

St Philips Care Limited

Tunstall Hall Care Centre

Inspection report

Tunstall Hall
Newcastle Road
Market Drayton
Shropshire
TF9 4AA

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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

Tunstall Hall Care Centre is a care home. 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.

Tunstall Hall provides accommodation and personal care for up to 33 people and at the time of our inspection, there were 26 people using the service some of who were living with dementia. The building is spread over three floors with two other separate buildings used as Independent Living Bungalows. At this inspection, only one of the bungalows was occupied.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People, relatives and staff told us that Tunstall Hall was a safe place to live. Staff knew of people's risks and how to manage them well. There were enough staff to meet the needs of people and the staff were suitably skilled to do so. People received their medication on time and staff knew how to reduce the risk of the spread of infection to people. The service recognised when things went wrong and the service was on a journey of improvement.

People had their needs assessed by a team who worked well with other agencies and healthcare professionals. People had enough food and drink. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People spoke positively about the staff who were described as caring. Staff knew people they were supporting well and people had their dignity upheld and respected. People and staff told us the registered manager was friendly and approachable and people knew how to make a complaint should they need to.

People had access to activities and people had their needs assessed in a way that was person-centred and were given choice and control over how their care needs were met. End of Life wishes were considered and planned for.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Tunstall Hall Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 November 2018 and was unannounced. The inspection team consisted of one 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.

Before the inspection took place, we looked at the information we held about the service. We asked the provider to send us a Provider Information Return (PIR) form. This is a form that tells us more about the service such as what things they have done well and what improvements they intend to make. We looked at notifications. A notification is information about important events that have taken place at the service such as serious injuries and deaths which the provider is required to send to us by law.

As part of the inspection, we spoke with five people who used the service, three relatives and four members of care staff, the cook and the activities coordinator. We spoke with the regional manager and the registered manager.

We looked at one care record, one staff recruitment file and records relating to the management of the service, for example an infection control audit. We also looked at Medication Administration Records (MAR).

Is the service safe?

Our findings

The service continued to be good.

Medicines were mostly managed safely. We identified that staff were not consistently putting dates on medication bottles and boxes once they were opened which increased the risk of people receiving out-of-date medication. We brought this to the attention of the registered manager who rectified this during the inspection. Medicine Administration Records (MAR) charts evidenced that people were receiving their prescribed medication on time and medication was stored in a safe way. People who received 'as required' medication had protocols in place to monitor the frequency and amount of medication they received.

People told us that they felt safe at Tunstall Hall. One person said, "I always get help when I need it; the staff are good." Staff knew how to recognise abuse and how to report their concerns. Staff had received safeguarding training and there was a whistleblowing policy available. Where whistleblowing concerns had been raised, these were investigated and addressed with an action plan put in place to prevent the same issues occurring.

There were enough staff to meet people's needs and the registered manager used a dependency tool to determine the correct number of people to staff ratio. A person told us that they felt the service could benefit from additional staff and one staff member said, "It is hard when staff ring in sick, that is when staffing is low." The registered manager had recently considered how staff were redeployed throughout the service to ensure staff had a visible presence on each floor of the building and the deputy manager had changed their working pattern to better suit the needs of the service.

People had their risks assessed and a risk assessment put in place to mitigate the chances of the risk occurring. Staff were able to tell us who needed support to stay safe and records we saw confirmed what staff had told us. The service used an electronic care planning system which highlighted known risk to staff looking at the records with a more detailed risk assessment contained within the care file.

Staff were observed wearing Personal Protective Equipment (PPE) and staff had received infection control training. The environment was clean and we observed domestic staff undertaking cleaning duties throughout the day.

When things went wrong, action plans had been put in place to address areas of concern. The registered manager was committed to driving improvement and learning from previous experiences.

Is the service effective?

Our findings

The service continued to be effective.

People's needs were assessed and recorded using an electronic care planning system. Care plans were detailed and personalised and reflected the wishes of people and how they wanted their support to be delivered. The system allowed staff to update care records at the time of supporting people which meant records were accurate and current. The records highlighted when there was a need for review. The registered manager and the deputy manager had responsibility for reviewing people's care plans and we saw that there was a new schedule in place for this to take place in a timely way.

Staff told us that they had received training in order to carry out their roles sufficiently. One staff member said, "I received an induction that included shadowing shifts." Another staff member told us, "I have my competencies checked to administer medicines." The registered manager kept a training record that evidenced when training had been completed and when it was due for renewal. Staff also told us that they received one-to-one supervisions and appraisals which meant they had the opportunity to discuss any learning or development needs. During this inspection, we had sight of a supervision record which supported what staff were telling us.

Staff had received Mental Capacity Act training and we observed staff seeking consent from people before assisting people with their care and support needs. 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 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 Safeguarding (DoLS). We looked at records to ensure that people who being restricted of their liberty were being done so lawfully and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People received enough food and drink to meet their dietary requirements. We observed people being offered drinks and snacks throughout the day. People told us that they received two choices at meal times and we observed staff showing people two smaller plates of the available choice at lunch time in order to support people with their decision making. The registered manager had introduced a system at meal times whereby all staff were expected to 'down tools' and be present with people in order to create a more relaxed and inclusive atmosphere. The registered manager was able to evidence that some people were eating better as a result of the implementation of the system and some people had even gained weight.

People received consistent care. Staff had a handover at the beginning of each of their shifts and there was a communication book for staff to share information with each other. This book was signed by a senior member of staff who took responsibility for confirming that the information had been disseminated

amongst care staff. Records we looked at demonstrated that referrals to other organisations and healthcare professionals were made in a timely way and we observed a visiting professional at the service responding to a referral request at the time of our inspection.

People had their personal belongings in their rooms and rooms were decorated to people's individual preference and taste. There was some signage throughout the building to support the people who were living with dementia.

Is the service caring?

Our findings

The service continued to be caring.

People told us that they were receiving good care at Tunstall Hall. One person said, "Some staff in particular are very caring and I seem to have a good relationship with all the staff." A relative said, "Staff are very amiable and they listen." We observed positive interactions between people and staff during our inspection and staff showed patience and compassion when supporting people. We saw one person become disorientated and seemed to be in distress. The staff member spoke softly to the person asking them where they would like to go or what they would like to do. The person seemed reassured and became less distressed having had reassurance from the staff member.

Staff promoted choice whilst preserving people's dignity. During the inspection, one person needed personal care support but expressed that they did not want to move from the seating area they were in. The staff members who were present tried to discreetly encourage the person to move to a more private space and they gave the person a number of options. The person did not want to move but recognised they required support. The staff team subtly placed a screen around the person and attended to their personal care needs. This was done quietly with no disruption to other people who were in the same area.

Care plans contained detailed information about people's preferences and people were given the opportunity to make decisions and choices about how their care and support was delivered. Staff told us that they were able to read care plans which enabled them to support people and promote independence and we observed this in practice during our inspection.

Is the service responsive?

Our findings

The service continued to be responsive.

Care plans were detailed and contained person-centred information that helped care staff support people in an individualised way. A staff member said, "The care plans are very detailed and it can take a lot of time to read through them but the hand held devices have made this easier." Another staff member said, "We get to know families and we can talk to them. This helps us get to know more about people who cannot tell us their likes and preferences for themselves." The deputy manager told us that as part of their new role, they would be taking the opportunity to regularly review and update care plans. The registered manager confirmed what the deputy manager told us saying, "We now have supernumerary time for our deputy so they can spend time further improving the care plans for people."

The service had an activities coordinator who showed us a timetable of activities that were on offer for people. One person said, "We do bowling and skittles, ball games and singing." Staff told us that they felt there could be more activities for people and that special events such as remembrance day could be celebrated with people. We fed this back to the registered manager and we saw meeting notes that evidenced the activities coordinator had a plan to improve the activity timetable to make this more personal to people so they could participate in more meaningful activities. We saw photographs of activities that had taken place such as pumpkin carving and cake baking. The activities coordinator told us that they would be putting the pictures on display so that visitors to the service could see what their relatives had been doing.

There was a complaints policy in place and we saw that where the service had received complaints, these had been responded to as per the guidelines set out in the service policy. People told us that they knew how to make a complaint and that they were confident that any issues would be addressed appropriately. One person said, "I would talk to the manager here." Another person said, "Yes, I would speak to the manager but there are no problems." A relative said, "I would see the registered manager. They are very approachable and we have made no complaints."

The registered manager demonstrated a good awareness and understanding of their responsibilities in relation to Accessible Information Standards (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager told us that they provided information to people in different formats if they needed it and they were in the process of providing information in pictorial form. This was so that people who needed additional support in making decisions and choices would have more opportunity to independently do so.

During our inspection, there was no one using the service who was being supported with end of life care. People and their relatives were given the opportunity to speak about their end of life wishes and records we saw evidenced this.

Is the service well-led?

Our findings

The service continued to be well-led

There was a registered manager in post. 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 had been in their post for ten months and told us that they had made many changes to the service and that they were making continual improvements. We observed some of the new systems that had been implemented and saw that there was an emphasis on focused leadership. The registered manager spoke passionately about the plans they had to optimise and sustain good practice.

People who used the service said that they thought the registered manager was approachable. One person said, "I know the registered manager, she is very nice." A relative told us, "The registered manager is very nice and very approachable." The registered manager told us that they held resident and relative meetings and that the service was in the process of forming a residents and relatives committee so people could take ownership for the meetings and have the opportunity to discuss important topics that were personable to them. The registered manager also told us that they were encouraging more people and relatives to become more engaged by incorporating these forums with events such as cheese and wine evenings.

The service was developing good links with the community such as the local church and the registered manager was a member of Shropshire Partners in Care (SPiC) which is a workforce development partnership for health and social care professionals. The service was also developing links with the Alzheimer's society.

There were systems and quality assurance checks in place to ensure that the service was providing effective care and support for people. The registered manager worked with the provider to carry out audits and identify any shortfalls. Where it was found that there had been errors, these were addressed in an action plan and plans we saw showed us that these actions had been met.

The registered manager understood their responsibilities with us and had notified us of significant events that had happened at the service. This meant that we could check that appropriate actions had been taken. It is a legal requirement for the service to display their rating both within the service and on their website. The service had met this legal requirement.