

Tilsley House Limited

Tilsley House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tilsley House Care Home is a residential care home and was providing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 32 people. Accommodation is laid out over 3 floors, there are bedrooms on each floor, some of which have en-suite facilities. The ground floor offers a spacious lounge, conservatory and dining space and there is level access to the rear garden. The registered manager's office can be found in close proximity to the lounge.

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

Recruitment procedures were not always robust to ensure staff were safe to work in the caring profession.

Staff were not always given clear guidance about how to protect people from the risk of harm.

Medicines were administered as prescribed but were not always disposed of safely.

There were not sufficient facilities available for staff to easily maintain good hand hygiene.

Food and fluid records were not always accurate, and people were not always supported with the correct equipment to eat enough.

The provider did not have effective systems in place to monitor the quality of the service and make required improvements.

People and their relatives were satisfied with how the service was run and spoke highly of the registered manager. Staff morale had improved.

There were enough staff to keep people safe.

People were confident their concerns would be listened to and addressed.

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 mostly supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 21 July 2021).

Why we inspected

We received concerns in relation to the quality of the care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, safe care and treatment and good governance at this inspection.

We made recommendations in relation to recruitment and meeting nutrition and hydration needs.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tilsley House Care 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 (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.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Tilsley House Care Home 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. Tilsley House Care Home 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.

What we did before 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 people who used the service and their relatives. We spoke with staff, including the registered manager, senior care staff, care staff and chef. We made observations of the service and reviewed care records. We reviewed documents relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm. Risk assessments were not clear and accurate meaning staff did not have effective guidance about how to keep people safe.
- For example, 1 person required staff to use a hoist to move them. There was no detail about how to do this safely.
- We observed that 1 person was not supported to walk in line with the information in their risk assessment.
- Staff did not consistently carry out skin integrity checks for people who required them during personal care and showering as instructed by their care plan to protect them from the risk of pressure sores.
- The provider had not completed fire door surveys in line with a requirement on their fire risk assessment dated September 2022.

The above amounts to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken action following falls whereby the incident was recorded and reported with escalation to health care professionals and the ambulance service if required.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records were not always completed accurately. A person was not supported to take their medicines, the bottle of medicine was left in their room. Staff signed that the medicine had been administered.. The provider took action to ensure the person received their medicines as prescribed and booked more training for staff .
- There were gaps in the controlled medicine log book where 2 medicine administration entries had not been signed as witnessed contrary to the provider's policy.
- Medicines were not always stored and disposed of in line with best practice.

The above amounts to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff giving people their medicines in a calm and patient manner.
- Medicines were dated when opened, including topical creams and lotions. This meant staff were aware of expiry dates.

Preventing and controlling infection

- There were not enough hand washing facilities to allow staff to easily follow good hand hygiene. There were no hand towels in people's room for staff to dry their hands following delivering personal care. The hand sanitiser in the reception area was empty.
- Waste disposal was not in line with best practice. There was a full clinical waste bin with a further bag placed on top of it. There was no bin available in the sluice room.

We have also signposted the provider to resources to develop their approach

- Staff knew how to don and doff personal protective equipment.

Visiting in care homes

The service was facilitating visits in line with the national guidance.

Staffing and recruitment; Learning lessons when things go wrong

- Staff recruitment processes were not robust. 3 staff members did not have a DBS check recorded in their staff files. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider told us they would address this by making the relevant checks.

We recommend the provider seek support and guidance about creating robust recruitment practices.

- There were enough staff to keep people safe. The provider had learnt lessons about staffing levels and had taken action to improve staffing levels after a number of resignations over a short period of time.
- People and relatives told us staff came quickly when people needed help. A relative said, "There always seems to be enough [staff]. Some staff have left recently, I think. I've been a couple of times in the evening and there seems to be enough. [Family member] never raised any concerns but I'm not sure she'd remember to tell me."
- Rotas confirmed there were sufficient staff levels at the service.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff understood how to recognise signs of abuse and escalate any concerns.
- People and relatives told us people were safe living at the service. We observed kind and respectful interactions between staff and people.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care was not always tailored to people's needs.
- People's needs had been assessed but the care plans did not always provide enough detail for staff to know how to meet those needs. For example, in 1 person's plan it was documented that the person had a visual impairment, but their care plan did not contain information about how their care should be provided in light of this.
- In another person's plan it had been documented that staff should rely on facial expressions. However, there was nothing documented to inform staff how to monitor the person's facial expressions or how to interpret them.
- The provider did not ensure records relating to daily tasks were consistently recorded to ensure care was being delivered in line with their needs and to a good standard. For example, staff were not always using the correct coding on the daily notes. Therefore, we were not assured that continence and night time checks were being completed.
- One person needed good footwear to prevent falls but was seen wearing inadequate footwear with no heel support and a broken strap.
- Care documentation was not up to date. For example, 1 care plan indicated the need for a walking stick, when a zimmer frame was required.
- Discussions with staff demonstrated that not all staff had read the care plans.
- The registered manager told us that documentation was out of date due to senior care staff leaving the service.

The above amounts to a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the management team would start to carry out daily spot checks of documentation, and weekly checks..

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

- Nutrition and hydration processes were not always robust.
- Some people had been assessed as being at risk of malnutrition or had specialist dietary needs. Some people were having their food and fluid intake monitored. However, food and fluid records did not show that people had been supported to have enough to eat and drink. For example, the records for 1 person showed that on day one of the inspection, at 16.00 hours they drunk 185 mls all day. There was no record of

the person eating anything for breakfast or lunch.

- We did not consistently see staff supporting people to eat and drink in line with care plan guidance. One person required specialist equipment due to their visual impairment. This was not provided during their meal. None of the staff we spoke with were aware that the equipment was recommended.

We recommend the provider seek guidance and support from reputable sources about supporting people with their hydration and nutritional needs.

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

- The environment needed refurbishment in some areas. Some furniture was not clean. For example, a table in one corridor had bits of adhesive stuck to it and hand rails on walls were chipped which meant they would be difficult to keep clean.
- Other areas, such as bedrooms and the communal lounge and dining room were visibly clean.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- DoLS were applied for people who required them.
- Staff understood the need to ask people's consent before supporting them. We observed staff throughout the inspection asking people if they could go into their bedroom, and if they wanted some help.
- People's capacity to consent to aspects of their care had been assessed.

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

- People had access to ongoing healthcare. Staff told us they were supported by the local GP surgery and could access advice and support when needed.
- A relative said, "If [relative] is poorly, they [staff] always call me and they tell me if they have to call a doctor."

Staff support: induction, training, skills and experience

- Staff received training relevant to their role to help them carry it out effectively.
- The provider had a system of supervisions and appraisals to support staff to carry out their role.
- Staff felt supported. A staff member said, "I did my medicines training. We then have our competencies assessed yearly or sooner if any issues."
- New staff told us they worked shadow shifts before working unsupervised.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems to check the quality of care delivery were not effective to drive improvements. Audits had not highlighted concerns with medicines, recruitment, mental capacity assessments, and nutrition and hydration.
- The provider's action plan created in June 2022 was being worked through but progress had slowed since senior care staff had left the service. The registered manager had been covering some care shifts, and therefore did not always have enough time to complete required checks and records.
- During the inspection there were red flags on the electronic care system where some elements of care have not been recorded correctly. These had not been actioned.

The above amounts to a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the duty of candour.

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

- The provider had not always sought feedback from stakeholders.
- Surveys were not always person-centred and did not allow for people's preferred communication methods. There was no evidence of systematically seeking feedback from external professionals. Staff surveys were due to be sent out the month after the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, people and relatives spoke well of the service and the management team.
- Staff spoke highly of the registered manager. Comments included, "[Registered manager] has been really good to me. They're very supportive and is a good manager" and, "I feel very supported by [registered manager]."
- All the staff we spoke with said morale had not been good recently. Comments included, "Morale is not great. We had a few staff who retired who had been here for a long time. Others left for new jobs," "Morale is

low, but I feel like things are changing, they're trying to improve things" and, "Three to four weeks ago, morale was really low. I am feeling positive at the moment though."

- Relatives felt they could raise concerns. A person's relative said, "[Registered manager] is great. I have no concerns at all. [Relative] is happy and I'm happy. The staff that are here are great, I just hope they don't lose any more."

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not always meet their needs and reflect their preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks of service users were not always adequately assessed and mitigated. Medicines were not always managed safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always effective to assess, monitor and improve the quality and safety of the service.