

Pressbeau Limited

Taymer Nursing Home

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: Taymer Nursing was providing personal and nursing care to up to 30 people in a single story purpose-built premises. At the time of the inspection 27 people were living there, some of whom were living with life limiting conditions.

The registered manager confirmed that some rooms were double rooms but were only used to accommodate two people when they were a couple.

People's experience of using this service:

People experienced personalised care, which supported them to feel valued, maintain their skills and interests, and to have a sense of purpose.

The activities coordinator and care staff worked hard to identify ways to provide a range of activities and occupations that appealed to all. Relationships that were important to people were openly encouraged and supported.

Staff treated people kindly and there was a lively and friendly atmosphere in the home. People's personal information was kept confidential and their dignity and privacy was promoted and respected by staff.

People told us they felt the care and support they received at Taymer Nursing Home was safe and that staff understood their needs very well.

Risks to people were identified and monitored. Clear guidance was in place for staff on how to support people with these risks.

Staff understood their responsibilities to safeguard people from harm and how to report their concerns internally and externally to local safeguarding authorities.

Medicines, including 'as required' medicines were managed safely, and staff worked with other healthcare professionals to meet people's health related needs.

There were enough staff to meet people's needs. Staff had regular supervision and training in subjects considered mandatory by the provider to develop their skills and knowledge. Recruitment processes were followed to ensure suitable staff were employed to work at the service.

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 had enough to eat and drink and told us they enjoyed their meals.

People and their relatives were involved in discussions about their care.

The provider`s governance systems and processes were effective and supported the registered manager to drive continuous improvements.

Rating at last inspection: At the last inspection the service was rated 'Good' (last report published 16 November 2016). At this inspection the overall rating remains good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Taymer Nursing Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Consisted of an inspector 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. A non- inspection colleague from the Care Quality Commission shadowed this inspection as part of their work with our experts by experience.

Service and service type:

Taymer Nursing Home is a 'care home with nursing'. 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.

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.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were

supported throughout the day. We spoke with 17 people, three relatives/visitors, one visiting professional, the registered manager, the provider's operations manager, three care staff and an activities coordinator.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medicine management and administration records, incident and accident 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 it remained the same. This means people were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- People who lived at the service told us they felt safe. One person said, "I never feel anything is going to happen to me here."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They knew how to report any concerns they had both internally and to other bodies such as the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management.

- Risk assessments were up to date and had enough detail to guide staff. Staff understood where people required support to reduce the risk of avoidable harm. Records used to monitor risks such as falls, fluid and nutrition, and pressure care were well maintained.
- The environment and equipment was safe and well maintained.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.

Staffing and recruitment.

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- There were enough staff and they were easily visible throughout the building.
- Although staff were busy, we observed they responded to call bells quickly and people's support was not rushed.

Using medicines safely.

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Preventing and controlling infection.

- The service was clean and tidy.
- The provider had infection control monitoring systems in place to ensure people were protected from the risk of infection.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help

prevent the spread of infections.

Learning lessons when things go wrong.

- Incidents or accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means 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 Good. At this inspection it remained the same. 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's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed, and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff skills, knowledge and experience.

- People told us "Staff are very well trained and know how to care for me." And "Yes, they know my needs." A relative said, "In [the person's previous care home], I felt like I had to be on top of it all the time, making sure things were done. I don't feel I have to now; the staff are really good."
- Staff received training and support to enable them to carry out their roles effectively and they knew people's needs and how to support them well.
- Staff completed an induction programme at the start of their employment. This included shadowing experienced staff until they, and the registered manager were satisfied they were sufficiently competent to work alone.
- The registered manager and staff confirmed there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for additional support at any time.

Supporting people to eat and drink enough with choice in a balanced diet.

- We saw snacks and drinks were available throughout the day for people to eat if they wished.
- The food at lunchtime was of a high standard and people told us they enjoyed it. One person said, "The food is fantastic here. All home cooked and just what I like."
- Staff took care to provide a positive mealtime experience. We saw tables were nicely laid and people chose who they sat next to. Lunchtime was a sociable occasion, and people chatted to each other and with staff, and the atmosphere was relaxed and friendly. Some people had family members and friends join them for lunch.

- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the management team.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary. A relative told us that accessing the G.P was "Excellent." Their family member had a medical concern, so staff contacted the G.P straight away. The person was able to speak to their doctor on the phone within an hour, and the prescription was ready and picked up by the end of the day. The relative said, "You can't get better than that can you?"

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

- Taymer Nursing Home is a purpose-built premises on one floor with level access to pleasant outside grounds. It is organised into three small units with staff allocated to each unit to ensure consistent care is provided to people.
- Despite being an older style building, the premises met people's needs well. This is because the provider and the manager had worked hard to create a 'home from home' environment.
- It was clean and tidy without being clinical. This was due to many personalised features, such as photographs, pictures, flowers on tables and various pleasant home furnishing that created a welcoming environment.
- People's bedrooms, whilst small in some instances, were personalised and comfortable. Although en-suite facilities were not available in every room, there were sufficient facilities throughout the building to meet people's needs.
- The operations manager told us the provider had long term plans to make improvements to the building, although this was still in the very early stages.

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.

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.

- The manager understood their responsibility to make an application for deprivation of liberty to the authorising authority whenever it was considered appropriate.
- We observed that staff routinely consulted with people and asked for their consent before providing care. One person said, "They always know what to do but they check with me anyway."

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 it remained the same. 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.

- Every person and visitor we spoke with was extremely positive about staff. One person said, "They are absolutely fabulous, I can't say anything bad; they are lovely."

- It was clear from our observations that staff were very kind, valued the people they supported and developed genuinely positive relationships with them.

There was a very lively and friendly atmosphere where people enjoyed chatting to each other and staff throughout the day.

- Staff knew people's needs well and we saw that they were able to anticipate their needs and provide prompt assistance.

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

- People confirmed they had been involved in making decisions about their care and support.

One person said, "They do ask us what we think about things."

- Staff took time to ensure people were supported make decisions. For example, we saw a member of staff offered support to a person at lunch time. They gave the person time to have a go first as they wished, but offered help again a little later.

- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about such things as what to eat, where to sit, whether to participate in an activity.

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

- People's right to privacy and confidentiality was respected and confidential information was appropriately stored.

- We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.

- People were supported to maintain relationships with their friends and family. We saw visitors coming and going throughout the day, several of whom were welcomed to eat a meal with their relative.

- People who had family living far away were supported to use the internet to have face to face calls with them.

- People were supported to maintain their independence. Some people were staying at Taymer Nursing Home for a short period before returning home after a stay in hospital. Staff worked with them, and with visiting care professionals, to regain their confidence and skills to enable them to return home safely.

- The registered manager told us that when people returned home following a short stay at the service, a welcome home package was sent with them containing essentials such as milk and bread. This meant that

people who lived alone or did not have family support had provisions for when they first went home to help them settle in.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Personalised care

- The staff provided a person-centred service that was compassionate, thoughtful, and stimulating. They supported people to feel valued and to maintain a sense of purpose. People were truly cared for and this had a positive impact on their whole wellbeing.
- Staff knew people's needs and preferences really well and went out of their way to provide flexible support that respected people's differences. They took care to attend to the small, but essential things that made a positive difference to each person's well-being. For example, a range of drinks, including alcoholic options, were available for people to enjoy. One person who required thickened drinks due to swallowing difficulties, was unable to have the drink of their choice because it became unpalatable when thickened. In consultation with a dietitian, the registered manager provided a cream-based liqueur of a safe consistency for the person to have as an alternative. This enabled the person to feel included on occasions where other people were having a drink and they would previously have been left out.
- There was a strong emphasis on building valued, respectful relationships with people. This started at the recruitment of staff. People were involved in this process. This empowered them and demonstrated that their views counted in relation to finding the right staff to provide the right support.
- There was an exceptionally high level of engagement between staff and the people they were supporting. Throughout the inspection we saw very positive relationships between people and all levels of staff. Throughout the building we saw care, domestic and kitchen staff passing time with people, chatting and responding positively to people's needs. It was clear from these exchanges that people were valued and treated as individuals.
- The registered manager and staff worked hard to create a 'home from home' environment and their attention to detail clearly had a positive impact on people using the service. For example, daily newspapers of their choice were delivered to people who wanted them, and a weekly magazine and TV listings guide was provided for all to access in communal areas.
- Many bird tables were placed outside close to people's bedroom windows to encourage wild life into the garden and to create interest for people when in their rooms. There was a fish tank and two friendly cats living at the home. A 'pets as therapy' dog was a regular and much-loved visitor.
- For many people who have had pets during their lifetime, this was a source of joy and had an extremely positive impact on their overall wellbeing. One person said, "The cats are lovely. I love to see them around. This one is always coming for a stroke." Another person said, "I love all the nature outside. The bird tables are a great idea."
- The service employed an activities coordinator who planned both group and individual activities taking into consideration people's individual interests. There was a strong focus on supporting people to maintain a sense of purpose. To this end, where they wished to, people were supported to be involved in growing vegetables, which they harvested and ate, making Pizzas for dinner, caring for the pets they shared their

home with, and chairing resident's meetings.

- The home respected and met people's different needs in relation to protected characteristics as defined by the Equality Act. For example, we saw a religious service was held during our inspection which was attended by many people. We also heard that people were supported to attend services in the local community, and a person of a different faith was also supported to worship in the manner they wished to.
- People were supported to enjoy relationships that were important to them, and to be involved in the local community to reduce any risk of isolation.
- The registered manager actively encouraged people to treat the service as their home. For example, people were very much encouraged to invite friends and relatives to eat a meal with them. Some people took this offer up regularly and said the staff supported this in a manner that made them feel they were truly hosting a meal for their loved ones.
- People were involved in community activities and regularly raised money for local charities through fundraising events held at the home.
- Throughout the inspection we saw people were engaged, animated, alert and chatting to each other. Everyone we spoke with was extremely positive about their experience of living at the service from those arriving just the day before to those who had lived there for a long time. One person who was at the service for a respite break had only been living at the service for a few days when the registered manager organised a party to celebrate their birthday. They said, "It is a really special place this. They have made me feel special."

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 registered manager ensured information was given in a way suited to people's individual needs. For example, large print or by using photographs to support understanding.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check types of complaints received and to use this information to make improvements to the service.
- The registered management team made herself available to people and their friends/relatives and any concerns or suggestions were addressed before a formal complaint was needed. This approach meant there had been no formal complaints in the 12 months before our inspection.
- People and their relatives were confident action would be taken to resolve any concerns raised. One relative told us, "[Registered Manager] always makes it clear we can talk to her, but we have nothing to complain about so far."

End of life care and support

- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The registered manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. They said they tried to make sure that people were cared for in line with their personal wishes. For example, they recently made it possible for one person's family to hold a mini firework display outside their bedroom window in the last weeks of their life. This was something they had always loved, and wanted to see one more time.
- There were no people living in the service that required this level of support at the time of this inspection.

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 the rating 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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager held a strong belief that all the people, their relatives and staff contributed to creating a person centred, family orientated service that was responsive to the unique needs of each person using the service.
- The registered manager and staff had a good understanding of the provider's values which were documented in the provider's 'Culture manifesto'. It was clear the culture of the service had developed in line with good practice guidance and a person-centred ethos.
- People, relatives and staff confirmed that they felt valued and part of a caring community within the home.
- The registered manager and staff clearly took pride in the service they were providing to people and showed a commitment to seeking continuous improvement. One member of staff said, "It's a lovely place to work. I really feel I can make a difference to people's lives." Another member of staff said, "This is the best job I've ever had". They went on to talk with great enthusiasm about the role and how they worked hard to provide personalised care that supported people to lead interesting lives.
- The registered manager was frequently seen throughout the service and knew the people living there, their relatives/friends and staff very well. She had a 'hands on' approach to her role which supported her to mentor staff and over-see the day to day life in the service. One relative said, "[Family member] rang me to tell me that [Registered Manager] had taken [them] to the toilet and made [their] bed."
- The provider encouraged an open and honest approach within the service. People were encouraged to give feedback and the registered manager was proactive in making things right if anything went wrong. For example, when an item of clothing was damaged in the laundry, the registered manager informed the person and reimbursed them for the loss.

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

- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received regular supervision and annual appraisal regarding their performance and to support their professional development.
- The provider and the registered manager carried out regular audits which were uploaded to an electronic system. The system could be accessed remotely to enable the provider and the operations manager to have

'live time' oversight of the service at any time. This meant they could respond quickly to issues that required action to make sure improvements were made in a timely way.

- Information obtained through complaints, surveys, meeting, audits and the analysis of incidents was used to make continuous improvements to the service.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

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

- People and their relatives told us they were able to share their views about the service and were able to contribute to making improvements.
- There were ways for people and their relatives to make their views known, including regular key worker meetings, resident's and relative's meetings and surveys.
- Staff told us they felt very well supported by the registered manager's, that she had provided strong but fair leadership to the team and had enabled them to take pride in providing good care.
- Staff confirmed they regularly discussed areas for improvement and were encouraged to be part of positive change.

Working in partnership with others.

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.