Greensleeves Homes Trust

Tickford Abbey

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Tickford Abbey is a Grade II listed building in Newport Pagnell that has been adapted to provide accommodation and personal care for up to 32 older people, some of whom are living with dementia. At the time of our inspection 28 people were using the service.

People's experience of using the service and what we found
We received mixed views from people and staff about whether staffing levels were sufficient to meet people's needs. The registered manager was not aware of a dependency tool used to determine staffing numbers, so we were unable to assess how the provider had determined staffing levels to be safe on the day of our inspection.

Following the inspection, the registered manager located a staff dependency tool that had been completed in her absence to determine staffing numbers. We found the tool did not fully consider when people required two staff to support them with their care and support needs so did not fully demonstrate that the minimum amount of staff on duty were sufficient to meet people's needs in a timely way.

We have made a recommendation about safe staffing levels in care homes.

Some areas of the environment were old and tired and needed to be improved to ensure all areas could be cleaned effectively. The registered manager had implemented robust cleaning schedules to ensure the service could be kept as clean and hygienic as possible to reduce the risk of infection.

The fire risk assessment had been reviewed. However, we saw there were some outstanding actions that needed to be completed by the provider.

Quality monitoring checks were not always effective at identifying areas that needed improvement.

People and their relatives felt that Tickford Abbey was a safe place to live. Staff we spoke with had completed training in safeguarding vulnerable people from abuse and understood how to recognise abuse.

Risks to people's safety were assessed and strategies were put in place to reduce any risks. For example, if a person was at risk of falling, a falls risk assessment was completed for staff to follow to reduce the risk.

Staff were appropriately recruited to ensure they were suitable to work at the service.

People's medicines were safely managed, and people received their medicines as prescribed.

The registered manager demonstrated that they learnt lessons when things went wrong.

There was a registered manager who was supported by an interim manager and a deputy manager. They were committed to the continuous improvement for the service and had completed an action plan of areas that required improvement.

Accidents, incidents and falls were monitored to identify the possible cause, to reduce the risk of similar events occurring.

The service worked in partnership with outside agencies

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 30 April 2019).

Why we inspected
We received concerns in relation to insufficient staffing levels and infection control practices at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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

We have found evidence that the provider needs to make improvement. Please see the safe and well-led key question section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tickford Abbey 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below

Tickford Abbey

Detailed findings

Background to this inspection

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

Service and service type
Tickford Abbey 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 announced ten minutes before entering the building. This allowed us to discuss risk factors related to COVID-19 before the inspection commenced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people on site who used the service and one visiting relative about their experience of the care provided. We spoke with the registered manager, interim manager and the deputy manager on the day of our site visit. We also had discussions with two care staff and a housekeeper.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including quality assurance checks, safeguarding information and accident and incident information.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and training data, quality assurance records, the providers business continuity and disaster plan, and service certificates for the premises. We spoke with a further three care staff by telephone following our site visit.

Requires Improvement

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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed views from people about whether staffing numbers were sufficient. One person said, "When I press the night button, they [staff] come quickly." Another person told us they would, "ring the bell if I need support and they [staff] come quickly."
- One person commented, "No" when we asked them if there were sufficient staff but did not want to elaborate. Another person told us, "The staff appear to always be busy when I want to talk to them."
- Staff also had mixed views about staffing levels at the service. Some told us they felt there were enough staff to meet people's needs. However, one staff member told us, "People often want to go to the toilet after they have had their breakfast and it can take up to 30 minutes to accommodate their request." Another commented, "A lot of people need two staff to assist them. This means there are no other staff on the unit to assist and help people when they need us."
- The registered manager was not aware of a dependency tool used to determine staffing numbers, so we were unable to assess how the provider had determined staffing levels to be safe on the day of our inspection. The staff rota showed that staffing numbers were not always consistent. For example, some days there were four staff, five staff or six staff but people's needs had not changed to reflect the fluctuation in staffing numbers.
- During our inspection we saw that there were sufficient staff to support people with their lunch and call bells were answered swiftly.

Following the inspection, the registered manager located a staff dependency tool that had been completed in her absence to determine staffing numbers. We found the tool did not fully consider when people required two staff to support them with their care and support needs so did not fully demonstrate that the minimum amount of staff on duty were sufficient to meet people's needs in a timely way.

We recommend the provider consider current guidance on safe staffing levels in care homes and take action to update their practice accordingly.

- The provider followed robust recruitment procedures to ensure people were protected from staff that may be unsuitable to support vulnerable people. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Assessing risk, safety monitoring and management

● Plans were in place to ensure people were supported in the event of a fire. The providers fire risk assessment had been reviewed but had not been updated. There were some outstanding actions that needed to be completed by the provider.

● People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls; a risk management plan was put in place to reduce the likelihood of any falls.

● Risk assessments were reviewed and updated monthly or if there had been any changes or incidents.

● Systems were in place to ensure equipment and utilities at the service, including moving and handling equipment, electrical installations, gas and water, were safe and properly maintained.

Preventing and controlling infection

● Some areas of the environment were old and tired and needed to be improved to ensure all areas could be cleaned effectively. However, the registered manager had implemented cleaning schedules to ensure the service was kept as clean and hygienic as possible.

● 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 using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● 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.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us that Tickford Abbey was a safe place to live. One person told us, "Yes I feel safe; they [meaning staff] are so caring."

● Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.

● One member of staff told us, "I would have no hesitation in reporting any concerns I had. I would go to the manager." They felt confident that their concerns would be taken seriously.

● The provider had policies and procedures to keep people safe. The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed as required.

Using medicines safely

● People had their medicines when they needed them. One person told us, " Yes, I am given my tablets on time and the staff watch me take them."

● Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. We saw that records were fully completed.

● Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.

● We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Learning lessons when things go wrong

● The registered manager regularly reviewed information when things did not work well or when there were

shortfalls in the service and shared the learning with staff.
● Audits and team meetings were used to document and communicate learning within the service.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement.

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

- The providers systems to ensure all areas of the home were running well and people were receiving good quality care were not always effective. For example, we found some gaps in staff training records, outstanding actions in relation to fire safety and areas of the premises that needed attention to ensure they were easily cleanable.
- The service had recently changed over to an electronic records system. We saw that one persons daily notes were recorded in a different persons record. This had not been identified by quality monitoring checks.
- There was no effective system in place to determine safe staffing numbers. We received mixed feedback about staffing levels and staff rotas were not consistent.
- Most staff gave positive feedback about the leadership and management of the service. They told us they could go to management if they had a concern. However, they felt the registered manager was unable to make changes to company policy, for example, in relation to staffing and they didn't feel the provider listened to staff.
- There was a registered manager in post, and they were being supported by an interim manager and a deputy manager. They were clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- Staff understood their roles and responsibilities towards the people they supported. They told us they had one to one meetings with a line manager so they could talk about their practice and appropriate training which ensured they provided the care and support at the standards required.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People and relatives told us the registered manager was approachable and the culture of the home was open and friendly. One person said, "She [pointing to the registered manager] took me under her wing and has shown me acts of kindness. She has listened to me and shown empathy." Another described the registered manager as, "Being a ball of fire of encouragement, she kept me going with her encouragement."
- A relative told us "We have no complaints, no problems at all and they have made my [family member]

very welcome and comfortable."
● Staff told us they enjoyed working at the service. One said, "I love working here the residents are brilliant."
● The service had a vibrant and friendly atmosphere. The staff were very supportive of people's cultural needs and they were openly encouraged to follow their faith.

Continuous Learning
● Accidents and incidents were well recorded and analysed to check for any trends or themes so that any actions needed could be taken. For example, we saw that where a person had had three falls in a month, they had been referred to the falls team. The falls team provide assessment and support for adults who have fallen or who are at high risk of falling.
● The registered manager demonstrated a commitment to the continuous improvement of the service and the care provided. They had completed an action plan for the service on areas that needed to be improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and their relatives in order to keep them up to date with any changes in the service or people's care.
● The provider had not sent out any satisfaction surveys in the last 12 months, to gain people's views about the service. However, we saw that the registered manager had put posters around the service advertising meetings for people and staff, so they had the opportunity to give their views about the service. Records showed that prior to this, meetings had not been held regularly.
● There were daily 'ten at ten' meetings where each head of department met to discuss anything of concern, including infection control practices and discuss how any shortfalls need to be addressed. Up to information is shared at these meetings.
● Effective communication systems were in place to ensure that relatives were kept up to date with any changes. For example, a relative told us how they were sent an email every couple of weeks to keep them up to date with their family members care and what was happening in the service. They told us there was a choice of WhatsApp messaging, regular emailing, telephone calls and window visits. On the day of our visit we saw the provider supported relatives to visit their family members.

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
● There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw incidents had been shared with family members.
● Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the service if they needed to, for example to local authority and CQC.
● The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Working in partnership with others
● The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with social workers and people's GP's. On the day of our visit the falls team were visiting people living at the service.
● The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about COVID-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.