Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Tabley House

Tabley Lane, Knutsford, WA16 0HB

Tel: 01565650888

Date of Inspection: 01 May 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Cygnet Health Care Limited
Registered Manager	Ms. Karen Lynskey
Overview of the service	Tabley House is part of Cygnet Health Care Limited and is registered to provide accommodation for 59 people who require nursing care and/or support with personal care. The home is located about one mile from Knutsford town. The majority of bedrooms are single with a number of shared rooms available if required. All of the rooms have en suite facilities. Further information about the accommodation, fees and other charges can be obtained by contacting the service.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

On our unannounced inspection on 1 May 2013 we spoke to the registered manager, three members of staff, four people living at the home and two relatives.

We spoke to one relative who said; "Staff meet her needs, we would not be here otherwise." Another relative said; "She can choose whatever clothes she wants, and there is a great choice of meals."

We looked at four care plans for people living at the home. We saw that care plans were detailed and well ordered.

We saw that staff were very patient with people who took a long time to eat. One staff member told us "It is important to me that if I am helping someone, I do so from start to finish."

We asked about staff appraisals and were told that these were structured to meet organisational and individual needs as well as promoting high standards of care within the home.

We were shown a number of risk assessments and audits of various areas within the care home including; building maintenance, infection control, people's weight, equipment, medications, training and staff surveys.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The people we spoke with told us they had a choice in relation to how they spent their day. We saw that there were choices for people to make in relation to meals, what they wore, activities they were involved in and what time they got up and went to bed. We spoke to one relative who said; "Staff meet her needs, we would not be here otherwise." Another relative said; "She can choose whatever clothes she wants, and there is a great choice of meals."

We saw that staff spoke to people appropriately so that they were not overheard and always knocked on doors before entering rooms even if they were vacant. This demonstrated that staff were aware that rooms belonged to people regardless of if they were present. We were told that staff encouraged people using the service to be independent. The staff we spoke to were clear about how to maintain people's dignity and privacy and gave examples of how they achieved this. One member of staff told us; "If residents cannot tell us themselves, we rely on family to help guide us with choices."

We also used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's experiences of care were. This is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent 30 minutes observing during lunchtime and found that people had positive experiences. The staff engaging with them knew what support they needed and they respected their wishes. This showed us that people were treated with dignity and respect.

We spoke to the activities manager and her assistant about what activities people could get involved in. We were told that there was a large array of things for people to do including pub lunches, visits to local places of interest, coffee mornings and board games. We were told by staff; "We have been to feed the ducks at Redesmere this afternoon." We saw that there was a monthly activities sheet on display outlining activities being provided by external entertainers. There was also a weekly menu of things to do which the home's activities team provided.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We asked the registered manager to tell us how they ensured people received safe care and support that met their individual needs. We were told that people were assessed to ensure that their individual needs could be met before they moved into the home. The manager provided examples of when a person's needs could not be met and how she would deal with this. We were told that once a person was admitted to the home, risk assessments were completed and a care plan was put into place immediately. A care plan details the individual's assessed care and support needs and shows how those needs are to be met by the staff.

We were told that all care plans and risk assessments were reviewed at least every month and that a fuller review took place annually. We looked at four care plans for people living at the home. We saw that care plans were detailed and well ordered. Monthly and annual reviews were well documented and the manager told us that senior staff were responsible for reviewing these in a timely manner. We saw that there was a lot of evidence of family involvement in the care planning. This ensured that people who could not easily communicate were represented by people who knew their needs and wishes.

We saw in the care plans that were reviewed that suitable risk assessments had taken place and that measures to reduce risks had been employed. We saw that the care plans contained a detailed life story of the person, this is important to assist carers with relating memories to people who are living with dementia. Staff we spoke to told us that they enjoyed a great deal of job satisfaction by making people's experiences better. One staff member told us how she would often dance to make people smile.

One care plan that we examined related to a person who had been assessed as not having capacity. This meant they had been assessed as not being able to make decisions for themselves. The assessment had been completed by the registered manager; it showed that family and other healthcare professionals had been involved in the decision making and that the person's best interests had been taken into account.

We saw that staff interacted well with people using the service and were kind and caring in the way that they delivered care to people. We saw one person being moved by two members of staff using specialised equipment. We saw that staff continually reassured the

person and told them exactly what was happening. This meant that the person was less likely to become distressed. Staff told us that they were well trained and were able to deliver a high standard of care. People using the service confirmed this, one person told us; "The nurses and carers are great." One relative told us; "The staff are very good, I come here every day so I have formed a relationship with them."

We saw that emergency procedures were in place and were told that fire drills took place regularly. The staff we spoke to were clear on their responsibilities should they need to evacuate people in an emergency. We saw that staff had been trained in the use of emergency evacuation equipment and that they received refresher training annually.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We asked the registered manager how the staff ensured that people were supported in having adequate nutrition and hydration. We were told that each person had a monthly baseline assessment and that a Malnutrition Universal Screening Tool (MUST) was used. This is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obesity. It also includes management guidelines which can be used to develop a care plan.

We saw that measures such as monthly weight checks were conducted and where there was concern, more frequent weight checks were completed. We were shown a weekly weight chart for one particular person, who was assessed as being at risk. We saw that once their weight had returned to an appropriate level, the checks returned to monthly. This ensured that people were not subjected to needless checks of their weight.

We were told that some people living in the home had difficulty in swallowing and that food needed to be specially prepared to reduce the risk of choking and ensure they could safely eat their food. We saw in their care plans that this was clearly documented and formed part of the daily care for that person. We were told a speech and language therapist and dietician had been involved in the assessments of people's nutritional support needs where necessary and records confirmed this. We saw that staff had received training in how to support people with specific medical conditions which put them at risk when eating food.

We saw that all staff had been trained in food hygiene and were shown training certificates and a training plan identifying when refresher training was needed. This ensured that all staff had the appropriate knowledge to safely meet people's needs relating to food hygiene.

We observed staff helping people with their lunchtime meal in one of the dining rooms. Meals had been placed in an accessible position for people to attempt to eat their meals independently, including those who required support. Staff sat with people on an individual basis and were not distracted from the support they provided. We saw that staff were very patient with people who took a long time to eat. One staff member told us "It is important to me that if I am helping someone, I do so from start to finish."

We saw that some people ate their lunch with their relatives. We saw that staff enabled

relatives to assist people in eating their meals. This showed us that they were promoting people's independence. One relative we spoke to told us; "I often have lunch here, it is always freshly made, they do a very good chicken kiev." Another said; "If she wasn't happy with the food she would not eat it. I have had one or two meals here, the food is very good."

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We asked the registered manager how she ensured that her staff were appropriately supported and trained to deliver safe care. We were told that the manager took personal responsibility for all recruitment, taking account of previous experience, personal motivation as well as qualifications. We were told and saw from staff files that skills of individuals were matched with others in each team to ensure that there was an overall mix of skills in teams.

We asked about staff appraisals and were told that these were structured to meet organisational and individual needs as well as promoting high standards of care within the home. We looked at a number of staff appraisals and saw that they were detailed and completed in a timely manner. We examined a file used to keep records of one to one supervisions. We saw that contrary to the policy of the home, they had not been completed as many times as they should have. We asked the manager about this, she told us she was aware that some work needed doing to get supervisions up to date and was currently addressing the issue.

We saw that the provider used an external training company to assist staff in attaining formal qualifications and that all staff were either qualified or working to National Vocational Qualification (NVQ), this is now called Qualifications Credits Framework (QCF) which is a competence-based qualification. This meant people learned practical, work related tasks designed to help them develop the skills and knowledge to do their job effectively.

NVQ/QCF or nursing accreditation. The electronic red, amber green system was utilised to plan and ensure mandatory training was completed in all key areas.

We spoke to three members of staff; they were all supportive of the manager and the senior staff. We were told that appraisals were effective and training requests were generally very well supported. The activities assistant provided us with several examples of specialist courses she had attended which were over and above her mandatory training.

Staff told us that regular team meetings took place and that they were an effective means of communication between management and staff. They also said that any suggestions

they made were listened to and changes put in place where appropriate.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked the registered manager to tell us what systems were in place to help protect people against the risks of inappropriate or unsafe care. We were told that a number of checks and systems were in use at the home. In addition to these checks a self assessment tool was used by the provider to monitor its effectiveness in delivering quality care. This tool was used to complete an annual self audit. The Local Authority also inspected the home on an annual basis.

We were shown a number of risk assessments and audits of various areas within the care home including; building maintenance, infection control, people's weight, equipment, medications, training and staff surveys. We saw that some of these audits were monitored using an electronic system which flagged up when something was due for checking or updating. The system worked on a red, amber, green process. This enabled the provider to quickly assess and prioritise what needed doing. We were told that the system was also monitored centrally by the parent company and any shortfalls were communicated to the registered manager.

We were told by the manager that regular staff meetings took place to talk about issues that had become apparent and staff confirmed this. The minutes of these meetings were recorded in a folder and any identified issues were progressed to a conclusion. One member of staff told us; "Any suggestions we make seem to be listened to."

We spoke to two relatives both of whom confirmed that meetings took place to take account of their views and of people who were living in the home. We saw that there were minutes of these meetings which showed that the issues raised were dealt with or an explanation of why they could not was given. One relative told us; "They hold residents meetings every six months, they are good at responding to suggestions."

The staff we spoke to told us that there was effective team work in place. They told us that the manager and senior staff were approachable and assisted them with any problems they might have.

Systems were in place to audit and monitor the quality of care provided to people using the

service. This meant that people using the service were protected against unsafe care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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