

Lovett Care Limited

# Twyford House

## 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

### About the service

Twyford House is a residential care home providing personal care to up to 70 people. The service provides support generally to older people. At the time of our inspection there were 51 people using the service. The service is a purpose-built building which accommodates people over four living units.

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

People told us they felt safe living at Twyford House. Systems were in place to identify and report any care concerns. People's health was promoted by the safe and timely administration of medication. The building was clean and hygienic throughout and was well maintained.

Staff received the training and supervision they needed to carry out their roles. People had prompt access to health services when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt cared for and had their privacy and dignity respected.

Care plans were person-centred and up-to-date. People had access to a variety of meaningful activities.

The management team understood their responsibilities, sought to gain the views of people and their relatives and regularly checked the quality of care within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 August 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to give the service its first rating.

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.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 found in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are found in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are found in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are found in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are found in our well-led findings below.

Good ●

# Twyford House

## 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 Health and Social Care Act 2008.

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 one Inspector.

Twyford House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Twyford House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information about the service since it was registered. We sought feedback from the local

authority and other professionals who work with the service. We used the information the provider sent to us on the provider information return (PIR). This is information providers are required to send to us annually with key information about their service, what they do well, and improvements they plan to make. We used all this to plan our inspection.

#### During the inspection

We spoke with 7 people who lived at the service and 5 relatives about their experience of the care provided. We spoke with 12 members of staff including the area manager, quality lead, registered manager, deputy manager, administrator, team leader, care staff and ancillary staff. A variety of records relating to the management of the service, including policies and procedures were reviewed. This included seven 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.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm.
- People felt safe living at the service.
- Systems were in place for the effective reporting of any care concerns,
- Staff were aware of types of potential abuse as well as having received training.

Assessing risk, safety monitoring and management

- Risk assessments were up to date and reflected those risks faced by people during their support.
- People had individual risk assessments in place to ensure that they remained safe in the event of a fire or evacuation.
- Equipment within the premises was regularly checked to ensure it was safe to use.
- Regular tests were made on fire detection systems and portable appliances.

Staffing and recruitment

- Staffing levels met the needs of people.
- People told us that staff always responded to their needs and that there were enough staff on duty to assist.
- Rotas evidenced a mix of staff skills in order to carry out effective care.
- Agency staff use had declined of late. Systems were in place to determine their suitability to carry out their role to supplement care.
- People were protected by a robust recruitment of new staff.
- New staff were being recruited to key areas of the service.

Using medicines safely

- Medication management was robust.
- People told us that they always received their medication when needed and that it was never missed.
- Medicines were safely stored and documents were appropriately recorded to evidence safe administration.
- Staff training in medicines took place as well as supervision and competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- People were able to continue to receive visits from their friends and family.

#### Learning lessons when things go wrong

- Prompt action was taken when things went wrong.
- The frequency and type of fall or accident was analysed to prevent future re-occurrence.
- Where errors in medication administration had occurred, remedial action had been taken to ensure the person did not have their health adversely affected and that further training/supervision of staff was in place where appropriate.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The process of gathering information on people prior to them coming to live at Twyford House enabled a baseline of needs to be established.
- All assessments included reference to the health and social care needs of people including their social history and interests.
- Assessment information was translated into a care plan which enabled needs to be met.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role.
- People told us staff knew what they were doing and were aware of their individual preferences.
- Training covered mandatory health and safety topics as well as those reflecting people's needs.
- A structured induction process for staff was in place and this also covered agency staff.

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were promoted.
- People told us, "The food is very good, we always get plenty to eat" and "I get a good choice of food."
- The risks of malnutrition and dehydration were monitored by the service with appropriate interventions made to promote people's health.
- Kitchen staff demonstrated a good understanding of the people's food preferences, allergies and those at risk of weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service provided safe and effective care.
- The health needs of people were met.
- People told us that while they felt well at that time, if required, staff would assist in providing access to health professionals such as GPs when required.
- An ongoing commentary of health interventions was maintained

Adapting service, design, decoration to meet people's needs

- The design and adaptations included within the building met the needs of people living there.
- Equipment such as assisted baths and hoists were available to enable people to be safely assisted to receive personal care.



- Signs were available to assist in orientating people around the building.
- The building had a number of communal areas for people to use; for example, a bar, library and various quiet lounges.
- The building had been decorated to a high standard and was well maintained throughout.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was meeting the principles of the mental capacity act.
- The capacity of people was assessed and where people were assessed as not having capacity, appropriate orders had been applied for and granted.
- All safeguards were in date and monitored to ensure that none had expired.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a kind and caring manner. Staff spent time reassuring people and providing explanations to them.
- People were positive about the staff team. They told us, "They [staff] are so kind" and "Staff are really lovely".
- People who had recently come to live at Twyford House commented that the staff team had made them feel welcome and recognised the period of settling that the person had experienced.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices in relation to their daily lives.
- People who verbally made choices in relation to attending activities or following a particular dietary lifestyle, for example, had these respected.
- Those individuals who could not express themselves verbally had their communication needs assessed and used to enable their wishes to be known.
- People felt that they were able to express their views and had these listened to.

Respecting and promoting people's privacy, dignity and independence

- People told us "Yes, I feel that they [staff] treat me with respect" and "I am able to keep as independent as possible."
- Staff knocked on bedroom doors and waited for a response before entering. Personal care support was done in private and discreetly.
- People's sensitive information was kept secure and confidential.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans met the needs of people.
- Care plans were maintained on a digital system which enabled staff to record any interventions they had made with people in real time.
- Care plans were person-centred and accurate.
- The care of people was monitored on a regular basis to ensure that it remained relevant to their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People confirmed that they received information presented in a format they could understand.
- The communication needs of people were recorded in care plans.
- People were witnessed approaching staff if they were unsure or needed reminding of key events.
- Information was readily available for people and leaflets on activities, for example, were up to date and freely made available to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that there was a wide variety of activities available to them.
- Information on activities were on prominent display for people.
- Activities included in-house events as well as trips out to places of local interest on a regular basis. People commented on how much they enjoyed these trips.
- Activities co-ordinators were employed by the service and were involved in regular discussions with people during our visit.
- People could access activity programmes online,

Improving care quality in response to complaints or concerns

- People we spoke with did not have any concerns or complaints.
- They felt confident that if they did; the staff team would seek to address these.
- A complaints procedure was available.

- Where complaints had been raised; there was evidence through records that these had been acted upon in a timely manner and address to people's satisfaction.

#### End of life care and support

- People who had reached the end of their lives received appropriate care and monitoring of their condition.
- Families were able to visit people at any times to sit and reassure their loved ones.
- Some people had expressed a wish to not be resuscitated in the event of their death.
- The future wishes of people were gained and included in care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred support.
- Interactions observed were focused on the people's preferences and their wishes.
- People told us that "I am in safe hands", "Staff go above and beyond" and "I feel confident that my relation is safe and well-looked after."

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

- Any registered service is legally responsible to inform CQC of any key events that affect the well-being of people.
- The provider always informed us of such events in a timely manner.
- The provider demonstrated transparency in feeding back outcomes of investigations to complainants and offered a commitment to respond to these if required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management and team at Twyford House fully understood their responsibilities.
- The service had a robust system for assessing the quality of care provided.
- A number of audits and checks were in place to assess the quality of care provided as well as medication, activities, mealtimes and health and safety issues within the service, for example.
- Any issues that arose were addressed in a timely manner.
- Quality of the service was also assessed by senior management and quality leads within the organisation. They visited regularly and reported on quality standards.

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

- People were engaged in the running of the service.
- The opportunity was in place for people to comment on their care through regular meetings with the management team.
- Families were able to provide regular reviews of the service and these had remained positive.
- The service had produced a "You said, We did" plan which was generated by people's and staff comments.

- Staff meetings took place on a regular basis.

#### Working in partnership with others

- The service worked with health professionals and social workers as part of people's care.
- The local authority told us that they did not have any concerns at that time about standards of care within Twyford House.