Dudley Metropolitan Borough Council

Tiled House

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

Overall summary

This inspection took place on 1 October 2015 and was unannounced. Tiled House provides an Intermediate Care and Reablement Service with accommodation and personal care for up to 47 people. Reablement provides personal care services to people who have been in hospital or suffered a crisis and need support to return to live at home in the community.

The service provides short term support which can vary from weeks to a few months by which time people are independent or are referred to more long term care provision. At our previous inspection in February 2013 the provider was compliant with the standards we assessed. On the day of our inspection there were 43 people living at the home.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

Summary of findings

People felt safe using the service and risks to their safety had been identified. People and their relatives had no concerns about their family member's day to day safety. Staff knew how to support people safely and had training in how to recognise and report abuse.

Staff were recruited in a safe way. We found there were enough staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them and the arrangements for the management of people's medicines was safe.

Care was focused on people's rehabilitation and their personal goals for independence and confidence to return to their own homes. The input of a range of on-site health and social care professionals led to people receiving the right care in a coordinated way.

Staff were aware of how to support people's rights, seek their consent, respect their choices and promote their independence.

People told us they enjoyed the meals and we saw that risks to their dietary intake were known and staff supported them to eat and drink enough. People's health was supported by access to appropriate external and on-site healthcare professionals.

People and their relatives were positive about the care provided. Our observations confirmed that staff were attentive and caring towards people. Staff knew people well and how best to support them.

People knew how to make a complaint and were confident this would be listened to and acted upon.

People described the management of the home as friendly and approachable. Staff felt supported by the provider. The provider had carried out audits to identify and address issues with the quality of the service and had made improvements to ensure the safety of people.

Summary of findings

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.

People said they felt safe and staff understood their role in recognising and reporting abuse.

Risks to people's safety had been identified and managed.

People said there was enough staff to meet their needs. The registered manager had systems in place to cover emergency absences.

People's medicines were managed safely and people received them as they were prescribed.

Good

Is the service effective?
The service was effective.

People's care was regularly reviewed and staff had received training and supervision to enable them to meet people's needs and recognise changes in people's health.

Staff knew how to support people's rights and respect their choices and decisions.

People enjoyed the food and were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People said staff were caring, kind and supportive.

Staff knew the people well and understood their personal goals and how they could promote supportive and enabling care.

Good

Is the service responsive?
The service was responsive.

People were actively involved in planning their care and setting their personal goals. Staff had information on how to support people and meet their needs.

People were provided with information about how to raise any concerns or complaints and appropriate procedures were evident to manage these.

There was an allocated activities worker but some people said they preferred their own interests.

Good

Is the service well-led?
The service was well led.

People and staff spoke positively about the way the service was managed.

Staff understood the values of the service which centred on the people they supported.

Checks on the quality of the service were carried out and had led to improvements.

Good

Tiled House

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 inspection took place on 1 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience, (ExE). 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, 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.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We spoke with 22 people who used the service, two visitors, the registered care manager, the service care manager, five staff, the cook and three members of the multi-disciplinary team. We looked in detail at the care records for eight people, and the medicines management processes, accident and incident records, three staff files, complaints records, staff rotas and training records and the quality monitoring systems.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel perfectly safe, I would not have felt safe going home until I am much stronger". Another person told us, "I feel safe here with the staff; they are available day and night and when I've been ill they have been marvellous; just at the end of a buzzer".

Staff we spoke with had a good understanding of their responsibilities to keep people safe and confirmed they had received training to do so. They understood what signs to look for if people were at risk of harm or abuse and were confident in how to escalate any concerns they had in respect of people's safety. One staff member said, "I know how to report any concerns if not to my manager then to the duty team at the local authority. There was information about safeguarding procedures available to staff. We saw that information in the form of a 'Welcome Pack' was given to each person on admission, which showed that people were kept informed as to how to report their concerns to the registered manager and or external agencies.

We found that the provider had strategies to make sure that risks were anticipated, identified and managed. We saw that risk assessments included the actions needed to reduce risks to people's safety. Plans were in place to guide staff on what they needed to do to support people with their fluids, reduce the risk of falling or developing pressure sores. Staff worked closely with a number of on-site health and social care professionals such as the physiotherapist, occupational therapist, district nurse and social work team. Risk management plans were in place for falls, moving and handling, personal care and skin integrity. We saw people had the necessary equipment to increase their safety and independence. People we spoke with also confirmed their involvement in contributing to risk management both during their stay and in preparation for returning home. One person told us, "I was worried now my mobility has changed but we have discussed equipment I will need and my home environment and I can develop these skills here".

Staff we spoke with were aware of what was required from them in terms of managing risks and keeping people safe. They had access to people's care plans and risk assessments and told us they were updated on a daily basis if there was any change.

People we spoke with told us they had previously managed their own medicines but due to their illness staff undertook this aspect of their care. Staff told us that people were encouraged as part of the enablement process to be independent in administering their own medicines. We were told that people were assessed to initially administer medication and if able to could be supported to do so. People told us they had their medicines on time and when they needed it. One person said, "Regular as clockwork, very good".

We observed staff administer people's medicines and saw they followed the procedures for the safe administration of people's medicines. For example we saw they checked medicine, administered it and signed records to show it was given. We saw people's medicine records were well maintained; staff had signed to confirm people had their medicines. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that some people required their medicines to be given in a specific way but written supporting information was not in place to guide staff. Staff who administered medicines were able to describe the precautions when giving such medicines, however written protocols would ensure there was a consistent approach. Staff we spoke with and records we looked at confirmed that staff had medication training. We saw some creative initiatives in place for the management of medicines that needed to be given at specific times, or at frequently changing doses. This ensured that staff were always alerted to the need to administer such medicines outside of the usual medicine round times. We checked the storage and administration of controlled drugs [CD's]. We found the CD register was appropriately maintained and matched with the balance of medicines in the CD cupboard.

All of the people we spoke with told us they were satisfied with the staffing levels. One person said, "There is always staff around; always someone to help if you need it". A relative we spoke with said "I think there is enough staff, they always seem to be around when we come to visit". We observed that staff were visible on each of the units we visited. We saw that staff were able to respond to people's needs in a timely manner. Staff we spoke with told us they thought the staffing levels were sufficient when everyone was working but that there was an issue with sickness levels. The registered manager confirmed that sickness had been an issue and they had used agency or overtime to

Good

Is the service safe?

cover gaps. We saw the registered manager had strategies to ensure staffing levels were safe. She told us people's dependency levels were taken into account when planning staffing levels. We were also informed that there was a policy to share dependency levels with the clinical commissioning group, [CCG] who commissioned beds, so that if the capacity of the service was stretched, new admissions could be avoided so that people were only admitted if the registered manager felt they could safely meet their needs.

We spoke with some staff who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. A staff member told us, "I had to provide references and a police check to the local authority before I was able to start work". We were unable to review staff recruitment files as these were maintained off site by the provider's human resources team. The registered manager informed us that the provider informed them that all recruitment processes had been completed before staff commenced working at the service.

Good

Is the service effective?

Our findings

People spoke positively about the care and support provided by staff. One person told us, "I came here to recover; I needed help and I have benefited from their expertise and guidance; everyone has been great with me".

Staff had completed an induction when they started work at the service. This included the opportunity to work alongside more experienced staff to ensure they were safe and competent to carry out their roles. One staff member said, "I work on each of the different units and before I started work I shadowed other staff and felt confident I knew people's support needs before I worked with them". The registered manager told us that the new Care Certificate induction process which included training, mentoring and supervision to support new starters with developing the competences to deliver effective care, was being implemented so that staff had the skills to carry out their role and responsibilities effectively.

Staff had received training in order to support people's needs appropriately. All of the staff we spoke with were complimentary about their training. One staff member told us, "We have formal training but also managers will show us and observe us to make sure we are using our skills and training correctly". Training records confirmed staff had training in key areas as well as more specialist training specific to meeting people's diverse needs. For example dementia awareness, supporting people with Parkinson's disease and diabetes. Staff had also completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs. The registered manager told us they had a process in place to identify when staff training needed to be refreshed and had plans to cover training gaps to ensure staff skills and knowledge would be up to date.

Staff we spoke with told us that they had supervisions every few months during which time they had the opportunity to express concerns, talk about training needs and get feedback on their practice. One staff member said, "I love working here and we do get lots of support; managers are always around to guide us". There was documentary evidence that staff received formal recorded supervisions in which to reflect on their practice and to identify any future professional development opportunities. The registered manager told us that annual appraisals were being implemented to cover overall performance and a personal development plan.

People who stayed at Tiled House had a variety of needs and were at different stages of their recovery. People had support from on-site clinical staff such as the occupational therapists and physiotherapists. We saw people's care plans contained evidence of clinical reviews to monitor people's health and offer advice to the staff team. A staff member told us, "We always know what people's needs are because the details of the support they need is recorded in their care plan". Another staff member showed us that written guidance was available in people's bedrooms as to the equipment they used as part of their recovery. A staff member said, "If the physio's change anything it is recorded so we staff know what to do and how to support the person". People told us that they had been involved in their reviews and knew what their recovery plan was about. One person said, "I know what my plan is and I've found the staff are up to date because they support me properly". People told us their health and mobility had improved as a result of staying at Tiled House. One person said, "I see the physio and the occupational therapist and over the last month or so the exercises and equipment have enabled me to walk; I'm looking forward to getting strong enough to go home".

We observed that staff incorporated the principles of The Mental Capacity Act 2005 by seeking people's consent. People who stayed at Tiled House told us they had consented to using the reablement service and had been provided with information about how the service could help them to begin their rehabilitation following an acute illness and hospital stay. A person told us, "The staff explain things and always ask before doing anything". People told us that they made their daily decisions about their care. One person said, "I make my own decisions; I get information from people involved in my care like the physio but no one makes me do the exercises, it's my choice". People were given choices and their independence was a key focus. We saw for example people were encouraged to regain skills necessary to their recovery. People told us they had the opportunity to improve their mobility, practice climbing stairs, use the kitchen and prepare meals. These skills were essential to their discharge so that they could return home and live safely within their own home environment. One person told us, "I have moved between

Good

Is the service effective?

two of the different units; when I first came I needed a lot of support, now I'm in this unit where I do more for myself. I can honestly say the staff on all of the units have been great in my recovery journey; I've had information and equipment to manage my health." We spoke with a social worker and found that they ensured they consulted people regarding their decisions both during their stay, and in preparation for their discharge. Consultation with people and their family's ensured people had the correct support to return to and remain in their own home. Staff we spoke with recognised the importance of enabling people to make choices and decisions about their package of care. We saw that where people lacked capacity decisions made on their behalf had included full consultation with them and their family and were taken in their best interest.

People were continuing their rehabilitation back to independence. No one was subject to a deprivation of their liberty, [DOLS]. The social work team members we spoke with confirmed that procedures were in place should the need arise to deprive someone of their liberty. Staff we spoke with were able to describe how they would recognise someone's capacity may be limited and how to report this. Not all of the staff had received training in the application of the MCA and DOLS, the registered manager told us this was being planned.

People we spoke with were extremely complimentary about the meals, comments included: "The food is beautiful", "The food is restaurant quality, home cooked. It's really good". We observed lunch on two of the units and saw people had two hot choices. Lunch was unhurried and relaxed. We saw hot and cold drinks being regularly offered to people and staff we spoke with had a good understanding of the importance of good nutrition and hydration. We saw that there was a system in place to monitor people at risk of not eating or drinking enough. Referrals to the doctor, speech and language therapist or dietician had been made to ensure risks were reduced. Plans were in place to guide staff in supporting people to eat and drink enough; and included prescribed supplements from the doctor and the frequency of weight checks to ensure any deterioration was identified. The cook told us she had up to date information related to people's dietary needs and any risks or special dietary requirements such as vegetarian or diabetic. We saw where needed people had their meal presented in a consistency they could swallow safely.

We saw that there was a full assessment of peoples health needs and people had input from the tissue viability nurse, speech and language therapist, physiotherapist and occupational therapist. Care plans contained information related to people's medical conditions which helped staff understand the condition and the impact it may have on the person.

Good

Is the service caring?

Our findings

People who stayed at Tiled House spoke highly of the caring attitude of staff. One person told us, "I was very anxious when I came here straight from hospital. You feel quite vulnerable you know, but the staff have been very caring and kind, put me at ease". Another person told us, "The staff have been amazing; I wouldn't be as well as I am if it were not for their kindness".

We observed positive interactions between staff and people on each of the units we visited. We saw staff spending time with one person who was distressed; the staff member was encouraging and reassuring the person and offered them explanations as to what was happening. We spoke with the person later in the day who told us, "I miss my home, I've been really low but the staff have been very attentive, they do listen to me". A staff member told us, "People can be very poorly and anxious; we reassure them they will get better and just need recuperation". We saw staff showed kindness and compassion in their interaction with people.

We saw staff had a positive approach towards people; involving them in regaining their own skills and independence. We saw for example, staff as well occupational therapists encouraged people to do as much as possible in relation to their personal care. One person told us, "They have encouraged me and I feel so much more sure of my mobility; I've had lots of therapy and now I am looking forward to going home". Another person told us, "The staff have bundles of patience; they never rush you, they are good humoured and always there when I have needed them".

People told us they had been provided with information before they moved into Tiled House. We also saw written information was provided so that people knew what to expect from the reablement team. Everyone we spoke with told us their expectations of the service had been exceeded. For example they felt fully involved and consulted about their care which was pivotal to their rehabilitation. People told us about their personal rehabilitation goals and said staff supported them in their strive for independence. We saw staff had Information about people's goals so that people could be assured that the support they received was up to date with their progress.

We saw staff demonstrated kindness, respect and empowerment on each of the units we visited. People told us staff had spent time with them, got to know them and that their views were at the centre of the support provided by staff. One person said, "You have care staff, and other health professionals all involved in your care but I can say they are consistent; they all listen and respect my views". People we spoke with said they were able to advocate on their own behalf. From our discussions with the social work team members we saw that post discharge support was discussed to review the person's home environment and family situation to ensure the person had the support to remain in the community.

We observed staff respecting people's dignity and privacy when assisting them with their personal care needs. One person said, "They are very good because it can be embarrassing to find you can't do the things you always did for yourself". There was an individualised approach to meeting people's personal care needs; one person said, "They are very discrete when assisting me, I was initially embarrassed by women staff but couldn't fault how they protect my dignity, I shall miss this place when I go". Staff were very aware of promoting people's dignity, and independence; a staff member said, "Taking over doesn't give people respect". We observed many occasions where staff were alert and responsive to people's needs but not intrusive. For example, one person struggled to negotiate their jacket potato; help was quickly and quietly offered. We saw people were encouraged to try and mobilise independently with staff close by to give reassurance. A person told us, "I want to go home, so it's important that I do as much as I can for myself". We saw that people had the opportunity to regain cooking and laundry skills as well as their mobility by utilising training rooms with the therapists. This meant that the service was promoting the independence of people.

We saw there was a restriction on visiting times. People told us their family and friends could visit during set times. The registered manager explained that as a reablement service there was a great deal of input from multi-disciplinary team [MDT] professionals and an unrestricted visiting policy would make it impossible for the therapists to do what they needed to do to support people with their therapies.

Good

Is the service responsive?

Our findings

People had contributed to their own assessment of their needs prior to staying at Tiled House. One person told us, "They assessed me at the hospital and told me how I might benefit from different therapies so I came here for rehabilitation". We spoke with a member of the clinical commissioning group [CCG] who confirmed that the reablement service was offered following a full assessment of people's needs so that people could receive effective care from staff who had the knowledge and skills to meet their needs.

People told us that when they arrived at Tiled House they were involved in identifying the support they needed, their goals and what they could do for themselves. One person said, "I had lots of questions about my care, staff were able to assure me they would help develop my strengths and independence". Another person told us, "They took into account how poorly I was but as time has gone by I have got better so now I'm talking about my quality of life when I go home and how they can help with that".

People told us that staff attended to their needs and considered their preferences. One person said, "I can dictate my own routine; get up when I want, have a bath when I want". Another person said, "I have a plan of the things I do each day, some days I have physio and exercises to do". We saw care plans contained information that was recorded in a person centred manner. There was information about people's needs in relation to their mobility, communication, physical health and self-help skills. Plans described the person's care needs, their wishes and specific goals. Personalised information about their home living arrangements and plans to promote this had been discussed and addressed with them.

Daily records were maintained and described the care and support people had been offered and received throughout the day and night. This enabled staff to monitor people's health and welfare and make changes to help ensure that people received the care and support they required. For example one person told us, "They've organised for the Parkinson's nurse to come in tomorrow". Another person told us, "I'm going for a bone density scan – they've been very good with appointments. I walk now with a walker – they help me to walk up and down". Our observations were that staff were able to respond to people's needs in a person centred way.

We observed that during the day staff were responsive to people's needs. One person told us, "The staff will assist me and encourage me, which is what I need right now". We also observed that staff were attentive to the changing needs of people. For example we saw a person with their legs elevated and using specialised 'floats' to keep their heels cushioned to reduce the risk to their fragile skin. The person told us, "My heels are very sore and it's to stop pressure sores developing". We saw the person's care plan contained the guidance to staff to make sure that the person received care that was centred on them as an individual.

Care was focussed on individual needs as the prime objective was to get people rehabilitated and safe to go home or move on to more appropriate placements. Staff confirmed that care plans were reviewed on an ongoing basis and daily records discussed at each shift handover. A staff member told us, "We get to know as much as we can about the person; their likes and dislikes; their hobbies and interests and even where they worked. It's good to have things to talk about". Staff told us that staff handovers and access to people's care plans helped them meet people's needs.

People told us that during their stay they pursued their own interests and hobbies. We saw people had read their newspapers, some people were reading their books or doing crosswords or puzzles. We observed an impromptu sing along with one person playing the keyboard. In each of the units we visited we saw people had access to a TV or music centre. There was a small shop in the foyer where people could purchase their essentials. One person told us, "There's not a lot of planned activity but I don't mind; I read my paper and see my family in the afternoon". We saw people could independently access a garden area. On the dementia unit we saw a bingo session take place with staff engaging people. An activities worker arranged in door activities such as reminiscence sessions, exercise sessions and craft. We saw staff recognised the importance of social contact and we saw they engaged with people frequently.

All of the people and the relative's we spoke with only had complimentary things to say about the staff and the care they received. People we spoke with said that they would be comfortable in making a complaint but none had any complaints. They told us: "'I can't fault it at all", "I wouldn't change a thing" and "I haven't got a complaint". People had been provided with information about the complaint

Good

Is the service responsive?

procedures within their information packs. The complaints procedure was also displayed in several languages. There had been no complaints made about the service but there was a system for recording, investigating and responding to complaints.

People had been encouraged to complete surveys at the end of their stay and we saw the feedback was positive. The results of the surveys were displayed and we also heard that a newsletter was being considered as another option to feedback to people.

Good

Is the service well-led?

Our findings

People were complimentary about the management of the service. One person told us, "I think it is well organised, things get done and everyone is so friendly and helpful".

The provider and registered manager had a clear vision for the future of the service. They told us they recognised the importance of the service in providing a local resource for intermediate and reablement care and support for people recovering from illness or crisis. They worked closely with a number of care professionals from the multi-disciplinary team [MDT] and sought guidance about delivering safe care and treatment. There was a structure in which the MDT and provider reviewed updates and information on new standards to drive their performance. For example they had gained information about the care certificate which they were implementing to enhance their induction system.

Staff we spoke with were aware of the values and aims of the service. One staff member told us, "The whole team; us, and health workers work together to rehabilitate people, it's about enabling them, giving them confidence". We saw that staff understood the importance of involving people in their care and promoting their dignity and independence. A person who used the service told us, "Without this service I would not be able to think about going home and living safely, it has been so much more than I expected". Another person told us, "I have thoroughly enjoyed my time here; you could not get better care".

Staff told us they felt well supported by the management team. One member of staff said, "It's very supportive; there's a registered manager, a care manager and senior staff to guide us, we get good information and training". Another staff member said, "I love working here; I think we provide a good service; we're caring, there's a lot of respect for people's situations and we understand the importance of enabling people and not doing it for them".

Staff were familiar with the provider's whistleblowing policy and safeguarding procedures and how to raise any concerns to external organisations if people's care or safety was compromised. The provider met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

The registered manager was supported by a care manager and a team of senior staff. There was on-site MDT teams who told us that information sharing was good and the coordination of people's care packages was well organised with weekly MDT meetings to discuss people's progress.

We saw that the management team had a clear structure and tasks were clearly delegated so that the quality monitoring and staff support systems the registered manager had in place were maintained. The system in place to review and monitor accidents, incidents and safeguarding concerns was consistently carried out to identify any action needed to reduce risks. We saw that information in relation to these had been communicated effectively to staff via staff meetings so that this could be used to improve the quality of the service. The registered manager had improved the falls risk assessment and monitoring tool to further enhance people's safety

There was open communication with people because the registered manager and her team regularly spoke with people and visitors about their satisfaction. We saw evidence of a high volume of compliments received from people following their stay and surveys were used to capture people's feedback once they had left the service. The short stay nature of the service meant it was difficult to measure the level of involvement people had in quality assurance. The registered manager told us they would look at developing a newsletter to provide feedback to people on how comments had improved the service provided.

We saw that the provider reviewed people's care records to ensure they contained sufficient details to guide people's care. The registered manager was trying to improve their records and data management systems. She told us it had been difficult to ensure the documentation of information from a number of other health and social care professionals was maintained in one place and reflected evidence of professionals input. Staff told us that although people may have input from the GP, hospital staff, occupational therapists, physiotherapists and others, they found care plans kept them up to date with the support people needed.

Audits were carried out on the safety and quality of the service. We saw audits had informed the service improvement plan. For example a refurbishment programme had commenced and two of the six units had

Good

Is the service well-led?

been redecorated and equipped. Plans were in place to refurbish the other four units as well as the large day room currently used for therapies. The registered manager told us dates had been identified for completion.

People, their relatives and staff told us they had no complaints about how the service was managed and told us the registered manager was always willing to listen and act upon concerns.