Parkcare Homes (No.2) Limited

Tithe Barn

Inspection report

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30 August 2023
04 September 2023

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Tithe Barn is a residential care home providing personal care to up to 13 people. The service provides support to people with learning disabilities or autistic spectrum disorder.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:
Risk management needed improvement. There was improvement needed in the oversight of lessons learnt and the actions taken to reduce the risk to people.
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. The provider's governance systems were not always effective in identifying the actions needed to reduce the risk to people.

Right Care:
Care was person-centred and promoted people's dignity, privacy and human rights. Safeguarding procedures were followed and appropriate action had been taken to protect people from abuse and poor care. Care was delivered in line with standards, guidance and the law.

Right Culture:
The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.
The systems for reporting were open and transparent.

Rating at last inspection
The last rating for this service was good (published 5 August 2021)

Why we inspected
The inspection was prompted in part due to concerns received about a safeguarding incident. 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.

You can see what action we have asked the provider to take at the end of this full report.
The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations
We have identified breaches in relation to management of risks and management and governance of the service.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Tithe Barn

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 team consisted of 1 inspector and an Expert by Experience on the first day and 1 inspector on the second day.

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
Tithe Barn 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. Tithe Barn is a care home without 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 on day one and announced on day two.

Inspection activity started on 30 August 2023 and ended on 4 September 2023. We visited the location's service on 30 August and 4 September 2023.

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

During the inspection
We spoke with 2 people who used the service and observed how other people were being supported. We spoke with 7 members of staff including senior operational staff, the registered manager and care staff. We also spoke with 3 relatives. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 agency staff profiles and 3 staff files in relation to safe recruitment. We reviewed a variety of records relating to the management of the service, including policies, procedures and safeguarding incident records.

Requires Improvement

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

Assessing risk, safety monitoring and management, Learning lessons when things go wrong, Using medicines safely

● The provider had systems in place to investigate incidents and identify actions needed to reduce further risks to people. However, the principles of lessons learnt were not always applied effectively. For example, we found window restrictors were not all fitted or maintained to the standard required to keep people safe. This was even though there had been an incident where a window restrictor had failed and resulted in a service user leaving the building by a first floor window. Although the service user did not sustain injury, there was a significant risk of injury. This also demonstrated that further steps needed to be taken to protect people from leaving the building in an unsafe way.
● The provider had taken steps to replace window restrictors so that they were of the required standard, ready for the second day of inspection which was announced. However, insufficient action had been taken to address the issues raised on day one. Some window restrictors had not been fitted correctly leaving their effectiveness compromised.
● Measures to reduce the risks and impact associated with a person's anxiety had not always been considered fully. One person went on an organised trip, however the potential need for taking their PRN (rescue) medication which was prescribed to be given at times of heightened anxiety had not been considered in the planning for the trip. This had resulted in a situation where the person appeared anxious and distressed, and staff were unable to stop the trip early, or to consider all of the options for reducing the impact of the anxiety on the person.
● Some of the medicine stock recording was unclear. It was not clear when staff were signing out the medicine that the correct values were being recorded, and there was no clear instruction to staff on booking out medicines.

Care and treatment was not always provided in a safe way and risks to people's safety was not always managed effectively. This is a breach of Regulation 12 (Safe care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider had ensured that all window restrictors were replaced in line with the required standards. A review of the system of booking out medicines was carried out and improvements made to how medicines were booked out.

● Medicines were stored safely and securely.
● People had risk assessments around medicines to assess the level of support they needed to ensure they

had their medicines safely.
● Detailed risk assessments and protocols were in place for medication prescribed to be taken on an 'as required basis.'
● Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure that people received their medicines safely.

Staffing and recruitment
● The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● We observed there were sufficient staff to provide people with the support they needed and what was reflected in their care records.

Systems and processes to safeguard people from the risk of abuse
● There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with CQC.
● Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
● The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner. Staff told us they felt supported to raise any concerns and would feel confident to Whistle-Blow if they felt they needed to.

Preventing and controlling infection
● The home environment was clean and well maintained. Areas of the home were regularly deep cleaned and good IPC practices were reinforced throughout the service by the registered manager.
● 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 assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● There were no restrictions to visiting at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

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

- The provider's systems had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of service users. Where risks were identified, measures to reduce the risks had not been implemented.
- The provider had not always implemented sufficient actions to reduce risks in response to incidents. For example, a significant incident that had been reviewed by the management team through the providers systems had failed to ensure the actions taken were effective. The process for planning for identifying and assessing the risks associated with events did not always cover all aspects that needed consideration. This meant that all measures to reduce risk and keep people safe were not always explored and utilised fully.

Systems had failed to effectively assess, monitor and reduce the risks to people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had established governance systems and ensured regular contact with managers and staff to ensure people received care that adhered to the principles of national policy and regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements,

- The culture of the service aimed to meet national requirements for supporting people with a learning disability. There was an emphasis on least restrictive practice and staff told us they felt it was supportive environment in which to work.
- People's support was built around their own needs, for example how a person's support was planned and what people did through their day was fitted around what the person wanted and felt. Plans were fluid to adapt around people's autonomy to make choices.
- Systems were in place to ensure safeguarding incidents were consistently shared with the local authority to allow investigation of people's safety.

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

- The provider encouraged people to be involved in the development of the service.

Working in partnership with others

- The provider worked with a variety of health and social care agencies, and statutory notifications had been sent to us for notifiable incidents.

Continuous learning and improving care

- The lack of governance and oversight by the provider and management team did not promote change,

improvement or learning from when things went wrong.

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 told us they understood their responsibilities to be open and honest when things went wrong. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred.

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 Risks to people's safety was not always managed effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had failed to effectively assess, monitor and reduce the risks to people using the service.