Pressbeau Limited

Taymer Nursing Home

Inspection report

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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

This inspection took place on 14 July 2016 and was unannounced. At the last inspection in May 2015, the provider was meeting the regulations that we looked at.

Taymer Nursing Home provides accommodation and nursing care for up to 30 people with a variety of social and physical needs. There are six bedrooms commissioned by the NHS for rehabilitation where people can stay for up to six weeks. People receiving rehabilitation care have access to physiotherapy and occupational therapy provided by staff from the NHS.

At the time of our inspection there were 28 people living at the service, five of whom were receiving rehabilitation care.

There was a registered manager in post. 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 felt safe in the service. Staff were knowledgeable and understood their responsibilities with regards to safeguarding people. They had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

Personalised risk assessments were in place to reduce the risk of harm to people and offered clear guidance to staff. Medicines were stored appropriately, managed safely and comprehensive audits completed.

There were sufficient numbers of staff on duty to meet people's care and support needs. Robust recruitment processes were in place and the required recruitment checks had been completed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff received training to ensure they had the skills and knowledge to support the people living in the service. Staff were supported in their roles and received regular supervision and appraisals. New members of staff received a comprehensive induction.

People had been in involved in determining their care needs and the way in which they wished to receive care. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were provided with a varied, balanced diet and were supported to make choices in relation to their food and drink. People were assisted to access other healthcare professionals to maintain their health and well-being, when required.

Staff were kind and caring. People's privacy and dignity was promoted throughout their care. People and their relatives received relevant information regarding the services available.

People's needs had been assessed before they moved into the service and care plans took account of their individual needs, preferences and choices. Care plans and risk assessments had been regularly reviewed and were reflective of people's current needs. People were encouraged to participate in a wide range of activities and to pursue their hobbies and interests.

There was an effective complaints system in place. People and staff knew who to raise concerns with and there was clear line of accountability amongst senior staff.

Staff were aware of the vision and values of the provider and the overall development of the service and felt involved in decision making.

There was an effective quality assurance system in place. The registered manager completed quality monitoring audits and these were used to identify where actions needed to be taken and to drive future improvements in 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 told us that they felt safe. There were systems in place to safeguard people from the risk of harm and staff had an understanding of how to use these processes.

People had personalised risk assessments in place and action was taken to reduce the risk of harm from identified hazards.

There were sufficient members of staff on duty at all times and safe recruitment processes were followed.

People's medicines were managed safely and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were trained and received regular supervisions and appraisals to assist in identifying their learning and development needs. New members of staff received a comprehensive induction.

People's consent was sought before any care or support was provided.

People were provided with a varied, balanced diet and were complimentary about the meals provided at the service

People received care that met their health and well-being needs and had access to a range of health and medical professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People's privacy and dignity were promoted by staff.

Staff understood people's needs and respected their choices.

People were provided with a wide range of information regarding the services available to them.

Is the service responsive?

Good

The service was responsive.

Personalised care plans which were reflective of people's current needs and preferences were in place.

People were encouraged and supported to participate in wide range of activities and to pursue their hobbies and interests.

There was an effective system to manage complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was visible and approachable.

Quality monitoring systems were in place and were used effectively to identify where action was needed and to drive improvements in the service.

There was a clear management structure of senior staff.

Staff were aware of the vision and values of the provider and the overall development of the service.

Taymer Nursing Home

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 14 July 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care people received.

During the inspection we spoke with eight people who lived at the service to find out their views about the care provided. We also spoke to three care workers, two nurses, one member of housekeeping staff, the activities coordinator, the deputy manager and the registered manager of the service.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of five people who lived at the service and also checked four medicines administration records to ensure these were reflective of people's current needs.

We also looked at four staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

People said that they felt safe and secure living at the service. One person said, "I'm so happy here. There's always staff on duty. I couldn't feel any safer." Another person told us, "I need a lot of moving around these days. I always feel safe in their hands." A third person told us, "I wear my pendant alarm all the time so can always call on someone. That's very comforting."

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff told us, "Safeguarding is something that we openly discuss. All staff are reminded to speak up if we have any concerns and the open culture means that there is no problem in raising anything with senior staff or the manager." Another member of staff said, "We are always kept up to date with our safeguarding training. I would be confident speaking with any of the nurses or manager or the local team."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway. Records showed that appropriate referrals had been made to the local authority where required.

There were personalised risk assessments in place for each person who lived in the service. One person told us, "They do checks on what I can do by myself, what I can't and where I need some help. I know that they are all about keeping me safe." The assessments considered a wide range of daily living activities and included identified hazards people may face and any actions that staff should take to minimise the risk of harm. The registered manager told us that risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs or incidents that may have occurred. Examples of risk assessments carried out included support regarding skin integrity and pressure care, nutrition and hydration, personal care and emotional wellbeing. For some people, these also identified specific support with regards to their mobility. Detailed steps that staff should take and the equipment to use to keep people safe were recorded including the involvement of physiotherapists, where required.

Staff told us that they were made aware of the identified risks for each person and how these should be managed in a variety of ways. These included looking at people's care plans and risk assessments and by talking about people's needs at staff handovers. One member of staff told us, "Whenever we have a new admission coming we are always given a handover of information prior to them coming to the home. We then get the chance to read their plan of care and the assessments that have been done before we are in the position of caring for them." Another member of staff told us, "We share a lot of information about people at handover. How people are doing and if there are any changes we should be aware of. Someone having a bad day or feeling under the weather means we need to make changes in how we care for them." Staff told us that there were effective communication systems within the service via handover and detailed records

which provided them with up to date information.

Accidents and incident were reported promptly. A record of all incidents and accidents was held, with evidence that these had been analysed by the registered manager and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care and ensured they continued to have care that was appropriate for them. The records showed that, following a recent incident, the registered manager had reviewed manual handling protocols and the equipment in place. This demonstrated that the registered manager acted promptly to reduce the risk of a similar incident occurring.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, storage and management of medicines and the security and access of the building. An assessment had also been completed in relation to workplace safety for staff. People living at the service had Personal Emergency Evacuation Plans (PEEP's) which enabled staff to assess the risks present to each individual, in the event of an emergency evacuation. Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service if there was a fire. The service also had an emergency 'grab bag' prepared by the front exit should the home need to be evacuated in an emergency.

People and the staff we spoke with told us there was enough staff on duty. One person told us, "There is always plenty of staff around." Another person told us, "You see lots of staff throughout the day. We keep them busy but they'll always stop and chat." A member of staff told us, "The home is staffed really well. We always have a nurse on duty and at least five carers. [Name of registered manager] always makes sure we are not short staffed." We observed that staff were available to meet the needs of people living in the service when required or requested and call bells were answered promptly. The registered manager explained that staffing levels were determined using a dependency tool to assess the level of need of all the people living in the service and the support they required. This was reviewed on a regular basis to determine staffing levels prior to completing the staff rota, and took into account any changes to people's needs or any admissions to the service. We reviewed past rotas and found that there was consistently the required number of staff on duty as determined by the dependency tool.

Robust recruitment and selection procedures were in place and safe recruitment practices had been followed. One member of staff told us, "I remember I had to wait to start work after there was a delay with one of my references. I had my DBS check back but [Name of registered manager] called me to say that until both references were received I couldn't start." The provider organisation had effective systems in place and relevant pre-employment checks had been completed for all staff. These checks included obtaining references from previous employers, checking the applicants previous experience, and Disclosure and Barring Service (DBS) reports. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "I get all the help I need with my tablets." Another person told us, "I don't take a lot of medicine but the nurses check with me if I want any pain relief during the day." There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed four records relating to how people's medicines were managed and they had been completed properly.

Medicines were stored securely within a dedicated treatment room and audits were in place to ensure all medicines were in date and stored according to the manufacturer's guidelines. A nurse explained to us how

regular audits of medicines were carried out so that all medicines were accounted for. They went on to explain that additional checks were also conducted by nursing staff when medicines came to the service from different sources, for example from a person's home or the local hospital when people were admitted to the service for rehabilitation care. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one nurse administering medicines at lunchtime and they demonstrated safe practices.

Good

Is the service effective?

Our findings

People thought that staff were well trained and had the skills required to care for them. One person said, "All the staff are very good. I have no concerns about them at all." Another person told us, "All the staff work wonderfully well together. They all know the help I need moving around and can do everything." It was clear from our observations of staff interacting with people that they knew and understood people's needs and used their knowledge and skills to deliver care appropriately.

Staff told us that there was a comprehensive induction period for new members of staff. One member of staff told us, "It's a long time since I started working here but I remember shadowing other staff. The senior took me under their wing and showed me the ropes." Another member of staff told us, "Every member of staff has to complete an induction. Lots of training and then shadowing until they're ready." The registered manager explained to us that they had introduced the completion of the Care Certificate into the induction training and that they had recently registered two staff members to commence completion of the award. The Care Certificate sets standards for the induction of health care support workers and adult social care workers.

Staff also told us that, once inducted, there was an ongoing training programme in place which gave them the skills they required for their roles and their personal development continued. One member of staff told us, "I recently had a number of refresher courses to complete. [Name of registered manager] keeps us on top of any training that we need." Another member of staff told us, "I recently did additional training that I had requested from [Name of registered manager]. It wasn't mandatory training but an area of interest for me and it was arranged that I could go." Staff discussed the variety of training courses they attended or completed online and explained how this supported them to carry out their role and responsibilities. The registered manager told us they completed a monthly audit of staff training records to ensure that training for staff was up to date. This was supported by the records we checked.

Staff also told us that they felt supported in their roles and received supervision, formally and informally. One member of staff told us, "I meet regularly with [Name of deputy manager] for my supervision. We talk about anything and everything really." Another member of staff told us, "I've found my supervision with [Name of registered manager] really positive. I've been given feedback about my work and talked about my plans for the future." Staff we spoke with confirmed that they had also received an appraisal. Records showed that the registered manager and deputy manager completed supervision with all members of staff and maintained a record of sessions that were planned and those that had taken place. This ensured that staff received regular opportunities to meet with them. We saw that supervisions and annual appraisals had taken place or were planned in line with the provider policy.

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.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. An authorisation of deprivation of liberty was in place for one person who lived at the service as they could not leave unaccompanied and were under continuous supervision.

People told us that staff sought their consent before they provided them with care or support. One person told us, "Yes, they always ask when I'm ready and so forth." Another person told us, "All the staff ask for my permission. It's those kinds of things that are important to me." Members of staff told us that they always asked for people's permission before providing them with care. One member of staff told us, "We have to ask people. It's their right to say no to us and we have to respect that. People must agree before we do anything." We observed staff consistently seeking consent from people before assisting them with personal care or at meal times and when supporting them to transfer. Where people refused, we saw that their decisions were respected. We saw evidence in care records that people, or a representative on their behalf where appropriate, had agreed with and given written consent to the content of their care plan.

People were supported to have a varied and balanced diet and told us that they had a good variety of food at mealtimes. One person told us, "All the dishes are nice. We get a good selection, plenty of choice." Another person told us, "It's lovely food here." There was a menu programme in place which offered a variety of meals, in line with the likes and preferences of people and their dietary requirements. We observed the mealtimes were relaxed and observed staff encouraging people to eat independently, chatting in a sociable manner. Where people required specific equipment or assistance to eat their meals we saw that this was provided and in a way that enhanced the mealtime for the person.

People had been asked for their likes and dislikes in respect of food and drink prior to moving to the service and their preferences recorded. The registered manager told us that all food was prepared at the service and people were given at least two choices for each of the meals, with snacks available throughout the day. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes at regular meetings with the management team. There was no-one living at the service at the time of our inspection that required a special diet for cultural or religious reasons but the registered manager confirmed that cultural diet choices could be catered for. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments. Records held in the kitchen detailed people's preferences and specific dietary needs such as allergies or consistency requirements for example, a soft or pureed diet.

People were supported to maintain their health and well-being and were assisted to access healthcare services, if needed. One person told us, "The care is wonderful. I've seen the doctor, the nurses every day and I still attend all my hospital appointments as before." The registered manager explained to us how the service worked closely with local professionals to meet the health needs of people and had built good relationships with the health team. Records confirmed that people had been seen by a variety of healthcare professionals including the GP and district nurses. Referrals had also been made to other professionals, such as dietitians and physiotherapists.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "The staff are all lovely." Another person said, "You couldn't find a better place, full of kindness." A third person told us, "All the staff are splendid. It's a marvellous place." We saw an extensive record of compliments that had been received by the service and comments with regards to staff were positive.

People's bedrooms were personalised and had been furnished in the way they liked. One person told us, "My room is just perfect. I have all my things around me and it's my personal space." Another person told us, "I enjoy spending time in my room. I have a great view of the garden and watch the birds on the bird table I have just outside my window." Many people had brought their own items of furniture, photographs and ornaments with them when they came to live at the service. There were numerous areas throughout the service where people could go to spend time quietly or have privacy to meet with their family members if they wished. We also saw that there was also an outdoor area in the garden with seating for people and their relatives to spend time together outdoors.

Staff knew people well and understood their preferences. One member of staff told us, "We have the time to get to know people and spend time chatting with them and their families. By doing that we can make sure we are doing the best we can and get to know all about them and who they are." Another member of staff told us, "It is more difficult to get to know people who are here for short term rehab but we make the effort to speak to them and their families to make their six weeks here as comfortable as possible." The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared happy and relaxed in the company of staff and staff engaged people in friendly conversation. We heard lots of sociable chat and laughter throughout the day and observed staff interacting with people in a warm and caring manner.

The promotion of people's privacy and dignity was observed throughout the day. One member of staff told us, "We need to be respectful and considerate to all the people who live here and remember we are coming to work in their home. Put ourselves in their shoes so to speak." Staff members were able to describe ways in which people's dignity was preserved such as adjusting people's clothing to ensure they were covered, knocking on bedroom doors before entering and making sure they offered assistance with personal care to people in a discreet manner. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There were a number of information posters displayed and leaflets available within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure and fire evacuation procedure. There was also a television screen displaying a series of photographs from recent events and activities. Information was available on how to access the services of an advocate should this be required and support from charitable organisations who provide services to older people and people living with dementia.

There was also a noticeboard in the main corridor which displayed the activities schedule for the month and

the quality rating from the last inspection completed by the Care Quality Commission. This meant people were provided with information about the services available to them.

Good

Is the service responsive?

Our findings

People told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "It's all on my say so. My way or no way, if you know what I mean. I lived somewhere else before coming here and it was my decision to move. I choose everything myself." Another person told us, "I've lived here for a few years now. My family, and me, are involved in everything."

Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care people needed. The care plans followed a standard template which included information on people's personal background, their individual preferences along with their interests. The plans were individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. Staff that we spoke with demonstrated a good knowledge of what was important to people who lived at the service and this enabled them to provide care in a way that was appropriate to the person. Each care file included individuals care plans for areas of the person's life including personal hygiene, mobility, nutrition and hydration, health promotion, communication and pressure care. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People enjoyed the activities provided at the service. One person told us, "There's something going on every day in the week. We choose if we want to take part or not but I always do." Another person told us, "We had a lovely day out yesterday. I really enjoyed it." Activities were provided by the activities coordinator with the support of the staff on duty and a group of volunteers. The coordinator and members of staff we spoke with were able to describe the different activities that people enjoyed, for example, listening to music, singing, weaving and knitting and day trips out in the local area. Photographs of recent events and activities were displayed on a television screen in the entrance hallway. We saw that the events were well received and a large number of people and their families took part.

There was an activity schedule displayed in the main corridor so people and their relatives knew the activities that were on offer or any future events that were planned. We saw records of discussion with people about activities that they would like to see on the schedule in the future and the coordinator was able to explain their plans to continually introduce new activities and make changes to the schedules in place. The coordinator also maintained records of the activities that had been scheduled and completed an evaluation with people who had participated. The coordinator explained this was to monitor the satisfaction of people with regards to the activities arranged and ensure that a wide range of meaningful activities were available.

People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person we spoke to told us, "I can speak up for myself and let them know if anything is wrong. [Name of

registered manager] would do something." Another person told us, "All the staff are great and very helpful. I would speak up if I had any worries." Formal complaints that had been received in the past year were recorded. There was an investigation into each concern and the actions to be taken in response included. Each complainant had received a written response to their concern and the registered manager had recorded the outcome and any learning from each. There was an up to date complaints policy in place and leaflets containing the complaints procedure were available in the entrance hallway.

Good

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager. The registered manager was also registered at another home within the provider organisation. The registered manager explained that they divided their time equally between the homes and that in their absence the deputy manager oversaw Taymer Nursing Home.

People knew who the manager was and confirmed that they were visible in the service. One person told us, "[Name of registered manager] is here all the time. We see her most days and she'll pop in to the lounge for a chat to see how we are." Another person told us, "[Name of registered manager] is excellent. She knows what's what and runs a 'tight ship'. She'll put her uniform on and muck in with the rest of them." A member of staff told us, "I love working here. The manager, the deputy, the whole team. That's what makes coming to work enjoyable, the teamwork." They went on to explain how they felt supported and valued by the management and this had a positive impact on their work and ability to complete their role.

During our inspection we saw that the registered manager had a good rapport with people and staff. They spoke with people and staff to find out how they were, offered assistance to people and was actively involved in the running of the service and the care being provided. We saw that the registered manager was regularly approached by staff and they responded in a positive, supportive manner demonstrating a sound knowledge of the people and their care needs.

Staff on duty told us that there was an open culture and they would be supported by the management team. One member of staff told us, "[Name of registered manager] has managed the home for years and knows it inside out but I still feel listened to when I share a concern or my opinion on something." Another member of staff told us, "[Name of registered manager] is very approachable. I know I can talk to her about anything." A third member of staff told us, "You couldn't ask for a better, more supportive management team in [Name of registered manager] and [Name of deputy manager]." Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the registered manager consulted with them regarding any changes in the service and that they felt involved in decision making. Staff were clear on the visions and values of the provider organisation and the direction of the overall service development.

There was an effective quality assurance system in place. We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans, medicines audit, environmental audit, complaints management and a meal time experience audit. Any issues found in the audits were recorded in the action plan for the service and there was detailed information as to how they would be addressed by the manager and a timescale for the action. We also saw the registered manager had taken the actions required from the most recent local authority inspection and a medicine audit completed by the local pharmacy into the action plan for the service. This demonstrated how the manager used feedback from a variety of sources to drive improvements at the service.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Previous discussions at meetings had included activities, staffing and rotas, learning and training activities, call bells and equipment. The registered manager explained that meetings were held with different staff groups, for example, registered nurses, housekeeping staff and care workers and minutes were available for all staff to read if they had not attended. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

The registered manager also held monthly 'open surgery' sessions for people and relatives to meet with them and discuss any aspect of the care provided in the service. These meetings were held on a weekend and dates were displayed in the main corridor so that people and their relatives were aware of the opportunities available to them. This meant that the people and relatives were able to meet directly with the management of the service.

We noted that records were stored securely within the computerised system, within the manager's office, administrator's office or in locked cabinets. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.