

Barchester Healthcare Homes Limited

Tandridge Heights

Inspection report

Memorial Close
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Date of inspection visit:
20 November 2020

Date of publication:
26 January 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tandridge Heights is a residential care home providing personal and nursing care to 60 older people at the time of the inspection. The service can support up to 75 people. Tandridge Heights accommodates people over three separate floors. One of the floors specialises in providing care to people living with dementia.

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

People told us they felt safe living in the service. Relatives gave us positive feedback about the safety and quality of care.

The service was clean, tidy and odour free. We saw staff wearing face masks at all times during our visit and there were robust infection control processes being followed. Thorough health and safety checks were taking place on equipment and the environment. People had accurate records in place detailing their care and support needs.

We heard positive feedback about the registered manager. People had confidence in how the service was being run and how the provider had handled the risks of COVID-19. Action was taken to effectively engage with stakeholders and ensure their views were included in the ongoing development of the service.

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

Rating at last inspection

The last rating for this service was Good (published 25 November 2019).

Why we inspected

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 coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tandridge Heights on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tandridge Heights

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 Care Act 2014.

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 and one assistant inspector.

Service and service type

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

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

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional director, nurses and care assistants. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding procedures, knew how to identify abuse and how to report any concerns. People told us they felt safe and could raise concerns if they needed to.
- We reviewed safeguarding records and found that concerns had been appropriately investigated, responded to and information was sent to the relevant organisations including the CQC.

Assessing risk, safety monitoring and management

- People's records contained clear guidance for staff to minimise known risks. For example, risk assessments contained information about people's individual needs including nutrition, skin integrity and mobilising. These were reviewed regularly to reflect any changes to people's care and support needs.
- A person-centred approach was demonstrated in care plans and people's wishes on how they wanted to be supported was clearly recorded. One person had chosen to sleep on a reclining chair rather than a bed. They told us they had been fully involved in their care planning to enable for this to happen as safely as possible.
- One person told us about their relative, "I get a phone call within 40 mins if he has a fall. Now he has a sensor mat on floor by the bed to alert staff when he gets up." Peoples' falls were recorded with details of what happened and subsequent actions taken by staff. One person had experienced several falls and his care records demonstrated that staff had increased monitoring, involved health professionals to seek advice and were trying different equipment to help reduce the risk of further falls.
- All visitors entered a reception area and signed a visitor's book before entering the service. Risks associated with the safety of the environment and equipment were managed appropriately. Systems to ensure the security of the service were in place.

Staffing and recruitment

- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.
- People told us they did not have to wait for care and support. We observed over lunchtime there were enough staff to safely support people who required assistance with their meals.

Using medicines safely

- People were given their medicines safely. Staff were trained to give medicines and were regularly assessed to ensure they were competent to do so.

- Staff kept accurate records of when medicines were administered. Records included up to date photos of people to ensure the correct person was identified before giving medication.
- People's choices were respected when medicines were given. For instance, one person was able to take medicines independently once they were dispensed and were supported to do so. Another person preferred to take their medicines with orange juice, so this was provided to them.
- Although medicines were stored safely with processes in place to remove any that were out of date we found an emergency diabetic grab bag containing products used to raise blood glucose which were out of date. We informed staff of this and the out of date products were removed and replaced during the inspection.

Preventing and controlling infection

- Prior to the inspection we received concerns about staff not wearing personal protective equipment (PPE) correctly at the service. Overall, we found PPE usage at the home was good and we informed the provider where improvements could be made to adhere to current government guidance. This included wearing additional PPE when supporting people to eat and drink. The registered manager has assured us the improvements have been made following the inspection.
- When visitors arrived at the service their temperatures were checked, and they were reminded of the policy around wearing PPE. One relative told us about their visits, "Staff all wear masks, so do we." Staff received infection control training and there was a policy in place that had been updated to include risks around COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents, incidents and events that occurred. A regular analysis of all incidents took place, which helped to establish if any trends were occurring and how risk could be further managed.
- Staff were encouraged to reflect on any incidents or accidents that had taken place and supported to look at ways to help prevent a future occurrence. For instance, following an incident when someone went missing from the service a group staff supervision took place to discuss learning from the incident.
- An open and transparent culture was encouraged at the service. Staff told us if an incident or accident did occur, they would report it to the manager and review people's care plans to see if changes need to be made.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we recommended the provider followed best practice in ensuring quality assurance systems are effective in driving improvement in the service. The provider had made improvements.

- People's records had been reviewed appropriately to ensure they accurately reflected people's care needs. Regular audits were being carried out at the service covering areas such as infection prevention and control, health and safety and medication. Actions arising from these were recorded and completed.
- Although we saw some improvements to quality assurance systems, we found these had not always found all areas requiring improvement. For example, out of date products used to raise blood glucose had not been identified and we found several bedroom doors propped open with objects which could be a fire safety risk. There were fire door closers in place, but they were not always being used as they should be. We raised both issues with the registered manager who assured us they would correct this immediately.
- The provider, manager and staff team understood their roles and responsibilities and were keen to ensure a good quality service was provided to people. Staff had regular meetings and supervisions to discuss their responsibilities and share ideas about improving people's care.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- Person-centred care was delivered and tailored around people's needs, wishes, choices and preferences. This was evident from our observations during the inspection as well as from people's care plans. For instance, one person's care plan about personal hygiene explained that it is was important to them not to be rushed and they needed to be given plenty of time when washing and dressing.
- People were empowered to live as independently as possible. There were several couples living together at Tandridge Heights. Staff ensured these couples were given privacy and able to spend as much time together as they wanted to. One couple had previously had rooms on different floors but staff had noticed that this was a problem to them, so changes were made to enable them to have bedrooms on the same floor opposite each other.
- People spoke positively about the registered manager. One relative told us, "[Registered manager's] not been there long, she started at the beginning of the year, she is excellent, very good at communicating with

regular updates by email. She is very approachable, receptive and a good listener."

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

- Some staff we spoke to said they felt worried about owning up to mistakes, but they would report to the registered manager if something went wrong. There was no evidence of incidents at the service not being reported appropriately. We raised what had been said with the registered manager who told us they would speak to staff and ensure they are comfortable to speak openly if something goes wrong.
- The registered manager was developing an ethos of reflective practice to improve the quality of care. When something had gone wrong with someone's care the registered manager worked with the staff team to look at what improvements could be made. For instance, when someone had been admitted to hospital due to choking on some food a reflective analysis was carried out to establish what had gone wrong, who needed to be informed, and how the person could be supported to eat more safely.

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

- One person described the registered manager as "very helpful" and said they had provided a lot of assistance when they were trying to purchase a new specialist chair for their room. People and their representatives had regular opportunities to share their views about the service. People told us the registered manager was approachable and acted on any concerns.
- Relatives told us they could easily contact the registered manager and there had been relative meetings held as video conferences during the COVID--19 pandemic which were well attended.
- Regular staff meetings took place to ensure staff were kept up to date with changes at the service and they were encouraged to share ideas about improvements that could be made.
- There were positive links with the local community. These included community groups visiting Tandridge Heights and people accessing activities in the local community with the help of voluntary groups. Although COVID-19 restrictions had affected these initiatives the registered manager told us they planned to restart them when possible.

Continuous learning and improving care

- The registered manager told us they took part in a regular care home managers forum to share ideas and improve practice, including how to offer the best possible care and support to people during the COVID-19 pandemic.
- The provider was committed to supporting staff to develop in their roles. Staff were supported to access internal training from the provider as well as external training. For instance, staff at the service had recently received training from the local Clinical Commissioning Group (CCG) about infection prevention and control.

Working in partnership with others

- A health professional told us the registered manager "has always been very helpful and responsive to any queries or suggestions raised by myself or colleagues." Staff worked closely with other health professionals such as speech and language therapists and GPs to support people's health and well-being.
- The service was involved in several pilots with the local hospital and CCG which were trialling ways to improve people's overall care and strengthen collaborative working between health and social care settings.