

Anchor Hanover Group

Tandy Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tandy Court is a care home providing personal and nursing care to up to 40 people. The service provides support to adults of all ages, some of whom may have dementia or physical disabilities. At the time of our inspection there were 39 people using the service.

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

Medicines were not always administered safely and appropriately.

Quality assurance systems were effective in identifying concerns, however, this was not always translated into good practice for people living at Tandy Court with regards to the management of medicines.

People were not always supported according to care plans and identified needs. Systems to ensure the home was clean and hygienic were not always followed.

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.

Most people, relatives and staff spoke positively about the management of the service and systems were in place to seek people's feedback and drive continuous improvements.

People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.

There was evidence that staff were adapting communication techniques to achieve best results with people.

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 on 19/06/2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicines management. A decision was made for us to inspect and examine those risks.

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.

Enforcement and Recommendations

We have identified a breach in relation to regulation 12 Safe Care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tandy 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.

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 2 inspectors and a pharmacist specialist advisor.

Service and service type

Tandy Court 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. Tandy Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 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 5 people and 5 relatives about their experience of the care provided. We spoke with 2 professionals who have contact with the service. We spoke with 4 members of staff including the registered manager, senior carers, cook and housekeeping staff.

We reviewed a range of records. This included 4 people's care plans, 7 medicine administration records (MAR) and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care that people received within the home

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 good. At this inspection the rating has changed 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.

Using medicines safely ; Preventing and controlling infection

- Systems had failed to ensure staff are safely dispensing and managing peoples medicines. We observed that the medicines trolley was not locked when left unattended on 3 occasions during our inspection. This placed people at risk as they had access to medications that could potentially harm them.
- We observed that time specific medication such as those for diabetes or Parkinsons disease were not provided in a timely manner. We saw 4 instances where medicines were not given prior to food as required by the prescriber. Records evidenced that staff were not signing the record at the time doses were given. Records were not always accurate meaning there was a risk people could have duplicate or missed medicines.
- We saw that good infection prevention and control practice was not used when administering medicines. It was observed that staff dispensing medicines were not washing and cleaning hands between different people's medicines when appropriate. We also saw that tablets were administered after they had been dropped on the floor. This could lead to infections spreading around the home.
- Medicines were not always stored within the temperature specified by the manufacturer. Records showed that on 8 occasions the fridge temperatures were out of the acceptable range with no action taken by the staff or the registered manager.
- Where medicines were provided to people covertly (in a disguised form), documentation was not always correctly filled. This meant that the registered manager could be assured that staff were following the prescribers' instructions.

The provider has failed to mitigate and manage medicines risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the staff dispensing medicines would be retrained and staff knowledge compounded pending investigation of various concerns we raised during the inspection. They also confirmed that new audits of medicines would take place that required managers to watch staff dispensing medicines in order to reassure themselves that protocols were follows.

- Systems were in place to ensure people's individual medication needs were met. For example, clear protocols were in place for people's 'as and when' medications or if a person needed to take their medications covertly. However, these were not always followed by staff dispensing medicines.
- Staff received training and competency assessments were in place to monitor staff practice in relation to

administering medications. However, the registered manager confirmed this required improvement and that they would work with trainers to ensure staff understand medicines training better.

- We were not assured that the provider was promoting safety through the hygiene practices of the premises. We saw wheelchairs were shared between people living at the home and that some wheelchairs were soiled from previous use. Staff did not immediately clean wheelchairs between users.
- 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 somewhat assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat 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.

Assessing risk, safety monitoring and management

- Systems usually ensured risks were minimised for people living at Tandy Court care home. Care plans were usually reviewed within the policy timeframes set by the provider. However, we saw that 1 medication review was not completed within this timeframe.
- Care plans were clear about how staff should support individuals with limited mobility and staff told us that they regularly discuss moving and handling people with families and the registered manager.
- People's care needs were assessed, monitored, and managed effectively. For example, systems were in place to monitor people's health needs such as diabetes or skin integrity. One relative told us the care provided had led to good health outcomes for their loved one.
- Staff knew people well and were knowledgeable about each person's individual health or support needs. They were able to tell us about allergies or health concerns people had.
- People's person-centred dietary needs were assessed and managed. Where people were at risk of choking, or had dietary requirements, this was reflected clearly in care plans and staff displayed knowledge of needs. The kitchen staff and care staff worked in collaboration to ensure risks relating to nutrition and hydration were robustly managed.

Visiting in care homes

The provider was facilitating visits for people in the home. During the inspection we observed several relatives and friends visiting their loved ones.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to identify, report and investigate any safeguarding risks to people. Incidents were recorded and referred to the Local Authority safeguarding team where appropriate.
- Staff had received safeguarding training and understood the signs of abuse and how to report any concerns they may have. One staff member told us, "If I see something, I will report it straight away. I will inform the nurses and the manager."
- Governance processes ensured that reviews took place in a timely manner to ensure risks of abuse were minimised.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staffing levels were maintained to meet people's needs in a timely way. Records showed, and our observations confirmed, that there were adequate staff available to support people. A relative said, "Staff available usually, but sometimes it can take a while for them to come during busy periods such as dinnertime, but I understand they help feed some people who can't do it themselves."

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents and identify any learning. Incidents were reviewed by the registered manager and audit systems tracked any themes or trends at the service. However, some incidents such as medicines fridge temperatures were not effectively monitored and lessons from errors were not translated into more robust monitoring.

- The registered manager was very responsive to our observations during the inspection. They agreed changes needed to happen and were planning an action plan to manage some of the concerns highlighted. Records showed previous learning was discussed at management meetings and actions were identified for managers to address.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and documentary evidence alongside people's feedback confirmed this.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Systems were in place to seek DoLS authorisations for people at risk of being deprived of their liberty. The management team maintained oversight of completed authorisations to ensure further requests were submitted prior to the expiry dates for these documents.
- Staff worked within the principles of MCA and sought consent from people about their care. One staff member advised us, "First we say hello and ask permission to support the person. If they say no, that is fine. We will ask again later."
- The registered manager told us that two people had Court of Protection Orders due to their inability to make decisions for themselves. This was evidenced in case files with appropriate reviews and risk assessments.
- People and their loved ones told us they were able to make choices about their day to day care. A person told us that, "They always try to include me into things and always ask."
 - Where people had a lasting power of attorney (LPA) in place, all the correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
 - Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

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

- People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The registered manager was responsible for all assessments and for ensuring that reviews of needs were carried out regularly. Records confirmed this.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A person said, "The staff are excellent."
- Staff understood their responsibilities and what was expected of them. Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. For example, staff had training in communication, diabetes and falls. We saw a staff member interact with a non-verbal person, who uses non verbal communication to indicate needs. The staff member was able to understand the person's needs and wishes as we saw the person happy at the response.
- Staff had completed an induction process and the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Staff supported people to maintain a healthy balanced diet where required and to have choice in what they ate. A person told us, "Even if they don't have any of my types of food, they will make effort to get it next day." We observed staff taking plated meals to some people who were living with dementia so that they could choose what they wanted.
- The provider had a system that allowed them to monitor people's food and fluid intake where needed. We noted that the daily logs included food and fluid intake and any concerns.

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

- Where needed, staff supported people to access community healthcare professionals such as the GP and occupational therapists. This enabled people to have their health needs met by external professionals.

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 good. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers monitoring systems had not identified that staff were not following the requirements detailed in some medicines plans. Records evidenced that some medicines were not provided in a timely manner. The registered managers audits had not identified these discrepancies and actions had not been taken.
- The registered manager had not ensured that staff dispensing medicines were appropriately conducting the tasks. We saw staff members not washing hands between people and providing them with medicines that had fallen on the floor. The registered manager showed us training documents and staff agreed that all training was relevant, recent and up to date.
- The registered manager promoted a positive culture at the service that benefited both staff and people.
- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They [staff] are my mates. I love them." A relative told us, "Staff are very friendly, kind and take time to have conversations".
- Staff were clear about their roles and spoke positively about the people they supported. One staff member said, "We are a close-knit staff team, and we know our service users very well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged well with people, relatives, and staff to drive continuous improvement. One relative said, "Managers and seniors are always available to help when things go wrong. It's not perfect when it comes to people who are so fragile, but they do their best."
- Records showed that feedback was sought in resident meetings and staff meetings as well as directly from families.
- Staff felt supported and found the registered manager approachable.
- The home worked closely with external professionals such as podiatry, dentists and doctors to provide people with any support they required. Relatives told us they were very confident that staff would contact health professionals and keep them updated as needed.

Continuous learning and improving care

- Systems were in place to audit processes, highlight any issues and take action to address them. Audits showed that most shortfalls identified were addressed and records updated. However, some identified concerns such as with medication were not effectively addressed.
- The provider had an improvement action plan in place to carry out additional work to make people happier in their environment. We saw that they had identified more activities for people who have limited mobility as part of their actions to 'move forward;.

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

- The registered manager understood their responsibility in relation to duty of candour. Systems were in place to ensure any incidents were recorded, investigated and relevant parties notified.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The providers systems to assess, monitor and improve the quality and safety of the services were not effective in relation to, risk management and infection prevention and control.