

Hampshire County Council

Ticehurst Care Home With Nursing

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

Ticehurst is a residential care home providing nursing and personal care for 81 people at the time of inspection who may be living with dementia.

Ticehurst accommodates up to 86 people in one purpose built building that is divided into two wings, one for nursing care and one for residential care.

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

The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents, such as an incident highlighting the need for pre-admission assessments to be more detailed.

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.

Care workers had developed caring relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from people, relatives and staff. Feedback was positive across all areas.

Rating at last inspection

The last rating for this service was good (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ticehurst Care Home With Nursing

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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

Ticehurst 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 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 unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection:

We spoke with 14 people who used the service, five family members and two professionals. We spoke with the registered manager, the general manager, one registered nurse and four staff members. We looked at the care records of seven people. We looked at four staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to gather information to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively.
- All the people and visitors we spoke with told us people were well cared for and safe. One relative told us, "This [Ticehurst] is the best place for [Loved one], he was not safe at home and kept falling."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of falls or choking. Risk assessments had detailed information for staff to follow to minimise risks.
- Environmental checks were carried out to ensure people were safe in the premises, and people had personal evacuation plans in case of emergency situations.
- We noted in people's files that where necessary people had body maps to monitor pressure areas, bruises or redness on their skin.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- We observed staff following procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. We noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to identify lessons and improvements to people's care. We noted that following a medicines error staff were sent on refresher training. The provider also identified improvements were needed in their pre-admission assessments following an incident occurring with a new resident.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

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 the same.

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

- People and their relatives told us they received effective care.
- People's care needs were assessed and care plans were created and were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that information was clear so staff knew what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which 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.
- Staff completed mandatory training such as manual moving and handling, as well as training specific to people's individual needs, such as wound care and end of life care. The provider had two staff members attending end of life champion training to specialise in this area.
- The management team had an effective system to monitor that mandatory staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- People were supported to eat and drink where needed. People's risks around food and drink were assessed, such as for people who were supported to be fed through a percutaneous endoscopic gastrostomy (PEG). PEG feeding is where a tube is surgically inserted into a person's stomach as a way of eating and drinking when doing this orally is limited.
- People were given choices of what they would like to eat and drink. We noted at lunchtime people's meals were varied showing they were individual to the person's wishes. One person told us, "The chef makes an effort to keep the menu interesting. There is a lot of choice and if I don't fancy what I had ordered earlier in the day they didn't mind me changing my mind."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, specialist palliative care nurses, pharmacies, GPs and social workers to meet people's needs. We saw evidence of this in people's

care files.

- The provider had a number of rehabilitation beds. This meant people were discharged from hospital earlier to continue their rehabilitation at the home. The provider had weekly multi-disciplinary team meetings to discuss these people's needs and progress and to plan for them to go home. This included ensuring all their needs were catered for following returning home.

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

- The service is a purpose-built building in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs. Décor was used to support people who may be living with dementia to distinguish different areas of the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they may impact on the person so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as speech and language therapists.

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 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.

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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

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; equality and diversity

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "The staff are very kind and caring. They know what to do to make things easier here for me."
- People had developed caring and meaningful relationships with staff. We observed staff and management being very kind, caring and warm with the people they were supporting.
- People's individual needs, preferences and beliefs were respected by the service. Specific requirements were catered for where possible, such as ensuring people were supported if their religion meant there did not eat certain foods. One person was supported by staff of the same culture.
- The provider had created a military/service room for people who had an interest in or serviced in the forces.

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

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate.
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through residents and relatives meetings. People's ideas resulted in a pub being created for people to use as well as changes to the garden.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff interacting with people in a caring way while maintaining their privacy and dignity such as when moving a person with a hoist. The staff were warm and explained what they were doing which involved touching the person's arm for reassurance. Staff would knock on people's doors before entering.
- Staff told us how they promoted people's independence and respected their privacy and dignity, such as, covering a person when carrying out personal care, and ensuring doors and curtains were closed.
- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible such as at mealtimes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

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

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in comprehensive care plans which contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as documents and information in a larger font, or using visual aids and signs.

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

- The provider had activities co-ordinators who supported and encouraged people to join in activities. These included arts and crafts, baking, and knitting.
- One to one activities were available for people unable or choosing not to join in.
- The registered manager arranged for visits from external activity projects to come in, such as a travelling farm. People went out on day trips such as to a garden centre.
- Event days were also held for Valentine's day, Easter and Christmas, as well as to celebrate birthdays.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We saw that the registered manager had responded appropriately and in line with their policy to complaints. One person had complained about a loved one losing a personal item. The provider replaced the lost item.

- People and relatives we spoke with told us they were aware they could complain but had not needed to.

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- The provider had advanced care plans in place which detailed the person's wishes if they came to the end of their lives.
- People's families were given emotional support during and after their loved one's final days. The provider supplied sleeping facilities for relatives to stay with their loved ones.

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 good. At this inspection this key question had remained the same.

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, relatives and staff consistently told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care. One staff member told us, "I'd recommend anyone to work here, and I'd love for my [relative] to come live here."
- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The provider had improved their systems and processes to monitor effectively the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if there was an increase in numbers of falls or if staff training was due.

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

- The service had a 'board' of people who consisted of relatives and relatives of past residents who were heavily involved in gaining feedback and improving the service. They helped fundraise to gain extra money. People and relatives would then choose what they would like to do with the money. Improvements to the gardens were one of the many improvements made.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with

the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care

- The management team had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements, such as; improving the meal time experience.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as social workers and commissioners.
- One professional told us, "I've been a [professional's title] in this area 13 years, they [Ticehurst] are amazing! People come out of hospital with pressure sores and they are always healed here. When I'm 88 I want to come here!"