

Prime Life Limited

Tanworth Court

Inspection report

Tanworth Court Nursing Home
Tanworth Lane, Shirley
Solihull
B90 4DD

Tel: 01213892266

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08 June 2022

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11 November 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Tanworth Court is a residential care home providing personal care to up to 60 people. The service provides support to older people and younger adults with physical disabilities, sensory impairment or dementia. At the time of our inspection there were 41 people living at the service.

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

Staff, people and their families worked together to assess and manage the risks people might face. People's support plans reflected their range of needs and this promoted their wellbeing and quality of life.

People were supported in a safe, clean and well-maintained environment that met their needs. People and their families or representatives were involved in discussions about how they received support. Staff supported people to make decisions in their best interests. People were supported to access specialist health and social care support to maintain their independence, health and wellbeing.

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.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager was keen to develop a culture of improvement and transparency. To achieve this, they completed regular checks on the care people received and identified actions to improve the quality of care and the environment.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 April 2022).

At our last inspection we found breaches of the regulations in relation to managing risks to people and a lack of oversight of the service. The provider was made aware of our concerns and the improvements which were required to be completed by 27 May 2022.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation

to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

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?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Details can be found in our Safe findings below.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Details can be found in our Well-Led findings below.

Inspected but not rated

Tanworth Court

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) on a specific concern we had about risks relating to people and accurate records of their needs, medicines management and the environment. We also checked if the provider had met requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) on a specific concern we had about the providers systems to give oversight of the service and identify risks and make improvements..

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Tanworth Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and two relatives who used the service to gather feedback of their care. We spoke with five members of staff. This included the registered manager, a representative of the provider, a nurse and two members of care staff. We reviewed nine people's support plans and medicines records. We viewed a range of documents relating to the management of the service such as incident records, audits, policies and training data.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. We have not changed the rating as we have not looked at all of the Safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection we found the provider had not identified risks relating to people, their medicines and the environment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were individualised to people's needs, covering environment, health, behaviours, social interaction and daily activities. Staff knew the people they supported well and would alert senior staff if any changes to the risk assessments were required, or new risks had been identified.
- If a people's needs changed or if their health deteriorated advice from other health and social care professionals was sought and this was used to update people's risk assessments.
- People at risk of malnutrition or dehydration had their food and fluids recorded and monitored. Staff encouraged people at risk to eat and drink more when required and were aware of when to raise any concerns with a health professional.
- Staff were aware of people who required a different textured diet or thickened fluids to reduce the risk of choking. We saw people received the appropriate textured meals and thickened fluids throughout the day.
- Discussions with management and staff demonstrated a positive risk-taking approach to support the person to retain their independence and take part in activities they wanted to do.
- Staff managed the safety of the person's living environment and equipment in it well, through checks and action to minimise risk.
- People were supported by staff who had received medicines management training. This was to ensure they followed safe systems and processes to administer, record and store medicines safely. The management team carried out 'competency' checks to ensure staff continued to follow safe practice.
- Staff demonstrated good knowledge of the medicines the person was taking to ensure their safety and welfare.
- When people were prescribed 'as required' medicines, for example for pain relief, protocols were in place. These protocols included information about the reason the person was prescribed it, signs that the medicine might be required and level of support the person wanted from staff.
- Medicines and creams were labelled with the date when they were opened and disposed of in line with the manufacturer's instructions. This meant people were protected from the risk of medicines or creams being

used outside of the time period when they were most effective.

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, 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.

- Where required DoLS applications had been made for people who lacked capacity and authorisations were in place.
- Care plans contained information to support decision making. Where people had been unable to make a decision due to their inability to understand, records contained information of best interest decisions and who has been involved in this process.
- Staff had received training about the MCA and were knowledgeable of how to support people to making decisions.

Preventing and controlling infection including the cleanliness of premises

- 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 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.

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 our last inspection we rated this key question requires improvement. We have not changed the rating as we have not looked at all of the Well led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection we found the provider had not maintained oversight of the service and had not taken actions to improve the quality of care when necessary. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

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

- The registered manager had returned to managing the service following a period of absence and had invested time in driving improvements throughout the service.
- Staff were positive about the improvements made within the service and told us they were motivated to provide good quality support which met individual needs.
- The provider had a purpose and vision which the staff team understood and worked to meet.
- The provider had systems in place to monitor and improve standards and safety and the registered manager reviewed these regularly to identify trends and took actions to make improvements.
- Audits such as health and safety, infection prevention and control and safeguarding were carried out regularly. There was oversight from within the organisation which helped to hold staff to account, keep people safe, protect their rights and provide good quality care and support
- The previous CQC rating was displayed. This advises people, visitors and anyone seeking information about our judgments