

Greensleeves Homes Trust

Tickford Abbey

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tickford Abbey is a Grade II listed building in Newport Pagnell that has been adapted to provide accommodation and personal care for up to 32 older people, some of whom are living with dementia. At the time of our inspection 27 people were using the service.

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

People's safety was underpinned by the provider's policies and processes. People's care records were in the process of being written following a loss of electronically stored data. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt and improvements made through the analysis and reporting of accidents and incidents. People were supported by sufficient staff who knew them well and who had undergone a robust recruitment process. Staff had undertaken training in topics to promote safety. Medicine systems were managed safely. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, a family member and staff were complimentary about the management of the service. Effective governance supported by systems and processes enabled the provider and registered manager to continually develop the service through proactive monitoring. People's views and that of family members were sought and changes were made in response to their feedback to continually improve quality outcomes for people.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 7 April 2021)

At our last inspection we recommended that the provider considered guidance on safe staffing levels in care homes and to take action to update their practice based on their consideration of the guidance. At this inspection we found the provider had acted on our recommendation and reviewed staffing numbers and had increased staffing reflective of people's needs.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tickford Abbey

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Tickford Abbey is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tickford Abbey is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought information from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 7 September 2022.

We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and a family member. We spoke with the registered manager, a member of care staff and two visiting professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including minutes of meetings, and quality and performance audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on safe staffing levels in care homes and take action to update their practice accordingly. We found improvements had been made.

- People's individual and collective needs, along with environmental factors such as the layout of the building were used to determine safe staffing numbers and meet people's needs and were regularly reviewed.
- People were complementary about the staff. A person told us, "The carers and staff are very good to me, I couldn't have better carers." A family member spoke positively about the staff, and said there was a small turnover in staff, which meant their relative was cared for by staff who knew them well.
- There were sufficient staff with the necessary training, skills and competence to promote people's safety and wellbeing. The registered manager considered the skill mix and experience of staff when developing staff duty rotas. A visiting professional told us, "Staff are very approachable, they know their residents really well"
- The registered manager had increased staffing numbers and introduced new staff roles to support people, this included a dining assistant to provide additional support at lunchtime. Additional training of housekeeping staff had equipped them with the knowledge and skills required to provide support and care to people, and support staffing numbers when required.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse, supported by staff with the knowledge and training required.
- Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
- The registered manager kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome, which included information to learn and improve the safety of people and shared with staff through internal communication systems.

Assessing risk, safety monitoring and management

- The provider had informed us of a loss of care records that were electronically stored. This was a result of a system failure of the company which provided the service. The registered manager and staff were in the

process of writing care records outlining people's care which included risk assessments.

- People were supported by staff who had provided their care and support prior to the loss of the electronic care records. This meant people's safety and care needs continued to be met by staff who had a good understanding of their needs.
- A family member told us they were of the measures used to promote their relative's safety, which included lowering their bed and the use of a sensor mat, so if they were to roll out of bed an alarm would be triggered, alerting staff.
- People identified at risk of malnutrition were monitored monthly for their weight. Measures were put in place to reduce the risk. Staff told us they provided fortified meals and drinks and encouraged additional snacks to help people gain weight, this approach was effective.
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility. Other factors to be considered to support a safe evacuation were also considered. For example, people's communication needs, such as a hearing impairment.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order, which included a review of the fire risk assessment, which included guidance on the use of evacuation chairs.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were administered, stored and disposed of safely and information about a person's medicine was recorded within their medication and care records.
- People received their medicines as prescribed and was administered by staff trained in the management of medicine who had their competency regularly assessed.
- A visiting professional told us the service worked well with them to reduce the use of certain medications prescribed for anxiety and distress. They told us "The service always tries other strategies before medication is considered."
- People's records provided clear guidance for the use of medication to be given as and when required. For example, to reduce people's anxiety when they became distressed or to control pain. Staff within an hour of administering medication under these circumstances checked to ensure it had been effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People visited the service in line with current government guidance with regards to COVID-19. All visitors wore a mask and had their temperature taken upon arrival at the service.
- A family member told us they regularly visited their relative without restrictions.
- Agreed plans and arrangements were in place to support family members and friends to continue to visit people at the service, should there be an outbreak of COVID-19 or any other infectious disease.

Learning lessons when things go wrong

- Processes and systems were in place to learn and improve people's care following an accident or incident. For example, a tracker was used to analyse falls each month. This included tracking time of day falls occurred to help identify possible themes. Actions were taken as a result of the analysis, which included reviewing of people's care needs, reviewing of staffing numbers or referrals to health care professionals.
- The provider shared information gathered through accidents and incidents which occurred across all its locations to promote people's safety. This enabled registered manager to take actions to prevent similar incidents.
- Incidents and accidents were reported to the relevant authorities, including the local authority, safeguarding teams and the Care Quality Commission.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found improvements had been made to the providers' systems and processes to ensure all areas of the service were running well and people were receiving good quality care. For example, staffing numbers were regularly reviewed to reflect people's needs.
- The registered manager's oversight and monitoring of the service had brought about improvement in key areas. For example, staff training was up to date, and improvements to the environment and facilities of the home. A staff member told us, "Dementia training has increased and is now a full day with a 1/2 day "virtual" session where you can experience the life of someone with dementia."
- Governance and oversight of the service was well-embedded. The provider's quality team carried out monthly visits to the service. The audits focused on safety and quality monitoring. A report was produced of their findings, supported by action points where improvements were identified that were actioned by the registered manager.
- A commitment to good communication and support by the registered manager enabled and encouraged staff to provide good quality care, through supervision, annual appraisal and meetings. A staff member told us, "The management structure has improved and communication is much better. Daily meetings with staff has helped communication and to be more aware of how people are in themselves."
- Developmental plans were developed in response to audits and analysis of data, these were monitored by the registered manager to ensure improvements were actioned where required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The registered manager submitted statutory notifications to the Care Quality Commission as per their legal responsibility to inform CQC of notifiable incidents, which had included the loss of access to electronically stored care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service. People told us the registered manager was approachable and the culture of the home was open and friendly. When we asked them about the registered manager they said, "We really like her" and went on to say "she pops in to see if everything is ok with us."
- People spoke positively about the care they received. A person told us, "We feel very lucky to be here,

sometimes it feels too good to be true. They went onto say, "We feel very well looked after and we can go out on our own whenever we want to."

- A family member was complimentary about the registered manager, reflecting upon the changes they had implemented since their appointment. They spoke of an increased friendliness and positive atmosphere in the service and told us how the registered manager had worked with staff, leading by example, to set clear guidelines for the provision of good quality care.
- Specific staff roles had been created with delegated areas of responsibility, which meant people's day to day experience of living at the home was centred around them and their quality of life. For example, staff were employed to undertake specific roles which included housekeeping and activity staff who supported people to take part in activities. A person told us how they enjoyed quizzes, painting and puzzles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Opportunities were available for people and family members to comment about the service provided and share information and ideas. A family member told us their views and experiences were sought through surveys and the meetings held at the service.
- People's views and that of family members were acted upon. For example, the times for serving meals had changed, with meals now being served later and the main meal being served in the evening instead of lunchtime. The registered manager had noted the change to mealtimes had helped people who were at risk of weight loss increase their weight and had also improved people's quality of sleep.
- The registered manager spoke of their commitment in developing a positive and inclusive culture by listening to staff. They said they supported and encouraged staff to identify solutions to bring about improvement and provide good quality care.

Continuous learning and improving care

- Improvements to the quality of care people received and the promotion of their health and wellbeing had been achieved through the monitoring and analysis of data. For example, some people were more likely to become distressed or upset at certain times of the day. In response, staff now worked with those individuals at these times.
- The registered manager was a member of Skills for Care, which provided them with access to resources for training and updates and changes to good practice guidance and legal requirements.

Working in partnership with others

- The service worked in partnership with a range of professionals. Visiting professionals told us they had a good working relationship with the registered manager, and that staff took on the advice of health practitioners well. They told us staff were proactive in alerting them to any deterioration in a person's health and wellbeing.