# Cygnet Health Care Limited

# Tupwood Gate

## 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

Tupwood Gate is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tupwood Gate is a nursing home that provides support to up to 35 people. They provide nursing care to older people, people with long term medical conditions and people living with dementia. Care is provided across multiple floors in one adapted building. At the time of our inspection, there were 27 people living at the home.

The inspection took place on 12 April 2018 and was unannounced.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

Why the service is rated Good

People's care was delivered safely with personal risks assessed and managed. Staff responded appropriately to incidents or concerns and were knowledgeable about safeguarding processes. People's medicines were managed and administered safely and people lived in a clean and safe home environment. There were sufficient numbers of staff at the home to meet people's needs safely and checks had been undertaken on all staff to ensure they were suitable for their roles.

People liked the food they were served but information on choices was not always clear to them. We made a recommendation about information on meal options. Staff had the appropriate training for their roles and staff provided support that met people's healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The building was adapted to make the home accessible to people.

Staff were caring and people's feedback on them was positive. People received care that was dignified and people's privacy was respected by staff. Staff found ways to encourage people's independence and to involve them in their care.

Care was delivered in a person-centred way. People had access to a range of activities and further improvements were underway in this area. People's care plans reflected what was important to them and

had been regularly reviewed. End of life care was provided in a sensitive and person-centred way and the provider had received a number of compliments in this area. There was a clear complaints policy and complaints were documented and responded to appropriately.

People knew the registered manager and had regular meetings to involve them in the running of the home. Regular checks on care were carried out through a variety of audits and the provider took action where improvements had been identified. There were strong links with the local community that people benefitted from. Staff felt supported by management and there were robust communications systems in place for staff.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service has improved to Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Tupwood Gate

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and it took place on 12 April 2018 and was unannounced.

The inspection was carried out by one inspector, a specialist advisor in nursing care 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with nine people and one relative. We spoke with the registered manager, the provider's quality manager, the clinical lead, the chef, two nurses and three care staff. We also observed the care that people received and how staff interacted with them.

We read care plans for five people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty. We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at records of surveys and minutes of meetings of people and staff.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at Tupwood Gate. One person told us, "I've made a really good friend and I feel at home; I feel safe at home." Another person said, "The people and the building make me feel safe." Another person told us, "Knowing there are staff on at night gives me confidence and I sleep better knowing they are here." A relative told us, "I can walk out of here and know that my relative will be safe and looked after; that's so important."

Risks to people were managed and responded to safely. People's records contained risk assessments in areas such as moving and handling, skin integrity and nutrition. Where assessments identified risks, plans were implemented to keep people safe. For example, one person was assessed as at risk of pressure sores due to them spending most of their time in bed. To manage the risk, staff checked the person's skin daily and applied creams. The person had an air mattress and staff supported them to reposition regularly and documented that they had done so. Where falls or incidents had occurred, records showed that staff responded appropriately to ensure people's safety. The provider analysed all incidents which meant there were systems in place to identify trends and learn lessons if things went wrong. Staff understood their role in safeguarding people and were knowledgeable about the processes to follow if they wished to raise any concerns.

People's medicines were managed and administered safely. Medicines were administered by trained nurses whose competency had been assessed. We observed medicines being administered and the nurse followed best practice, checking people's identities and medicines before administering to them. Medicine administration records (MARs) were accurate and up to date. The provider followed best practice in storing medicines and ensured they were kept securely and in line with the manufacturer's guidance. Regular audits of medicines were carried out as well as an annual check from the pharmacy.

There were sufficient numbers of staff working at the home to keep people safe. One person told us, "There are always staff around and they are regular staff, not agency, so they know you." The provider calculated staffing numbers based on people's needs and records showed this staffing level was sustained. People told us that they did not have to wait long for staff to respond to call bells and the provider also carried out regular checks in this area. During the inspection we observed that staff responded to people quickly and people were up and dressed in the morning.

The provider had carried out appropriate recruitment checks on all staff; these included references, work histories and a check with the Disclosure & Barring Service (DBS). The DBS hold a record of any potential staff who would not be appropriate to work in social care. When recruiting nursing staff the provider had checked they had a current registration with the Nursing & Midwifery Council (NMC).

People lived in a clean and safe home environment. The home was clean and housekeeping staff were observed cleaning the home throughout the day. The provider carried out regular checks on the cleanliness of the home and staff were trained in infection control. The safety of the building was regularly audited and the risk of fire had been assessed. There were procedures and equipment in place to follow in the event of

an emergency and staff had been trained in fire safety.

Good

# Is the service effective?

## Our findings

People were complimentary about the food that they were served. One person said, "They give me enough; they know how much I like." Another person said, "I have breakfast in my room, I even asked for cheese on toast one morning and they did that." A relative told us, "The staff take great care as [person] could have trouble swallowing, they all know that."

People told us that they liked the food and we saw that people's records contained information on their preferences and their dietary needs. We observed lunch and noted people finished their meals and had the support they needed from staff to be able to eat. Where people had particular allergies or dietary needs, such as softened or pureed foods, these were fulfilled. We observed kitchen staff speaking with people on the day of inspection and records showed feedback was gathered and documented to inform menu planning. People could make choices with meals each day and people could request alternatives. However, three people told us that they did not always feel they had a choice at mealtimes. They told us they were happy with the food they were served but were not aware that they could make a choice. In other cases we observed people being offered choices and requesting alternatives, which showed some people had not been given information of their options.

We recommend the provider reviews the information provided to people to ensure that they are aware of their options at mealtimes.

People received a thorough assessment before coming to live at the home. Records showed that assessments were used to identify needs, preferences and any medical conditions and needs associated with them. People's clinical needs were met by qualified nurses and care plans were followed in this area. For example, one person used a percutaneous endoscopic gastrostomy (PEG). A PEG is a device used to support people to maintain nutrition when they cannot take food orally. The person had a care plan in place for this and staff had been trained in how to use the PEG. People's records also contained evidence of regular visits from the GP, dentist and podiatrists.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that where appropriate, mental capacity assessments had been carried out to establish people's mental capacity to make specific decisions. One person was assessed as unable to make a decision to stay at the home. A best interest decision recorded involvement from the person's relatives and healthcare professionals. As restrictions were placed on the person to keep them safe, an application had been made to the DoLS team.

People were supported by staff that had the training and support to carry out their roles. Records showed staff completed training in mandatory areas such as safeguarding, moving and handling and infection control. Staff received one to one supervision meetings with their line managers. We did note some staff had not had a recent supervision but the provider was in the process of addressing this when we visited and after

the inspection we saw evidence that this had been fulfilled. Staff also received regular appraisals to discuss their development and any training objectives.

The premises were adapted to suit people's needs. The building was an adapted house with many historical features and people told us they liked this and wished to maintain as much of this as possible. This meant there were a number of corridors and stair cases. The provider had installed lifts and ramps to make areas of the home accessible to people who used wheelchairs or walking aids. There was signage around the home to enable people to orient themselves within the home but we noted in some areas of the home this was lacking. After the inspection the provider took action to introduce additional signage for people, whilst maintaining the character of the building.

Good

# Is the service caring?

## Our findings

At our inspection in June 2015, we found people were not always treated with dignity and respect. People gave negative feedback on the caring nature of staff and we observed some care delivery that did not involve people. We made a recommendation that the provider ensured best practice was followed to maintain people's dignity. At this inspection, the improvements had been made. We observed positive interactions between people and staff and people spoke positively about the staff that supported them.

People told us that they were supported by caring staff. One person said, "All the staff are pleasant." Another person said, "Everyone treats you well, they treat you like people. We all live together." Another person told us, "Pleasant lovely staff. I have to praise the chap who mends things, he's a gem."

During the inspection we observed a number of pleasant interactions between people and staff. In the morning, we observed staff chatting to a person about their past and their service during the war. Later, we noted one person became confused during an activity. Staff identified this quickly and engaged with the person and reoriented them before they became distressed. At lunchtime we overheard a staff member supporting a person to eat in their room. Both were heard laughing and engaging in jokes and chat as the person ate their lunch. People told us that they got on well with staff and we heard positive feedback on kitchen and maintenance staff, as well as nurses and care staff.

People were involved in their care. Throughout the day we saw staff offering people choices with drinks, snacks and activities. We observed people who were living with dementia being given visual choices to involve them in day to day decisions. People's views were also regularly sought at reviews, surveys and residents meetings. This ensured there were opportunities to involve people in their care. A staff member said, "It could be something as simple as getting their clothes out so they can make a choice."

Staff supported people in a way that promoted their independence. One person said, "They [staff] are good at knowing the days that I can do a bit more for myself and they don't mind if I'm having a low day." People's care plans reflected their strengths and staff were knowledgeable in this area. For example, one person was able to carry out their own oral care and staff told us they gave this person their toothbrush to enable them to do this independently. Staff understood the importance of people's independence and gave examples of how they support people in this way. One staff member said, "[Person] is able to wash some parts of their body, so I pass them the flannel and give them some guidance."

Care was provided in a way that ensured people's privacy and dignity was maintained. One person told us, "They [staff] wouldn't dream of coming into my room without knocking even when they are bringing my paper." Personal care was carried out discreetly behind closed doors and staff were knowledgeable about how to promote people's privacy. We observed one person being supported to move with a hoist in the lounge. Privacy screens were used to protect the person's dignity and staff provided calm encouragement and guidance as the person was moved. One staff member said, "It's important to knock on doors and say hello to people. I explain why I'm there and take time. It is daunting using a hoist so I allow plenty of time for it."

Good

# Is the service responsive?

## Our findings

People told us that they liked the activities on offer. One person said, "I like the dog coming in; that's a real pleasure." Another person said, "There's something going on most of the time." Another person told us, "I enjoy doing puzzles and there is usually one set up but I need help to get to the table."

An activities timetable was on display within the home that showed a number of activities and events taking place. The home employed staff who took the lead on activities and people were encouraged to make suggestions and give feedback. Two people told us that they felt there was not always enough activities for them as they were cared for in their rooms and could not attend group activities. They told us they did receive visits from activities staff but would like more meaningful activities to engage with. We noted that work was already underway to create activities and staff had consulted people on what they would like to do, including people cared for in their rooms. We will follow up on the impact of these improvements at the next inspection.

People received sensitive and appropriate end of life care. The provider had been given a 'Platinum' accreditation from the Gold Standards Framework (GSF). The GSF is an agreed set of standards for end of life care. We saw that care was provided to people in line with the GSF and staff gathered information about people's wishes and preferences when they reached this stage of their lives. There were facilities for relatives to stay at the home to be near loved ones and the provider had plans to develop a room to further enable this. End of life care was an area of expertise the registered manager was particularly proud of and we noted that local commissioners regularly placed people at the home for end of life care. There had been twenty two compliments in the last year and many of these were from relatives who praised the level of sensitivity and care provided to people receiving end of life care.

Care was planned in a person centred way. People's care plans contained information on their needs as well as information on their backgrounds, preferences and routines. One person liked to wear make-up each day and spent each morning reading the paper. We observed this person wearing make-up when we met them and they had their newspaper brought to them by staff. Care plans were regularly reviewed so that any changes in need could be identified and actioned.

Complaints were documented and responded to. There had only been one complaint in the last year and this had been investigated, actioned and responded to. There was a clear complaints policy in place and it was on display within the home. People told us they knew how to complain and felt confident that any concerns would be addressed.

Good

# Is the service well-led?

## Our findings

People told us that the management involved them in the running of the home. One person said, "I asked for more puzzles and there are more now." Another person said, "I told them that the soup was nearly always cold and that's been a lot better since. It's worth saying as they do listen."

Residents and relatives meetings took place each month and records showed people were given opportunities to give feedback and action was taken in response to matters that they raised. The provider also conducted an annual survey to provide people with opportunities to give feedback on their experiences.

There were clear lines of support and communication for staff. Regular staff meetings took place and records showed staff were encouraged to suggest improvements to the home, as well as discussing people's needs. Daily meetings took place to ensure important information about people was given to staff each day. Staff told us that they felt supported by the registered manager and the clinical lead at the home. Staff were aware of their roles and spoke positively about the teamwork and culture at the home. We observed that staff were committed and interacted positively with people. Staff understood their roles and tasks required of them throughout the day.

People told us they got on well with the registered manager and saw them regularly. There was a registered manager in post who had been registered with CQC since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Regular checks and audits were carried out to assure the quality of the care that people received. Audits covered areas such as infection control, health and safety and documentation. Where audits identified areas for improvement, action was taken by staff. For example, a recent audit of the home environment noted carpets in some communal areas needed replacing. This was added to the homes action plan and signed off as completed once new carpets were in place.

People benefitted from the provider's links with outside agencies and the community. Some rooms at the home were used by a local NHS Trust and we saw evidence of involvement of the local authority in people's placements. The provider also forged links with local community groups that people benefited from. For example, a local children's group had started to visit the home to provide activities in which people could interact with children.