

Mars Care Services Limited

Tavey House

Inspection report

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Whetstone
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14 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tavey House is located in Whetstone, Leicester. The service provides care and accommodation for up to 12 older people with age related needs, including dementia and physical disability. On the day of our inspection there were ten people living at the service.

This inspection took place on the 12 and 14 September 2017. The first day of our visit was unannounced. This meant the staff and the provider did not know that we would be visiting. We returned announced to complete our inspection on the second day. At our last inspection in November 2016, the service was rated requires improvement. We asked the provider to take action to make improvements with regard to the numbers of staff on duty at the service. At this inspection we checked to see if the provider had made the necessary improvements. We found that improvements had been made.

The service had two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Tavey House. The staff team had received training in the safeguarding of adults and knew their responsibilities for keeping people safe from avoidable harm. This included reporting their concerns to the registered manager and the management team.

Risks associated with people's care and support had been appropriately identified, assessed and managed.

People had plans of care that reflected their care and support needs. These had been regularly reviewed and provided the staff team with the information they needed in order to support people in a way they preferred.

Appropriate checks had been carried out when new members of staff had started working at the service. This was to make sure they were suitable and safe to work there. An induction into the service had been provided and training relevant to their role had been completed.

People received their medicines as prescribed. Appropriate records were being kept and systems were in place to regularly audit the medicines held.

People felt there were enough members of staff on duty each day because their care and support needs were being met. Their relatives and friends agreed. The registered manager told us they monitored the staffing numbers to make sure there were enough staff on duty to meet people's needs.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well

were up to date.

People were assisted to access relevant healthcare services such as doctors, district nurses and podiatrists and they were supported to maintain good health.

Staff members were aware of their responsibilities under the Mental Capacity Act 2005 though not all had received training on this topic. People had been involved in making day to day decisions about their care and support and the staff team understood their responsibilities with regard to gaining people's consent.

The staff team treated people with respect and promoted their privacy and dignity. Throughout our visit we observed the staff team treating people in a kind and considerate manner.

Relatives and friends were encouraged to visit and they told us they were made welcome at all times by the staff team.

Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support.

Staff meetings and meetings for the people using the service and their relatives and friends had been held. These provided people with the opportunity to be involved in how the service was run.

People using the service and their relatives knew what to do if they had a concern of any kind and were confident that any concern raised would be dealt with appropriately.

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety. Systems were in place to regularly check the quality and safety of the service being provided and a business continuity plan was in place.

The registered managers' understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

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.

People felt safe with the staff team who supported them.

Recruitment processes had been followed when new members of staff were employed.

Risks associated with people's care and support had been assessed and managed.

People were supported with their medicines appropriately.

Is the service effective?

Good ●

The service was effective.

The staff team had the knowledge they needed to be able to meet the needs of the people using the service.

Whilst the staff understood the principles of the Mental Capacity Act 2005 not all had received training.

People's consent was always obtained.

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

The staff team treated people with respect.

People's privacy and dignity were maintained.

People were supported and encouraged to make choices about their care and support on a daily basis.

Is the service responsive?

Good ●

The service was responsive.

An assessment of need had been carried out prior to people moving into the service.

People had plans of care in place and the staff team knew people's care and support needs well.

A formal complaints process was in place and people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good ●

The service was well led.

The service was appropriately managed and the management team were open and approachable.

People had been given the opportunity to share their thoughts on the service provided.

The staff team felt supported by the registered manager.

Monitoring systems were in place to regularly check the quality and safety of the service being provided.

Tavey House

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 14 September 2017. The first day of our visit was unannounced.

The inspection team consisted of one 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. Their area of expertise was people with dementia.

Before the inspection we reviewed information that we held about the service such as notifications. Notifications are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services for any feedback about the service.

At the time of our inspection there were ten people using the service. We were able to speak with four people living there and two relatives of other people living there. We also spoke with one of the registered managers, a member of the management team, the cook and four care workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, two staff recruitment and training files and the

quality assurance audits that the management team had completed.

Is the service safe?

Our findings

At our last inspection carried out on 15 November 2016 we found one breach of the Regulations; Regulation 18 Staffing. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements and were now meeting the regulation.

People felt there were enough staff on each shift to meet their needs. Relatives spoken with agreed with what they told us. One relative explained, "I feel that there is enough staff around." Another told us, "There is normally the same staff in the daytime when I come here which makes a difference and they make themselves known to you."

Care workers told us there were normally enough staff on duty to meet the needs of the people they were supporting. One told us, "There are enough staff at the moment, it depends on their capacity [people using the service], but the majority of the time [registered manager] is here." During our visit it was evident that people's needs were being met and no one had to wait for assistance when they needed it. However, due to the registered manager calling in sick on the first day of our visit, it meant there were only two members of staff to support the ten people using the service at the beginning of the shift. The registered manager acknowledged this and assured us that this was a very rare occurrence with shifts usually being covered when staff called in sick. The rota seen confirmed this.

Our observations showed that there was always a member of staff available in the lounge areas. When people used the call bell to summon help, care workers answered quickly. The staff team went about their work in an unhurried manner. We observed them supporting people at a pace that suited them. They gave people the space and time they needed. Although staff were busy, they had time to chat to people.

People who were able to speak with us told us they felt safe living at Tavey House and they felt safe with the staff team who supported them. One person told us, "I feel safe here because there is always someone here and there are lights everywhere." Another explained, "The staff make me feel safe."

Visitors we spoke with agreed that their relatives were safe living there. One explained, "[Relative] is safe here, they can't get out of the front door." Another told us, "Mum is always supervised and never left unattended."

The staff team had received training in the safeguarding of adults and there was a safeguarding policy for them to follow. Care workers were aware of their responsibilities for keeping people safe from avoidable harm and knew the process to follow if they felt someone was at risk. One explained, "I would talk to the manager or [name], (member of the management team)." Another told us, "I would inform the manager straight the way or [name], (member of the management team)."

The registered manager was aware of their responsibilities for keeping people safe from avoidable harm. They knew the procedure to follow when a safeguarding concern had been raised with them. This included

referring it to the local safeguarding team and Care Quality Commission (CQC).

When people had first moved into the service, the risks associated with their care and support had been identified and assessed. This was so that any risks could, wherever possible, be minimised and properly managed by the staff team. Risks assessments had been reviewed on a monthly basis and covered areas such as people's mobility and their eating and drinking.

Checks had been carried out on both the environment and on the equipment used to maintain people's safety. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. Checks had also been carried out on the hot water in the home to make sure it was at a safe temperature.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances ever occur. Personal emergency evacuation plans were also in place. These showed how each person should be assisted in the case they needed to be evacuated from the service.

We checked the recruitment files belonging to two staff members and found that an appropriate process had been followed. References had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provides information as to whether someone is suitable and safe to work at this type of service.

People received their medicines safely. We looked at a sample of medicine administration records (MAR) and checked medicines in stock with the records we saw. The amounts matched with the exception of one medicine. We found that a recording error had been made when carrying forward this person's medicine. This was immediately addressed by the registered manager. A supervision was carried out with the staff member in question and their competency was reassessed to check they remained safe to administer medicines. This check confirmed that they were.

Medicines had been appropriately signed for when they had been received into the service and appropriately signed for when they had been administered. The medicine trolley was safely stored and secured when not in use. The temperature of the room in which medicines were stored was taken to ensure they were stored in line with manufacturer's instructions. Protocols were in place for people who had medicines as and when they required, such as paracetamol for pain relief. These protocols informed the reader what these medicines were for and how often they should be offered. We observed a senior care worker giving people their medicines. They explained what the medicine was and what it was for. They provided people with a drink to take their medicines with and waited until their medicines were taken. They only signed the MAR after the person had taken their medicine.

Creams and liquid medicines had been dated when opened. This was to make sure that they were not used for longer than the recommended guide lines.

We noted that not all of the night staff had completed their medicine training. This was addressed during our visit with those still yet to complete, being signed up for the safe handling of medicines on line training. The registered manager confirmed after our visit that this training had commenced.

Is the service effective?

Our findings

People told us the staff team knew them well and had the knowledge they needed to look after them properly. One person told us, "I think that the staff here know how to look after me." Another explained, "The carer's definitely make me feel comfortable when they assist me or look after me."

Relatives we spoke with agreed with what they told us. One explained, "I feel safe and confident that they [staff team] know what they are doing with [relative] and I am happy with the care."

New members of staff had been provided with an induction into the service when they had first started working there and training courses had been completed to enable them to meet people's needs. One care worker told us, "I had two weeks of induction. I watched [senior care worker] and she told me how to do everything."

Records showed us that appropriate training had been provided. This included both face to face and online training. Topics covered included moving and handling, dementia care and infection control. Staff told us they felt supported through their training. One care worker told us, "I have done health and safety and just finished fire training and infection control, I am doing that now. It is good."

Staff members felt supported by the registered manager and management team. They explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and there was always someone available for support and advice. One staff member told us, "I met with the manager every month to begin with and now it's every three months."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The registered manager had a good understanding of the MCA. They had made applications for DoLS authorisations in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there were four authorised DoLS in place. We found that people were being supported in line with those authorisations.

Mental capacity assessments had been carried out when people had been assessed as lacking the capacity to make a decision about their care or support. For example, when they decided whether to accept support with personal care or with taking their medicines. This assessment ensured that any decisions were made in people's best interest.

Whilst not all of the staff team had received training on MCA and DoLS those we spoke with had an understanding of its principles. One explained, "We assume all have capacity but if they don't, best interest decisions are made and other parties get involved." The registered manager was in the process of signing up those staff yet to complete MCA training onto an e learning course.

The staff team involved people in making day to day decisions about their care and support and they gave us examples of how they obtained people's consent on a daily basis. One care worker told us, "I always ask first, get their permission before I do anything, that is very important."

We asked people what they thought of the meals served at Tavey House. One person told us, "I get enough to eat and drink." Another explained, "My meals are very nice."

At lunch time people had the choice of either sitting at the dining table or sitting in an easy chair. People were provided with a cold drink and condiments were available. Care staff supported people appropriately and checked that people were enjoying their meal. People were given the time they needed.

Monitoring charts to document people's food and fluid intake were used for those people assessed to be at risk of not eating or drinking enough to keep them well. The records we looked at had been completed consistently. We did note that the recommended daily fluid intake had not been identified and the fluids being taken had not always been totalled at the end of the day to demonstrate people had received the drinks they needed to maintain their health. We shared this with the registered manager who assured us this would be carried out in future.

People were supported to access relevant health professionals such as doctors, podiatrists and community nurses. This was evidenced through talking to them and their relatives and checking their records. One person told us, "If I wanted the doctor they would come." A relative told us "[Relative] see's doctors and the chiropodist, but I take her to her own dentist."

Is the service caring?

Our findings

People told us the staff team at Tavey House were kind and caring and they were looked after well. One person told us, "The staff seem very caring and include everyone and attend to my individual needs." Another explained, "The staff treat me with respect when administering personal care and they close the curtains and door, they speak to me when looking after me."

Visiting relatives agreed that the staff team were kind and caring. One explained, "The staff here have a good attitude, it is like home from home."

We observed support being provided throughout our visit. We observed the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. Staff had a good understanding of people's needs and they were seen supporting people in a kindly and relaxed manner.

We observed members of the staff team getting down to people's eye level and calling people by their preferred name which they clearly appreciated. People felt listened to and told us the staff team made them feel that they mattered. One person told us, "I feel that staff listen to me." Another explained, "I feel listened to and am well informed in family meetings."

The staff team gave us examples of how they ensured people's privacy and dignity was respected. One staff member told us, "When I am helping someone for example to go to the toilet, I ask them quietly and I speak to them with respect." Another explained, "When I help someone to the toilet, I close the toilet door. It's also about how you talk to people; I always get down to their level and talk things through with them."

People's plans of care included details about their personal history, their personal preferences and their likes or dislikes. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink. They ensured that personal preferences were upheld. One person told us, "If I want to do something they will help me to be independent by assisting me to do it."

We observed the staff team respecting people's wishes. This included respecting a person's wishes when they declined to join in an activity and respecting a person's wishes when they declined something more to eat. One of the people using the service told us, "The staff ask me before doing things, they are encouraging and very respectful." Another explained, "I decide how to spend my day."

Relatives and friends were encouraged to visit and they told us they could visit at any time. During our visit we observed relatives being greeted by the staff team in a kind and courteous way.

Is the service responsive?

Our findings

People had been involved in the planning of their care with the support of their relatives. One person told us, "I make decisions about my care." A relative explained, "I am involved in mum's care and it is revisited."

The registered manager explained that whenever possible people's care and support needs were assessed prior to them moving into the service. This was so they could assure themselves that people's needs could be met by the staff team. We observed the registered manager arranging such a visit during our inspection, with them arranging to visit the person in their home to carry out an assessment of their needs.

From the initial assessment, plans of care had been developed. We looked at two people's plans of care. We did this to determine whether the plans of care accurately reflected the care and support people were receiving. We found that they did. The plans of care were detailed and had personalised information about the people in them, including information about their history and preferences in daily living. The plans of care also encouraged the staff team to offer people choices. For example one stated, 'Sit and chat, offer a drink and a choice of what to wear.'

The plans of care we looked at covered areas such as, nutrition, mobility, behaviour and personal care. They had been reviewed on a monthly basis or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting their GP when the staff team noticed marks on their skin and for another, contacting the community nurses for further support.

During our visit we observed the staff team supporting people. It was evident that they were completing the care and support tasks required of them but they also had time to interact and socialise with the people using the service.

People were offered opportunities to be involved in activities. These were provided by a volunteer and the care workers on duty. Records showed that people were provided with some sort of activity each day. This included playing dominoes, having group discussions and enjoying a regular coffee morning. On the day of our visit care workers spent time talking with people. Music was playing in the background and people were offered activities that they enjoyed. This included a ball game, a quiz and a fishing game. When people declined to join in, this was respected by the staff team. People had recently enjoyed a day trip to Skegness and plans were being made for further trips out including to the local garden centre. A relative explained, "They have events and they take them out on day trips."

Meetings had been held. These enabled people and their relatives to provide feedback about the service. One relative told us, "We have family meetings and there are staff meetings." Another explained, "I go to meetings and am listened to; the meetings are very good."

A formal complaints process was in place and this was displayed in the reception area for people's information. People we spoke with knew what to do and who to talk to if they had a complaint or concern of

any kind. One person told us, "I have no concerns or complaints; if I did I would approach the carers." Another explained, "I have no concerns and know how to complain, I have not had to raise a complaint."

Is the service well-led?

Our findings

People told us they felt the service was properly managed and the registered manager and the staff team were friendly and approachable. One person told us, "The management are approachable." Another explained, "I'm not sure who the manager is but the staff are approachable."

There was a registered manager in post. During our visit we observed them chatting with the people using the service and to the staff team and we observed them supporting people with their daily lives. It was evident from our observations that good relationships had been built between them, the people using the service and the staff team.

People told us communication between themselves, the care workers and the management team was good. Relatives felt involved in people's care and they were confident that information was appropriately shared. A relative told us, "I feel listened to and I am well informed about [relative]."

Staff told us they felt supported in their role. One staff member told us, "I do feel supported, there is always someone around. It is good to have someone available for advice." Another explained, "I feel supported, if I had a problem I know I can go to the manager and if she is not here, I could go to one of the seniors or [member of the management team]."

Staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "Yes we have meetings and we can discuss anything." Minutes of the last meeting held on 4 September 2017 showed topics discussed included, people's welfare, data protection and the importance of maintaining confidentiality. Whistleblowing (the process to follow if staff members were concerned about a colleague's behaviour or performance) was also discussed. This enabled the registered manager to assure themselves that the staff team were working in line with the provider's policies and procedures.

People using the service and their relatives and friends were encouraged to share their thoughts of the service they received. Regular meetings had been held and surveys had been used to gather people's views. One person told us, "We attend meetings sometimes. I do raise my opinion and they listen, we sometimes have a questionnaire and they help me fill it in." A relative told us "I go to meetings and am listened to; the meetings are very good."

There were monitoring systems in place to check the quality and safety of the service being provided. Checks had been carried out on the paperwork held, including people's plans of care, medicine records and incidents and accident records. The registered manager had also carried out regular audits to monitor the environment and on the equipment used to maintain people's safety.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been

taken in response to these events.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the reception area of the service for people's information.