

# IBC Quality Solutions Limited

# Tarry Hill

## Inspection report

7 Cale Road  
New Mills  
High Peak  
Derbyshire  
SK22 4LW

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Tel: 01663746440

Website: [www.ibchealthcare.co.uk](http://www.ibchealthcare.co.uk)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

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.

### About the service

Tarry Hill is a residential care home providing accommodation and personal care to 13 people at the time of the inspection. The service can support up to 26 people. There are five separate homes within Tarry Hill, each with separate entrances with a shared outdoor terrace area at the front of the homes and access to garden areas.

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

When people were supported to take their medicines, the records did not always include all the information required, such as what time people had taken medicines and when to take medicines only required in certain circumstances. Risks to people's safety were assessed and reviewed but the most recent reviews were not always included in people's care plans.

There were enough staff on duty to meet people's needs and ensure people received their care as agreed. Safeguarding processes were in place and staff told us they would feel confident to recognise and report concerns of abuse if they saw this.

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 service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's individual needs, preferences, beliefs and lifestyle choices were known, valued and respected.

People were supported by staff who were kind and caring. Staff knew people well and ensured people's privacy, dignity and independence were promoted. Staff communicated effectively with people. Relatives were involved in care planning and delivery.

There were governance and audit systems in place to capture and address any issues that required improvements. The provider and registered manager had demonstrated a continued commitment to ensuring people achieved the best outcomes and quality of life for them. Relatives, staff and external professionals spoke highly of the drive, passion and knowledge of the registered manager and the person-centred culture they had created.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 1 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

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

## 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 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** ●

# Tarry Hill

## 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 Care Act 2014.

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of relatives using this type of service.

#### Service and service type

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.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We communicated with four people who used the service and eight relatives about their experience of the care provided. People using the service were not able to express their feelings about their care with us, so we spent time in their company and observed their interactions with staff. We spoke with 15 members of staff including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 as Requires Improvement. At this inspection this key question has remained the same. 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.

At the last inspection we found the provider was failing to deliver safe care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of Regulation 12.

### Using medicines safely

- The systems for recording when people had taken their medicines were not always in line with national guidelines. For example, one person needed to have a specific amount of time in between taking some of their medicines. The time they took their medicines were not recorded, this meant the provider could not always be sure there was the required time gap.
- Some people did not have documented protocols for their medicines they took as and when required. Where Medicine Administration Records (MAR) were hand-written, these had only been signed by one staff member instead of two as required by current guidance. The registered manager assured us during and immediately after the inspection they had implemented all improvements required in medicine recording.
- We observed staff supporting people to take their medicines and saw this was done safely. Staff received training in medicine management and had their competency assessed before being able to support people to take their medicines.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and there were plans to reduce any identified risk. However, the documented risks in people's care plans were not always reviewed and updated in response to changes in people's needs. The registered manager and staff were able to tell us the risks to people's safety and how to mitigate these. The registered manager assured us risk assessments would all be updated to demonstrate this immediately after the inspection.
- The registered manager had instilled an open culture of learning from mistakes, accidents, incidents and concerns. The management team completed accident and incident trackers that demonstrated this. However, this information did not always filter down into people's care plans which meant new care staff or agency staff might not have access to this information.
- Relatives told us they felt their relations were safe. One relative said, "[Name] is safe there and the staff keep me informed." A different relative said, "[Name] is well looked after and is safe."
- There were clear personal emergency evacuation plans (PEEPs) that guided staff and emergency responders how to safely support people to evacuate the buildings in the event of an emergency.

### Staffing and recruitment

- Staff were safely recruited. Pre-employment checks such as references from previous employers and criminal records clearance were in place. However, the provider had not ensured there were always photographs of staff in staff files, this is a requirement of the Act. The registered manager assured us she would rectify this immediately after the inspection.
- There were enough suitably trained staff on duty to meet people's needs. One relative said, "My [relation] has benefitted from a consistent staff team and keyworker." There were occasions where the home had been short staffed. However, this was during times when there were high numbers of Covid-19 cases in the area and staff were not able to go to work. In response to this, the provider had employed a recruitment manager and had recently recruited nine new staff who were awaiting their induction.

### Systems and processes to safeguard people from the risk of abuse

- There were effective systems and procedures for safeguarding in place. The registered manager responded to any safeguarding concern promptly and adhered to local safeguarding procedures.
- Some people were at times restrained for their own safety. Where this was necessary it was done as a last resort and the least restrictive action was used for the shortest time possible. Where restraint was used there was an investigation that explored if this could be prevented in future, people and staff received support and a de-brief.
- Safeguarding professionals gave positive feedback about the approach the registered manager had taken to safeguarding.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider had systems and processes in place to ensure people could safely move in to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we found the provider had failed to ensure staff received training to carry out their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Staff completed training in line with the Care Certificate. The Care Certificate is a nationally agreed set of standards for people working in health and social care. On top of this the provider also ensured staff completed further training that guided staff how to meet the individual needs and preferences of the people living at Tarry Hill.
- We saw occasions during the inspection when staff responded to people in a way that showed they understood people's behaviours and how to support them effectively using the least restrictive methods possible.
- When people's needs changed the registered manager quickly arranged training for staff to complete in response to this. For example, when people's communication and dietary needs changed, staff were supported to complete training delivered by healthcare professionals and designed specifically to meet those people's individual needs.
- Staff completed an induction and their competency to support people was assessed through structured review and supervision and appraisals.

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

- People chose what, where and when they ate and drank. People's cultural needs and personal preferences were respected and promoted. Where people had specific dietary requirements such as allergies or difficulty swallowing there was clear guidance for staff and people ate the foods that were appropriate for them.
- We saw people appearing to enjoy preparing and eating their food. Relatives gave us mixed feedback about food and drink. One relative said, "I don't know what [Name] has to eat, they need more support with their diet." However, a different relative said, "[Staff] are really on the ball with food and diet. [Name] has choices and [staff] know what [Name] likes."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare support in a timely manner. One relative said, "The staff have made enormous progress with [Name]. The overall impact has been that [Name's] health has improved so much and [Name] can go out and do much more."
- Any areas that could affect people's health and well-being were identified and actions were planned to address these. For example, one person had been supported to stop smoking when they wanted to, and their health and fitness had improved as a result.

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

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 needs, choices, preferences, lifestyle and hobbies were assessed and recorded in their care plans. People's care plans were presented in a way that guided staff how to support people in their preferred way.
- People's capacity and desire to make choices for themselves were assessed and reviewed. The records relating to people's mental capacity were based on specific decisions. Assessment records demonstrated people were involved in this process, where possible people's relatives or advocates were also included.
- When staff had to make decisions for people they were guided to do so in people's best interests and in the least restrictive way possible.

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

- People chose how their living environment was designed and decorated. One staff member said, "One of the best things we have done is help people design their bedrooms, me and the person I support had lots of fun and [Name] got lots from that."
- People had a choice of where they spent their time, there was a variety of private or communal areas of the home. There was a selection of outside space and we saw people used this whenever they wanted to.

# 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 as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection before last we found the provider had failed to ensure people were consistently provided with person centred care that met their needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of Regulation 9.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected as individuals. They were supported by staff who knew them well. We saw people and staff spending time together and appearing to enjoy each other's company. We received mainly positive feedback from people's relatives.
- One relative said, "[Name] is happy I talk to them every day. They have never said they are unhappy. They are thriving there. The staff are friendly and genuinely care, they know how to calm them down and they keep me informed." A different relative said, "[Name] is genuinely happy and staff genuinely care, I wouldn't change anything at all."
- People's personal beliefs and cultural needs were known, respected and prioritised by staff. One staff member told us, "It's important we know as much as possible about the service users, so we know we always support them in the way they want us to. Tarry Hill is their home, we are the visitors, so we respect the way they live their lives, it's our job."

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

- People were supported to design and plan their own care. People's relatives were involved where possible. Where relatives had concerns with any decisions made, the registered manager ensured external professionals and independent advocates were included in discussions and decision-making processes. An independent advocate is a person who helps to make sure people's voices are heard and decisions are in people's best interest.

Respecting and promoting people's privacy, dignity and independence

- The registered manager promoted people's dignity. There had been some occasions where some staff had been heard speaking with people in an undignified way. The registered manager addressed this immediately and implemented training to support staff to know how to speak with people in a kind and considerate way that promoted dignity and respect.

- People were encouraged and supported to maintain their privacy. Staff knew when people required privacy. One staff member said to us, "That is [Name's] bedroom, [Name] does not like people in their bedroom and will not consent so please do not open that door."
- People maintained their independence as much as possible during the pandemic. Staff knew people's goals and there was guidance in people's care plans about how to support them to achieve these.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives or advocates were involved in planning care. Staff knew people's needs and preferences, including any religious, cultural beliefs and life choices. Staff supported people to live the lives they chose.
- Relatives told us they felt involved in their relations care. One relative said, "The staff keep me informed, I also get weekly reports and emails."

Meeting people's communication needs

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 provider was meeting the AIS. People's communication needs and choices were assessed and reviewed. Staff communicated with people in a way they understood. Where people had specific individual communication needs the registered manager implemented training for staff to ensure they communicated effectively with people.
- One relative said, "The service is very good, and the staff are brilliant. Whenever we visit, I can see they relate to [Name] and their needs, they do a great job."
- Documents were provided in formats that people could understand. Records in care plans and signs around the homes were presented using the formats recommended in people's communication assessments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained links and relationships with people and community services that were important to them. One relative said, "It's been hard during the pandemic, but the staff have always made sure [Name] and I can see each other outdoors if we couldn't see each other indoors."
- People had choices of how they spent their time and their personal preferences for activities were met. One relative said, "[Name] is busy five days a week, they love it, they are sometimes out all day [Name] gets the stimulus they need."

#### Improving care quality in response to complaints or concerns

- People, relatives, staff and professional visitor feedback was welcomed and listened to. There was a complaints policy in place. Relatives and staff told us they knew how to complain and wouldn't hesitate to do so.
- We reviewed the records of complaints that had been received and saw these were investigated in line with the providers policy.

#### End of life care and support

- At the time of the inspection there was no-one living there known to be approaching the end of their lives. However, people's wishes for how they would prefer to be cared for if they were to approach the end of their lives were explored and documented if people wanted to consider this.
- The registered manager had ensured staff completed training in end of life care.

# 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 as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found the provider had failed to ensure there were systems to assess, monitor and mitigate risk to service users. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of Regulation 17.

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

- Management governance audit systems were in place to assess the running of the home and identify where improvements could be required. However, the medicine audits completed in each of the five homes had failed to identify the few concerns with medicines identified at this inspection. The registered manager assured us they would immediately review the medicine audit process to ensure this did not happen again.
- The provider was committed to continually improving the service. They were in the process of implementing a new live audit system. This was only just starting during this inspection, so it was not possible to assess the effectiveness of this system at that time.
- The registered manager had designed and implemented individual learning logs where staff could document where people had made steps towards achieving their goals. These were still a work in progress but further demonstrated the commitment to continuous learning.

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

- Relatives, staff and professionals spoke highly of the registered manager and the person-centred culture they had created and promoted at Tarry Hill. One relative said, "The manager is quite wonderful we have so much time for her, she works very hard. We have an open relationship; she is very receptive. A different relative said, "The manager is very helpful and kind, she responds well."
- One professional who regularly visits the home said, "The manager knows every person well and has certainly moved things forward for the better, it's a joy to see."
- The registered manager had consistently demonstrated a passion and commitment to ensuring people achieved the best possible outcomes. The provider supported the registered manager by implementing new leadership roles such as a recruitment manager and a quality and compliance manager. This freed up the registered manager to concentrate on people and their quality of life.
- The provider had commissioned independent professionals to review the systems and processes within

the homes to seek their feedback. Improvements they suggested were implemented.

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 duty of candour was met. When things had gone wrong the registered manager ensured people, relatives, professionals and relevant authorities were informed and investigations were completed.

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

- People, relatives and professionals were welcomed to express their views about the running of the home. There were regular meetings where it was made clear all voices would be heard.
- The provider sent regular surveys to people, relatives and professionals to ensure they could express any feelings anonymously if they preferred this. Feedback was used constructively.