, and could not give consent, we saw documentary evidence that specific decisions had also been made in people's best interests and were the least restrictive option.

The registered provider had developed a range of management information and quality assurance systems to enable oversight and scrutiny of the service. This involved seeking the views of people who used the service and their representatives. Governance and quality assurance systems were in the process of being updated at the time of our inspection to improve oversight, accountability and drive continuous improvement. This was work in progress and will therefore require time to be fully implemented and

embedded into practice.

This service had been in special measures. Services that are in special measures are kept under review and inspected again in six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

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.

Safeguarding systems and processes were in place to help protect people from abuse and improper treatment.

Staffing levels were adequate to ensure people received appropriate levels of care and support. Plans were in place to recruit to outstanding vacancies.

Recruitment procedures provided appropriate safeguards for people using the service and a full review of staff personnel records had been undertaken. This helped to reduce the risk of unsuitable people being employed to work with vulnerable people.

Systems had been established and further initiatives were in the process of being introduced to protect people from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff learning and development systems and processes had been developed to ensure staff were appropriately trained and supported for their roles and responsibilities.

Managers and staff acted in accordance with the Mental Capacity Act 2005 to ensure that people received the right level of support with their decision making.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

Staff engaged with people in a warm, friendly and caring manner and understood the principles of good care practice.

People were treated with dignity and respect and their privacy and human rights were safeguarded.

People's personal information was stored securely to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

Care plans and supporting documentation were in place that were subject to ongoing development and review to ensure people's needs were identified and acted upon.

There was a complaints procedure in place and any complaints were responded to appropriately.

People were encouraged to engage in a range of group and person-centred activities. However, the activities programme needed further review to demonstrate how the social, recreational and leisure needs of people living with dementia are met.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Governance and quality assurance systems were in the process of being updated to ensure improved oversight and accountability within the service. This was work in progress at the time of our inspection. The service will require time to fully embed the changes into practice and provide evidence of sustained improvement.

The service worked in partnership with other agencies and health and social professionals.

Tabley House

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.

Following our last inspection in March 2018, we rated Tabley House as inadequate and the service was placed in special measures. This inspection was therefore undertaken to assess and review what action had been taken since our last inspection and to report on our findings.

The inspection was unannounced and the site visit activity started on 11 October 2018 and ended on the 19 October 2018.

The inspection was undertaken by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case of older people requiring residential or nursing care.

The provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Tabley House. We took any information provided to us into account.

During the inspection, we spoke with the regional operations director; operations improvement director; senior facilities manager; registered manager; acting deputy manager; senior administrator and activities manager; maintenance manager; deputy maintenance manager; catering manager; a chef; three registered nurses; a nursing associate; a senior care assistant; two care assistants and an activities assistant.

We also spoke with 12 people who lived in the care home, seven relatives, a visiting general practitioner and a best interest assessor from a local authority.

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 a range of records including eight care records belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included; two staff files, complaint and safeguarding records; rotas and dependency tools; staff training information; minutes of meetings; menus; medication; maintenance checks and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Tabley House was safe. People spoken with confirmed the service was safe.

For example, comments received from people living in the care home included, "Yes I am safe here. I have the best room in the house"

Likewise, we received feedback from relatives such as, "It is safe here. There is staff all the time. He [a person living in the home] has his medicine when needed. He is not falling anymore", "Mum used to have falls. All okay now. Not had any of late" and "I can sleep at night knowing he [a person living in the care home] is here. Safer now than he has ever been."

At our last inspection in March 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had not always ensured that people's needs and risks were assessed and managed. Furthermore, medicines were not always administered safely or in accordance with PRN (as required) protocols.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

For example, we looked at the care records for eight people using the service. The registered provider used an electronic care management software system to record and store information relating to the care needs of people living in the care home. We found that records had been updated since our last inspection and information relevant to people's needs and any identified risks had been assessed and planned for.

Records of accidents and incidents had been maintained which included summary records for each individual. We looked at each person's accident and incident log with the registered manager and identified no recurring themes or trends. We also spoke with a visiting GP who assured us that they had no concerns regarding the health, safety or wellbeing of people using the service.

We noted that the registered manager had continued to store and update information on the registered provider's electronic database known as ePrime. This system was able to generate management information reports for analysis and review.

Additionally, the registered manager had attended weekly incident review meetings with the operations improvement director. These meetings had been recorded and provided evidence that accidents, incidents and any safeguarding concerns had been discussed and acted upon. Any lessons learned had also been noted and shared with staff.

Likewise, we looked at the systems in place for the management of medication within the care home with

the acting deputy manager. Since our last inspection, the medication storage room had been completely refurbished and fitted with an air conditioning unit. This helped to ensure the temperature of the room was appropriately regulated.

We noted that PRN (as required medication) protocols had been produced for people who were prescribed PRN medication which had been authorised by their GP. Likewise, the disability distress assessment tool (pain assessment tool) had been introduced and completed to help staff identify distress in people with communication difficulties. This information helped provide staff with guidance on how and when to administer these medications.

Secure medication storage containers had also been fitted to people's wardrobes to enable staff to store people's prescribed creams and gels safely.

We noted that staff had recorded the administration of any thickening agents and ensured they were safely stored and administered. Thickening agents are used to thicken the consistency of fluids to reduce the risk of a person choking.

Weekly count check records had also been established to ensure medication stock balances were routinely monitored and checked.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We found that the provider had developed a medication policy and other procedures for staff to follow. At the time of our inspection the policy available to staff in the medication file was incomplete.

We also found that patient information leaflets were not readily available for staff as they were found to be stored in a plastic bag in the medication storage room.

Furthermore, we noted that staff relied upon small photographs embedded within the medicine administration records (MAR) to identify people and the images were not very clear. This could result in medication being incorrectly administered to people living in the home if the member of staff did not know a person well.

We raised these issues with the registered manager and noted that action was taken to replace the policy, file patient information leaflets and produce and attach large photographs to people's MAR during our inspection. This helped to identify people clearly and highlight key personal information.

Medicines were administered by nursing staff who had received medication training. A list of staff responsible for administering medication together with sample signatures was also available for reference.

Medication was stored securely within a medication trolley or locked cupboards. Separate storage was also available for medication requiring cold storage and for controlled drugs.

The provider continued to use a monitored dosage system for some of the medications that people needed. This type of system provides the person's medication in a pre-prepared blister pack. Some people also had their medication dispensed in individual boxes and bottles. We checked a sample of medicines and MAR and found that people were receiving their medications as prescribed.

Staff spoken with told us that since our last inspection, the registered provider had decided to utilise

another dispensing pharmacist that was based in in Edmonton, London. This was because the pharmacist also provided a service to another nursing home within the organisation.

Staff reported concerns regarding the distance between the care home and the dispensing pharmacist and reported that they were often having to use their time chasing medication. We raised this feedback with the registered manager and the operations director who agreed to make immediate arrangements for all medication to be ordered and dispensed via a local pharmacist.

Medicines audits were routinely undertaken by nursing staff on a monthly basis. We noted that there were areas where the information recorded was not always accurate and minor gaps in the audit tool. We raised this feedback with the registered manager who told us that she would review the training needs and competency of staff responsible for managing medication and undertaking audits.

At our last inspection in March 2018, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safeguarding service users from abuse and improper treatment. This was because the registered person had not established robust systems to protect people from the risk of abuse.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

The registered provider had a 'safeguarding adults' and a 'whistleblowing' policy and procedure in place. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Copies of the adult protection procedures for the local authority had also been obtained for staff to refer to.

Discussion with the registered manager and staff together with examination of training records confirmed that 91.7% of staff had completed safeguarding training. Staff spoken with demonstrated a satisfactory awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff were also able to explain how they would whistleblow should the need arise.

We asked the registered manager for information on any safeguarding incidents that had occurred in the service or that were known to the service since our last inspection. We noted that tracking systems had been developed by the registered manager so that they could maintain oversight of safeguarding incidents, action taken and outcomes. Records viewed confirmed that where safeguarding incidents had been identified, the registered manager had managed them correctly. This included reporting the to the local authority's safeguarding team in accordance with policies and procedures.

At our last inspection in March 2018, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had not ensured that staffing levels were sufficient to meet people's needs at all times.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

At the time of our inspection, 35 people were being accommodated in the care home who required different levels of care and support. Staffing levels had been adjusted following our last inspection to reflect the change in occupancy levels and the needs of people living in the care home. For example, the registered provider had increased staffing on the unit accommodating people living with dementia at night due to the

layout of the care home. This enabled regular checks to be undertaken on people throughout the night who did not have the capacity to activate their call bells.

We noted that the dependency levels of people living in the care home had been recorded on the electronic care management software system. Dependency scale guidance had also been developed by the registered provider which the registered manager used to calculate and review staffing levels.

We looked at the staffing rotas with the registered manager and noted that the care home was staffed with a minimum of three nurses and 9 care assistants from 7.45am until 1.45pm. From 1.45pm until 7.45pm there were three nurses and six care assistants. During the night there were two nurses and five care assistants on duty.

Other staff were employed in roles such as activity coordinators; maintenance; administrators; housekeeping and domestic roles and chefs. The registered manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We looked at the staffing rotas with the registered manager. Overall, staffing levels had been maintained to a satisfactory standard. Systems were in place to allocate and record the deployment of staff. The registered manager assured us that if staffing levels were to drop below the minimum numbers for an unforeseen reason, that they would notify the CQC.

The registered manager told us that there were vacancies for 14 staff at the time of the inspection which had been advertised and were in the process of being recruited to.

We noted that the registered manager had booked vacant shifts in advance with a temporary staff agency and endeavoured to utilise the same staff to ensure continuity of care. Staff spoken with confirmed that minimum staffing levels had been sustained and that the staff deployed by the staff agency were known to them and people using the service.

No concerns were raised regarding staffing levels at the time of our inspection by people using the service, their representatives or staff.

At our last inspection in March 2018, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'fit and proper persons employed'. This was because the registered person had not ensured that staff recruitment and induction processes were robust.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

The registered provider had a 'safe recruitment, selection and appointment' and a 'fit and proper person' policies in place. The policies provided guidance for management and staff responsible for recruiting new employees.

We noted that since the last inspection, the registered provider had undertaken a full review of all staff personnel files to ensure any missing information was risk assessed, obtained where possible and placed in files. This provided evidence that significant progress had been made in updating files with the required information. In appropriate instances, there was also evidence that Nursing and Midwifery Council personal identification numbers had been obtained.

We sampled two personnel files for staff who had commenced employment since our last inspection. In each file we found that appropriate checks had been made to ensure prospective employees were of suitable character for their roles and responsibilities. Files viewed contained application forms, proof of identity, references, occupational health reports and a disclosure and barring service (DBS) check. A DBS check aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We checked a number of test and service maintenance records with the maintenance manager relating to: the electrical wiring; portable appliances; fire alarm system; fire extinguishers; passenger lifts; hoists and slings and gas safety.

We found all to be in order except for the gas safety certificate for the kitchen. The certificate indicated that a warning notice had been served due to inadequate ventilation. The registered provider arranged for the catering engineer to visit the care home during the site visit who explained that the classification assigned to the site was low priority as the risk was very low. We spoke with the registered provider's senior facilities manager and received confirmation that a new fan had been ordered from a supplier which was awaiting delivery and installation.

We found that equipment and utility supplies had been routinely maintained and serviced and a range of health and safety checks were undertaken at different intervals throughout the year. A health and safety audit had also been completed since our last inspection by an independent health and safety advisor. The report rated the overall assessment of health and safety risk at 92% which was considered 'good' health and safety management.

Since our last inspection, checks and audits had also been introduced for air flow mattress settings, call bell response times and window opening and restrictor checks. We viewed the most recent audit for the care home which confirmed that all windows operated effectively.

During our last inspection, we noted that fire doors were being propped open with wedges and there were gaps under some bedroom doors. We saw no evidence of fire doors being wedged open during this inspection and noted that the maintenance manager had consulted the fire safety inspector for Cheshire Fire and Rescue in response to the concern raised regarding gaps under some doors. The fire safety inspector recommended that this issue was looked at as part of the fire risk assessment process.

We looked at the most recent fire risk assessment which had been completed by an independent company following our last inspection. The fire risk assessor had recorded that "despite large gaps under two of the residents' bedroom doors, they were not considered a significant risk due to the type of fire detection and alarm system installed, the evacuation procedures in place and the level of training undertaken by staff members. Tabley House has listed building status and, therefore, the amount of structural work which can be undertaken is limited".

We noted that fire evacuation policy, personal emergency evacuation plans and a business continuity plan were also in place. This information helped to identify any risks and ensure an appropriate response by staff in the event of a fire or major incident. On call support was also provided by the registered manager and the deputy manager.

The registered provider had developed an infection control policy and procedure to provide guidance to staff on their collective and individual responsibilities for minimising and controlling the risk of infection. Personal protective equipment was also provided for staff to safeguard their health and safety and infection

control training was in place. Records viewed highlighted that 83.4% of the staff team had completed this training.

We saw evidence that quarterly infection control audits were routinely undertaken and that any actions required were recorded. Since our last inspection, the registered provider had commissioned an external consultant to undertake an independent infection control audit. Following the audit, the assessor awarded an overall score of 93% which was in the 'excellent' category.

Areas viewed during the inspection appeared clean and hygienic and no malodorous smells were noted. Since the last inspection, the registered provider had made arrangements to clean the clinical storage rooms in the basement and fitted new sealed floor coverings. Work was also in progress to repair the floor in the laundry area.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Tabley House was effective. People spoken with confirmed the service was effective.

For example, comments received from people living in the care home included, "Staff always ask first. They do not come into my room at certain times either. I stipulate that. If I need a doctor or anything I ask them. I am my own boss and that's the way it is", "The food is good. You can choose between what there is and there is tea and biscuits morning and afternoon", "Staff always knock and shout me to come in. I have just had my personal care done. I feel refreshed now and lovely" and "I've no arguments about living here. I'm treated well."

Likewise, we received feedback from relatives such as: "The food from what I've seen is good. X [a person living in the care home] can be picky but on the whole eats most things. If she doesn't like it they [catering staff] will accommodate with something else"; "X [a person living in the care home] room is lovely. He has all his things around him. Very important as it helps him remember"; "Due to the nature of X [a person living in the care home] illness it can be difficult to find out from her what she wants. When staff are around she responds well. I can see that" and "X [a person living in the care home] was struggling to get up and in and out of bed. They [the care home] arranged a special hoist for him. It's much better. You can't get better than that."

At our last inspection in March 2018, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'need for consent'. This was because the registered person did not have suitable arrangements in place to obtain people's consent in accordance with the Mental Capacity Act (MCA).

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 or authorisations to deprive a person of their liberty were being met.

Since our last inspection, the registered manager had taken action to ensure mental capacity assessments

had been reviewed and completed where there was reasonable belief that a person living in the care home lacked capacity to make specific decisions. Where people did not have capacity, and could not give consent, we saw documentary evidence that specific decisions had also been made in people's best interests and were the least restrictive option.

We also spoke with a best interest assessor from a local authority during the inspection who told us that they had no concerns regarding the documentation they had viewed. The local social services department was responsible for agreeing to any DoLS imposed and for ensuring they were kept under review.

The registered provider had developed policies on the MCA and DoLS. An easy read guide on the MCA was also available in the reception area for people to view. Staff spoken with told us that they had completed training in this protective legislation to help them understand their duty of care. Training records highlighted that 100% of the staff team had completed this key training.

The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation and the details of people with lasting power of attorney had also been recorded. At the time of our inspection, the local authority had authorised DoLS for seven people living in the care home. A further two applications had also been submitted to the local authority which were awaiting a decision on whether to authorise.

At our last inspection in March 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had not done all that was reasonably practicable to mitigate people's nutritional risks and meet their needs.

At this inspection we found the registered provider had met their legal requirement and that action had been taken to address the breach. For example, since our last inspection, the registered provider had arranged for the organisation's head of speech and language therapy (SALT) team to complete a full assessment of the service and each person's needs. The registered provider had also appointed a SALT lead to work with catering and clinical staff to ensure people's needs were clearly identified and responded to.

The registered manager had also updated all care plans to ensure they reflected in more detail people's needs and preferences in relation to their dietary and health needs. Likewise, catering staff had acquired important information relevant to each person's dietary needs. This ensured that staff understood how to provide safe and effective care to people.

At our last inspection in March 2018, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had not provided agency staff with an induction or information about the service that prepared them for their role.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, the registered manager had introduced a new agency staff induction sheet which had been completed for all new agency staff and reviewed every six months. Additionally, a quick reference guide had been produced in addition to 'grab and go' records which contained key information on the needs of people using the service.

We noted that agency staff were also involved in handover meetings upon commencing a shift. This helped to ensure agency staff were briefed on the wellbeing of people living in the home and made aware of key

issues relating to people's care and support needs.

Tabley House is an 18th Century Palladian country house which has been converted to provide residential, nursing and intermediate care for up to 59 people. The accommodation is over two levels (ground and second floor) as the first floor operates as a secure arts museum.

Each person's room was fitted with en-suite facilities and people using the service were noted to have access to a range of individual aids to assist with their mobility and independence.

People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable.

We noted that the dementia care unit was not designed or decorated to reflect people's needs. However, there were framed pictures, press extracts, a record player, a sewing machine and a keyboard along the hallway which did help encourage reminiscence of the 1950's and 1960's. Since our last inspection, we saw that the registered provider had also displayed some basic signage around the unit and photo and name boards had been fitted to people's bedroom doors.

We raised the dementia care unit and service delivery with the organisation's regional operations director and the senior facilities manager during our inspection. We were informed that because Tabley House was a grade one listed building operating as care home, there were significant limitations and restrictions as to what internal and external work could be undertaken to the building to make it more dementia friendly.

In order to further enhance the environment and dementia care service, the regional operations director told us that the registered provider would make arrangements to consult a dementia specialist. This advice will help guide the service on how best to improve the environment and develop care practices. For example, the best colour schemes, signage, orientation aids and equipment to purchase.

We noted that quotes had been submitted and approved to supply and fit new carpet, furniture, chairs and tables for the residential and nursing area. We noted that the decoration and refurbishment of the dementia unit would remain on hold until advice had been sought from a dementia specialist. Quotations had also been obtained to improve other areas of the care home such as the laundry floor and application of safety film to windows in the area accommodating people living with dementia. Upon completion of our inspection we received confirmation that this work had been completed.

A three-week rolling menu was in operation at the care home which was displayed in a standard format on notice boards around the home for people to view. We noted that a new menu had been developed in response to the last resident survey questionnaire. This was due to be rolled out in November 2018. The menus offered people a choice of meals each day. The daily menu was recorded on daily menu cards which were left in people's rooms for people to record their preferences.

We spoke with the catering manager and a chef on duty during the inspection and looked at the kitchen area. The kitchen appeared clean and hygienic and catering records relevant to the operation of the kitchen were being maintained to ensure best practice. We noted that the most recent food standards agency inspection was in October 2017. The care home was awarded a rating of five out of five following the inspection. This meant that food standards were rated as 'very good'.

Since our last inspection, a dietetic board had been fitted in the kitchen which contained details of each person's food preferences, likes and dislikes, special dietary needs, allergies and general food related

requests.

Food was transported from the kitchen to the dining areas in a heated trolley. Tables were appropriately equipped with tablecloths, flowers, tablemats, cutlery and condiments in the residential and nursing area, known in the care home as the main house. We saw that people were offered a choice of drinks and additional refreshments and snacks were provided throughout each day.

Staff spoken with demonstrated a good understanding of each person's dietary needs and food preferences. We saw that staff utilised the Malnutrition Universal Screening Tool (MUST). The MUST tool helps to identify people who are malnourished or at risk of malnutrition (undernutrition) or obese. We also saw that staff completed relevant monitoring charts for food and fluid intake when necessary. This helped to monitor that people were not losing or gaining weight inappropriately.

We undertook a short observational framework for inspection (SOFI) on the unit accommodating people living with dementia during a lunch time meal.

Although the service did not use pictorial menus, we saw that people living in the care home were offered a choice of meal and that meals were attractively presented and looked and smelt appetising. Staff were seen to take time to communicate and engage with people in a positive, caring and dignified manner whilst at the same time offering appropriate levels of support to people who required assistance with eating and drinking.

For example, during the mealtime one person started to become distressed. We observed that the nurse on duty took time to offer reassurance and support the person to finish their meal in the privacy of the lounge area away from other people. This enabled the person to receive the necessary support they required and helped to ensure other people were able to continue their meal with the least disruption possible. This interaction helped to calm the person's level of anxiety and the person was noted to respond well to the nurse's intervention and support.

People were observed to be given the necessary time to eat and finish their meals at their preferred pace and sufficient quantities of food were available to satisfy people's appetites.

We noted that systems were in place to ensure the needs of people were assessed and kept under review following admission to the care home. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

The registered manager told us that they endeavoured to work in partnership with other teams and services to ensure the delivery of effective care and support for people using the service. This included a range of health and social care practitioners such as GPs; the continuing health care team; dieticians; tissue viability nurses; speech and language therapists; physiotherapists; chiropodists and opticians. During the inspection we observed a visiting GP undertaking a weekly visit to the home in addition to a best interest assessor from a local authority.

People using the service told us that they were supported to access a range of health care professionals subject to their individual needs.

Discussion with staff and examination of training records confirmed staff had access to regular supervisions, team meetings and training. Records viewed confirmed staff had completed a range of induction, mandatory and service specific training that was relevant to their role and responsibilities. The registered

manager told us that first aid training was not offered to care staff as the care home had nursing staff on duty at all times.

At the time of our inspection training records were in the process of being transitioned from a previous training records management system to an alternative version. It was therefore difficult to accurately appraise the level of training completed by staff. However, no concerns were identified at our last inspection in March 2018 and systems were in place to identify when training was due to expire.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Tabley House was caring. People spoken with confirmed the service was caring and that people were treated with dignity and respect.

For example, comments received from people living in the care home included: "Staff are really nice and friendly", "I like it here. They [staff] listen to me."

Likewise, we received feedback from relatives such as, "As far as I am concerned, the staff are kind and caring and cannot do enough for X [a person living in the care home]", "I don't have to check on anything here. They know what they are doing and what is needed for X [a person living in the care home]. What more can I say", "X [a person living in the care home] has been cared for and treated well since day one. I pay a lot of money for him to stay here. All I can say is it is worth every penny" and "X [a person living in the care home] is cared for well. I see that when I visit. I come every day. Different times. She always looks well."

At our last inspection in March 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'person centred care'. This was because the registered person had not always ensured that people received care that met their needs.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

During our inspection of Tabley House, we spent time talking with people living in the care home, their relatives and a visiting health and a social care professional. Feedback received from all people spoken with was positive and people told us that the standard of care provided was good.

Throughout the inspection, we undertook observations within the care home. We observed the environment to offer a warm and friendly place to live. We saw that people using the service appeared clean, well-groomed and generally happy in their appearance.

People told us that they were empowered to follow their preferred daily routines and encouraged to maintain their independence. For example, people told us that they could choose what time they wanted to go to bed or get up in the morning, how they wished to spend their time through the day and what they wanted to wear or eat each day.

Staff were observed to be attentive and responsive to people's needs and were seen to engage with people on an individual and group level in a kind, caring and respectful manner. For example, through activities, spending time with people in communal areas of the care home and when assisting people with activities of daily living or mobilising around the care home. We saw that relatives were also made to feel welcome and encouraged to visit their family members at different times throughout the day.

We spoke with staff and asked them specific questions relating the care needs of people using the service. Staff told us that they had access to important information on people's support requirements and that they were given opportunities to read care plans and supporting records relating to the people they cared for. Through discussion and observation, it was clear that staff were aware of matters that were important and unique to people. For example, people's care needs, known risks, required personal aids and individual support requirements. Staff also demonstrated a commitment to providing personalised care, promoting and maintaining people's independence and safeguarding and upholding people's dignity, individuality and human rights.

The registered provider had developed a policy on the general data protection regulations and information on the organisation's privacy policy was published on the registered provider's website for reference.

People's care records were stored and maintained on a secure electronic records management system. Paper records were also used so that staff could record information about people's day-to-day care. The system was password protected which ensured that people's personal information was kept confidential. Other documentation in relation to people's care was also stored in a small office which was locked at all times.

Information on Tabley House had been produced in various forms including a 'Statement of Purpose' and a 'Residents' Guide'. Both documents were displayed in the reception area of the care home for people to view.

The documentation provided current and prospective service users with key information on the service such as: Cygnet's company values; aims and objectives; registered provider contact details; services available; the range of people's needs the service was intended to meet and service specific information.

The manager was aware of how to access advocacy services in the event a person required support to make decisions and did not have family and friends to assist them. An advocate is a person that helps an individual to express their wishes and views and help them stand up for their rights.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Tabley House was responsive. People spoken with confirmed the service was responsive.

For example, comments received from people living in the care home included, "I can speak up for myself and do not suffer fools lightly. If it's not right and how I want it I will say and go to the top. I know how to complain and have done so. It is followed up on", "There is always something [activities] going on. I join in if I want to. It's lovely outside. I like to walk in the grounds. Staff help me", "I'm going out today to the pub for lunch. We go each week somewhere.

Likewise, we received feedback from relatives such as, "X [a person living in the care home] is treated an individual. The care is person centred. His care plan had been changed to ensure his care is appropriate. I have been involved right through the process", "No complaints. There may be a niggles in that the wi-fi is not great. Activities there is always something. X [a person living in the care home] does most things but he doesn't like the outings. That's his choice. They [staff] respect that. He is respected as an individual" and "Very satisfied with the home. We had a couple of issues when X [a person living in the care home] first moved in. We raised them and they got sorted."

At our last inspection in March 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'person centred care'. This was because the registered person had not always ensured that people received the person-centred care that they needed.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, the registered manager had undertaken a full review of every person's care records to include assessment information, care and support plans, risk assessments and supporting documentation. Records had also been kept under monthly review.

Furthermore, the registered manager was in the process of coordinating care plan review meetings with people using the service and their family members (where appropriate). The meetings had been completed with approximately 50% of people using the service to ensure people were involved in the care planning process and to seek confirmation that people were in agreement with the information recorded. This helped to provide evidence that care plans were person centred and that they contained relevant and accurate information.

At our last inspection in March 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the registered person had not always ensured that people received care and support that was safe and met their needs.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, the registered manager had made arrangements to ensure pressure

mattress settings were routinely checked and recorded. Furthermore, care plans and associated records had been updated to ensure that staff knew which slings and hoists were to be used for each person. Notices had also been placed discreetly in people's wardrobe to also remind staff where applicable. Since the last inspection, paper records relating to the recording of repositioning and other care related tasks had been introduced. This action was taken to enable staff to complete records contemporaneously as previously they had been stored on a computer and had not always been completed.

The registered provider had developed a policy entitled 'Listening to service users' complaints policy'. This document provided guidance to people using the service or their representatives on how to make a complaint and was displayed in the reception area of the care home and on notice boards.

An easy read poster and complaints and concerns notice was also in place which had been produced using signs and symbols. Information on how to complain had also been included in the care home's residents' guide.

We looked at the complaint log and associated records for the care home. Records indicated that there had been three complaints since our last inspection in March 2018. Records confirmed that appropriate action had been taken to investigate and respond to any concerns raised.

No formal complaints were received from people using the service or their representatives during the inspection. People spoken with told us that they were confident that if they raised a complaint their concerns would be listened to and acted upon.

The registered provider employed five part-time activity coordinators who were responsible for the provision of a range of activities for people using the service during Monday to Friday.

The activity coordinators were line managed by the care home's senior administrator and activities manager who was responsible for the development of an activity programme. We spoke with this person and an activity coordinator during the inspection and looked at information related to activities.

We noted that a programme of monthly activities had been produced which was displayed on notice boards within the care home for people to view. Additionally, an activities sheet had been developed which was delivered to people living in the care home on a weekly basis.

The activities programme highlighted that a range of group, individual and on and off-site activities were facilitated. For example, during our inspection we noted that people were supported to visit a local pub for lunch and involved in a range of activities such as nail care, sherry morning, bingo sessions, morning walks and one to one time. A musical entertainer also visited the home during one afternoon.

We noted that the staff had access to a range of resources to assist in the provision of various activities. However, the activity programme had been developed in a standard format and did not identify if any meaningful activities were provided for people living with dementia.

The senior administrator and activities manager acknowledged this feedback and assured us that they would take action to develop the programme in a more accessible format that was reflective of the needs of all people living in the care home.

People spoken with confirmed they were happy with the range of activities on offer and records of individual activities were maintained and available for reference.

At the time of our inspection, none of the people using the service were receiving end of life care. We discussed the home's arrangements for end of life care planning with the registered manager and noted that the registered provider had developed an 'end of life care' policy. A range of information leaflets entitled 'palliative and end of life care'; 'what is CPR and DNACPR'; 'advance care planning' and 'how do you know my loved one is dying' had also been produced to provide guidance for people.

Records were also in place to record people's wellbeing and wishes. For example, the care home utilised a booklet produced by the East Cheshire Hospice end of life partnership and a dedicated care plan for people at the end stages of their life. This took into consideration important factors such as people's spiritual needs, anticipatory medication, where a person would prefer to be cared for when nearing the end of life and what their wishes were after death such as their preferred funeral director.

The registered manager told us that the care home had established links with the Cheshire East Hospice, GPs, Macmillan specialist nurses, ministers of religion and other healthcare professionals. This helped to ensure that people received appropriate support towards the end of their life if they expressed a wish to stay at Tabley House.

The care home utilised a range of assistive technology to help keep people safe and to maintain people's independence. Since our last inspection, the nurse call system had been upgraded and extended throughout the care home. Call bells, mobile bracelets, bed sensor mats and door activation sensors were utilised subject to people's individual needs.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they felt the service provided at Tabley House was well-led. People spoken with felt the service was managed well and told us that the manager was approachable.

For example, comments received from people living in the care home included, "The matron (registered manager) is good. You can see her if you want to or when she is going around", "If I need to see X [the registered manager] for anything then I can" and "The matron is very good."

Likewise, we received feedback from relatives such as, "My wife is looked after well. The manager sees to that", "I can't fault the home or the management" and "The manager's door is always open."

At our last inspection in March 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'good governance'. This was because the registered person had not established effective governance arrangements.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

Tabley House had a manager in place that was registered with the Care Quality Commission. The registered manager had been responsible for the management of the care home since February 2005 and was present throughout the four days of our inspection.

The registered manager was initially supported by a representative from the provider's senior management team and an acting deputy manager. On the final day of our inspection, the registered provider transferred an experienced operations director to attend the inspection. This was to oversee further service development initiatives, coordinate and support the registered manager to implement new quality assurance systems and to establish outstanding corporate management information and recording systems within the service. Upon completion of our inspection we received confirmation from the registered provider's chief operating officer that this operations director would retain overall responsibility for the care home moving forward.

The registered provider (Cygnet Health Care) was governed by a board of directors that had overall responsibility for the operation of the service. Information on the senior leadership team, approach to governance and operating values had been published on the registered provider's website. This highlighted that that organisation was guided by the values of integrity, trust, empowerment, respect and care which it aimed to promote within services, in order to make a positive difference to the lives of people.

We asked the registered manager for information on the governance arrangements and supporting documentation for the care home. We were informed that there was no specific governance policy for the nursing homes within the organisation and were provided with a protocol entitled 'Governance

Management at Tabley House Nursing Home'. This highlighted that the existing governance arrangements for the care home consisted of bi-annual local board meetings; monthly visits and reports from the quality assurance manager; visits and weekly reviews of accidents and incidents by an operations improvement director and analysis of data and incidents by the quality improvement group, patient safety committee and corporate risk manager. Local risk registers and action plans were routinely produced for the care home and the registered manager and designated staff attended various groups to share and receive information.

A bi-annual financial audit was completed and an annual audit programme was in place which outlined a schedule of rudimentary audits that were undertaken within the care home at various intervals throughout the year. The audits covered a range of areas such as medication, catering, laundry, maintenance, infection control, health and safety and first impressions. Examination of the audits highlighted that there was no effective oversight of the findings of the audits or a review of any actions recorded. Furthermore, the audits encouraged a tick box approach and staff were often noted to be auditing areas relating to their own roles and responsibilities. If there is ineffective oversight of auditing processes and a lack of attention to detail, there is the potential for flawed data to be recorded or key information to be missed.

For example, the most recent medication audit asked a question about whether the home had medication policies and procedures in place for staff and whether staff had access to patient information leaflets. The person who had completed the audit had ticked 'yes'. When we looked at medication systems and practice within the care home we found that staff did not have access to a complete medication policy in the medication file and all the patient information leaflets had been folded up and randomly placed in a plastic bag which was tied and stored in a cupboard. Furthermore, questions relating to records, pharmacy information, training and competency assessments had not been completed. Despite the above findings the auditor had recorded a score of 99%.

We noted that the registered provider's quality assurance manager had undertaken monthly audits that were linked to CQC's five domains using a document entitled 'quality review – care home without nursing'. There was no evidence that the clinical needs of people using the service were being kept under review as part of this or any other audit or governance process viewed.

The registered manager told us that she had previously completed a monthly log of clinical and medical incidents and agreed to reintroduce this audit tool to demonstrate that people's clinical needs were being kept under review. On the third day of our inspection, the registered manager provided us with clinical logs for the past three months that had been completed retrospectively.

The quality assurance manager had recorded for the audit undertaken in August that the "the latest suite of audit tools and schedule does not yet appear to be in place." Likewise, for the September audit, the auditor recorded that "plans in place to move to amend the corporate audit tools so that they are appropriate for nursing homes".

The registered manager provided evidence that they had started to complete the provider's corporate audit documentation after the second day of our four-day inspection. This was for care records and incident records only. The new audit tools included a question on whether the previous month's audit actions had been completed and included clear actions, details of the person responsible and the timescales for completion. The development and application of the corporate audit tools remained work in progress at the time of our inspection and was therefore not fully embedded into practice.

Upon completion of our inspection, the registered manager sent us an improvement plan and evidence that monthly governance meetings had been introduced. This was also work in progress at the time of our

inspection and progress will be reviewed at our next inspection.

The new template for monthly governance meetings provided evidence that the registered provider had developed a robust and comprehensive system that enabled key aspects of the service to be routinely monitored and evaluated. This included a comprehensive breakdown and evaluation of clinical and medical incidents; complaints and compliments; safeguarding incidents; incidents and accidents; medication incidents; Mental Capacity Act and deprivation of liberty matters; facilities; environmental issues; risk register and action plans; guidance and lessons learnt; engagement of people using the service; audit compliance; statutory compliance and any other business.

Resident survey questionnaires were sent out to 50% of people living in the care home or their relatives each year. The last survey was distributed in July 2018. Twenty questionnaires were distributed and 12 were received.

The questions focussed on access; aesthetics; attentiveness, helpfulness and availability of staff; quality of care; cleanliness; comfort; commitment; communication; competence; dignity; food; flexibility; friendliness of staff; integrity; reliability; responsiveness and security.

Overall, respondents selected either 'delighted', 'happy' or 'acceptable' for each section. Questions relating to commitment, communication, food, reliability and responsiveness indicated that one or two people had scored that they were either unhappy or dissatisfied. The analysis of results and action plan page indicated that the service would aim to meet with any individuals who had identified themselves and recorded a score in the 'dissatisfied' or 'unhappy' box.

Examination of records and discussion with staff confirmed they had attended various team meetings relevant to their roles and responsibilities and the operation of the service. We looked at a sample of team meeting minutes and noted that the staff representative group, registered nurses, care staff and 'non-clinical' staff had met periodically throughout the year.

Daily handover reports were also in place which nursing staff used to share information relevant to the needs of people using the service when changing shifts. Quarterly meetings with the home's GP were also coordinated which were used to discuss any admissions to hospital from the service; reasons for admission; aspects of people's clinical care needs and their preferred wishes; falls; deaths; mental capacity and other relevant business.

Relative and resident meetings were also coordinated throughout the year during which people were encouraged to share and receive information relating to areas such as activities, catering, planned expenditure and other matter relating to the wellbeing of people living in the care home.

Periodic monitoring of the standard of care provided to residents funded via the local authority is also undertaken by Cheshire East Council's quality assurance team. This is an external monitoring process to ensure the service meets its contractual obligations. We contacted a representative from the quality assurance team prior to this inspection and received positive feedback regarding the team's most recent involvement with the care home.

Since our last inspection, the care home had received an enter and view visit from Healthwatch Cheshire East during June 2018. Healthwatch England was established as an effective, independent consumer champion for health and social care. It also provides a leadership and support role for the local Healthwatch network. A report was produced following the visit which was generally positive. Recommendations were

made for internal refurbishment work to be completed, continue developments with the activities programme to include more craft and painting activities and to establishing links with local schools and organisations. This work was ongoing at the time of our inspection.

The registered manager is required to notify the CQC of certain significant events that may occur in the care home. The registered manager had kept a record of these notifications and had notified the Commission of reportable incidents as required under the Health and Social Care Act 2008.

Ratings from the last inspection were displayed in the entrance area of the care home as required. The provider's website also reflected the current rating of the service. Since April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services and the public with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.