Country Court Care Homes 3 OpCo Limited

Tallington Lodge Care Home

Inspection report

Tallington Care Home
Main Road, Tallington
Stamford
Lincolnshire
PE9 4RP

Website: www.countrycourtcare.com

Date of inspection visit:
30 January 2019

Date of publication:
26 April 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Tallington Lodge Care Home is a purpose built care home that was providing personal care to 35 people aged 65 and over, some of whom may be living with dementia at the time of the inspection.

People's experience of using this service:
• People were confident that they were safe at the home. Staff had received training in keeping people safe from harm.
• People's needs had been assessed and the information was used to develop care plans which accurately reflected people's needs and the risks to people. People were fully involved in planning their care. They provided advice for staff on how to minimise risks to people and used recognised best practice methods for assessing and monitoring people's risks. People told us they were confident that staff cared for them in a safe way.
• There were enough staff to care for people safely and staff had receiving the training they needed to provide safe effective care. Staff were kind and caring. Recruitment processes ensured that staff were safe to work with people living at the home.
• Medicines were safely managed and accurate records were kept.
• The environment supported people's needs. It was clean and tidy and staff had received training in keeping people safe from the risk of infection.
• People's needs around food and nutrition were assessed and provided to meet their needs.
• People's ability to make decisions for themselves were assessed and if needed decisions were made in people's best interests. Where people were unable to consent to living at the home an application was made under the deprivation of liberty safeguards.
• The provider had effective system in place to monitor the quality of care provided.
• People's views of the care they received was used to identify areas for improvement.
Rating at last inspection:
The service has not previously been rated.

Why we inspected:
This was a planned inspection based on the date of registration of the service.

Follow up:
We will continue to monitor intelligence we receive about this service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Tallington Lodge Care Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was completed on 30 January 2019. The inspection team consisted of an inspector and an 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. This included experience of looking after someone with dementia.

Service and service type:
Tallington Lodge Care Home 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. Tallington Lodge Care Home accommodates 30 people in one purpose-built building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback

we received from members of the public, and local authorities.
• Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
• We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about.
• 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 spoke with the registered manager, two care workers, a housekeeper and a member of the kitchen staff.
• We spoke with six people living at the home and two relatives who visited during the inspection.
• We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People were confident that they were safe living at the home. One person told us, "I always feel safe with the carers." A relative said, "[Name] is very safe here. I don't have any concerns about the care she receives when we leave."
• Staff had received training in how to recognise different types of abuse and were confident to raise concerns. One member of staff told us, "I would report initially to the manager and if no action I would go higher." We confirmed that staff had access to contact details for external agencies who had the legal authority to investigate concerns.
• The registered manager had worked with the local safeguarding authority to ensure all concerns were investigated and action taken to keep people safe.

Assessing risk, safety monitoring and management
• People told us the staff supported them to stay safe. One person told us, "I can get around on my own, but the carers keep an eye on me." Another person said, "I am confident with the carers."
• Risks to people had been identified. Care plans contained information about the risk and how staff would support the person to keep them safe. For example, we saw people's ability to mobilise around the home was assessed and the equipment needed to keep people safe was recorded.
• Environmental risks had been considered along with the support people would need to stay safe in an emergency. For example, we saw that evacuations plans had been developed recording people's abilities to move to a safe area if needed.

Staffing and recruitment
• During our visit we saw that there were enough staff to care for people. For example, call bells were answered promptly and people received the individual care needed at meal times.
• The registered manager had assessed the needs of people living at the home and used the information to identify how many staff were needed. Records showed that the registered manager had ensured that there were the correct number of staff on each shift to support people.
• The provider had systems in place to ensure they checked if staff had the appropriate skills and qualifications to care for people before offering them employment at the home. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should. People living at the home and their relatives confirmed that staff were good at giving medicines on time and that the member of staff remained with the person to ensure the medicine had been taken.

• Medicines were well managed and systems ensured that people's medicines were available to them when needed. Medicines were stored safely and in line with best practice.
• Accurate medicine administration records were kept. Records contained details of any medicine allergies that people had to prevent people being prescribed and administered inappropriate medicines.
• Where people needed medicines prescribed to be taken as requires, such as painkillers. Information was available to staff to support them to administer the medicines in a consistent manner.

Preventing and controlling infection
• People told us they were happy with the cleanliness of the home. One person told us, "I've a nice room it's cleaned every day and kept spotless."
• There was a cleaning schedule in place and records showed the domestic staff followed the schedule. All areas of the home were clean and tidy when we inspected.
• Staff had received training in keeping people safe from the risk of infection. They were able to describe how they used protective equipment such as gloves and aprons to reduce the risk of infection and how they changed protective equipment between tasks.

Learning lessons when things go wrong
• Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring. For example, when a person was falling multiple times their care was reviewed and changes made. Information to keep people safe was shared with staff at the daily handover meetings when shifts changed.

Good

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience
• Staff who were new to the home told us how they had been supported to provide safe care to people with a structured induction to the company and to the home. This included training in the basic skills for providing safe care, for example, supporting people to move safely and time shadowing experience staff. Staff who were new to care were required to complete the care certificate. This is a set of nationally recognised standards to support staff to develop skills in caring.
• Staff told us and records showed that they received training to keep their skills up to date and in line with best practice. For example, staff told us they had been supported to access nationally recognised qualifications in health and social care.
• Records showed that staff were supported with annual appraisals. This was an opportunity for them to input into their career development and to identify any areas where they would like to gain further skills.
• The provider had a supervision policy in place which identified that staff should be offered six supervisions a year. However, staff told us that they had not always received their supervision in line with the policy. One member of staff said, "There is a lack of supervision, we used to get them but they seem to have stopped." They added, "I do feel that I have missed them as it gives you the opportunity to say if you have any concerns." Another member of staff told us, "I have not had a supervision in quite a while, they are normally completed by the manager."
• Following the inspection, the registered manager sent us the list of when people should have their supervisions. We saw they had scheduled a supervision for every member of staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider used recognised assessment tools when reviewing the care people needed. These tools ensured that the care provided was in line with the latest best practice and legislation.
• People's needs were assessed before they moved into the home. This allowed the registered manager to ensure that staff had all the skills and knowledge needed to deliver care in line with best practice.

Supporting people to eat and drink enough to maintain a balanced diet
• All the people we spoke with were happy with the food offered. One person told us, "The food is fantastic, just what I like." Another person told us, "The food is very good. If we don't like the choice they offer us something else. It's never a problem."
• We saw that people were supported to eat with dignity and alternatives offered when people with dementia chose not to eat the first meal offered to them. Encouragement was given where needed. For example, one person needed help to cut their food. Tables were nicely laid and the food was presented in an appetising way.
• The registered manager was encouraging people to drink by offering them different flavoured cold drinks.

On the day of our inspection we saw that people were being offered a melon flavoured squash which people appeared to enjoy. In addition, the provider had a coffee machine so people were able to ask for a latte or cappuccino if they wanted. We saw one person really enjoyed a latte.
• People's care plans identified any risks around their food and drink. We saw some people were unable to maintain a healthy weight. They had been referred to a GP or dietician and food was prepared to maximise their calorie intake. For example, potatoes were mashed with cream and butter.
• Where people were unable to eat food safely they had been referred to a healthcare professional for assessment. Records clearly recorded where people needed their food to be modified. For example, some people needed their food to be pureed and others needed it to be mashed with a fork. Kitchen staff were aware of people's needs and provided appropriate food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People and their families told us that they were supported to access healthcare when needed. One family member told us, "[Name] had a bit of a chest infection so the home got the doctor out to them quickly."
• People's care records showed that GP's community nurses and other healthcare professionals had been involved in people's care when needed. For example, we saw people had been supported to attend hospital appointments when needed. Staff had ensured they followed any advice from healthcare professionals.

Adapting service, design, decoration to meet people's needs
• The home was purpose built. It had all the equipment necessary to support people's safety. For example, there was a lift to help people move between floors.
• It had been decorated to support people with dementia. An example of this was items of interest in the hallway for people to look at. In addition, there were seats along the hallways so people could rest while walking along. There was dementia friendly signage around the home.
• People and their relative told us the decoration of the home supported their wellbeing. One person said, "It's more like home than a home, if you know what I mean." Another person told us, "It is absolutely lovely for us as well as mum."

Ensuring consent to care and treatment in line with law and guidance
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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Records showed that the registered manager had assessed people's ability to make decisions. Where people may not be able to consent to living at the home, the registered manager has submitted applications for them to be assessed for a DoLS. There were six DoLS authorised none of the DoLS included any conditions.
• Staff had received training in the mental capacity act and understood people's rights to make decisions for themselves wherever possible.

• Where care could restrict people and impact on their ability to move freely around the home, staff had assessed people's ability to concern to the care. When needed decisions had been made in people's best interest and the decision making process had included family members and healthcare professionals. For example, we saw assessments had been completed into people's ability to consent to bedrails being used to keep people safe in bed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they were happy living at the home. One person told us, "I love it here, they're so good to me." Family members were also happy with the care provided. One family member said, "I am very happy with the care." Another relative said, "The staff are absolutely brilliant, [Name] needs help to get dressed and move around but they are more than happy with the carers."
• Staff greeted people by name and asked about their day. We heard staff complementing people on their outfits and hairstyles.
• We saw that staff had time to build relationships with people and to notice the little things for people. For example, was saw that a member of staff was talking to a person and noted that their glasses were dirty. They gently pointed this out to the person and cleaned the glasses for them.
• Staff supported people to keep in contact with their families. One person's family lived abroad and staff supported the person to contact them on the computer on a weekly basis. A relative told us, "I can only visit once a month but I can always get an update by phone without any problems."

Supporting people to express their views and be involved in making decisions about their care
• People told us they were able to express their views over the care they received. One person told us, "I prefer a bath to a shower, the carer always stays with me." A relative told us, "Sometimes [Name] sleeps in and misses breakfast but they always make sure she has something to eat if she wants." During the visit we saw that one person had not wanted to get up. Staff monitored them and were able to respond when the person was ready to get up.
• Staff told us how they offered people choices when providing care. For example, by offering they visual choices of clothes.
• Care plans recorded people preferences when people were unable to express them. For example, care plans recorded their food likes and dislikes and their night-time preferences.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in supporting people's dignity while receiving care. For example, by keeping people covered as much as possible while receiving care and encouraging people to do as much as possible for themselves.
• There were areas in the home were people were able to go if they wanted some quiet time.
• People's care records were stored securely so that only people who needed access to them were able to look at them.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People told us they and their relatives were involved in planning the care they needed. One person told us, "My daughter looks after the paperwork." Records showed people or their relatives had signed their care plans to say they agreed with the contents.
• Care plans were person centred and contained the details staff needed to tailor the care to people's individual needs. For example, they noted that one person was prone to seizures if they were too hot and that staff should open a window near the person if they said they felt unwell. Care plans also noted if people were prone to infections so that staff could monitor them and quickly identify when they were not well.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• People told us they were happy with the level of activities offered to them. One person told us, "I like the activities, there's quite a variety." A family member said, "[Name] joins in some activities, she loves a sing a long."
• The provider had looked into how activities could be used to support people's wellbeing. They had identified that activities needed to support people in different areas such as emotionally, physically and socially. Therefore, activities were planned to cover all of these areas. Where people chose to spend more time in their bedrooms one to one activities were provided to ensure they did not become isolated and lonely.

Improving care quality in response to complaints or concerns
• People told us that they knew how to make a complaint but had never needed to. One person told us, "Nothing I can find wrong with this place." Another person said, "The carers are very good, I can't complain about anyone."
• The provider had a complaints policy in place. We saw that they had received two complaints and had investigated them and resolved them within the timescales set out in the policy.

End of life care and support
• Staff worked proactively with other health and social care professionals to ensure people had a dignified death. For example, they worked with Marie Curie nurses. Where possible end of life anticipatory medicines were in place to help people have a pain free death.
• People's wishes for the end of their life were recorded. This included their preferred place of death and if they would want resuscitated. People's families were supported to spend as much time as they wanted with the person as they neared the end of their life.

Good

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• There was a registered manager for the home. People and relatives told us that the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone's needs well.
• The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. One person told us, "'We were invited along to Christmas lunch even though we hadn't yet decided to move in. They were very welcoming right from the start."
• It was evident staff knew people well and put these values into practice. The staff got on with their tasks in a calm and pleasant way. There was never any sign of being rushed and unable to stop and chat with the people and visiting families. A person living at the home told us, "It's always so calm here, there's never raised voices."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.
• The provider and registered manager had audits in place to monitor the safety of the service and the quality of care provided. Where needed action plans had been developed to identify all the areas of improvement and development needed in the home.
• The provider had a central risk and compliance team who monitored the quality of care in the home and in all the provider's homes. This allowed them to compare with similar services to see if there were any areas where they needed support to reach the provider's standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The views of people living at the home had been gathered through residents' meetings and surveys. The overall feedback of people living at the home showed that people were happy with the home, food and entertainments. We also received this feedback when we spoke with people.
• The registered manager also gathered the views of staff working at the home. Staff told us that they had received regular staff meetings. However, they told us that these had not been happening as regularly as they needed and that supervisions had not always been completed. We raised these concerns with the

registered manager and following the inspection they sent us evidence that supervisions had been booked in for staff.

Continuous learning and improving care

• The registered manager kept up to date with changes in best practice and legislation. They attended regular meetings with the provider's other registered managers. In addition, they regularly updated their knowledge with training and reviewed the industry publications.

• The registered manager and provider had been open and honest about incidents that had occurred in the home. They had identified where things could have been done better and used the information to improve the quality of care provided.

Working in partnership with others

• The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it.