Royal Masonic Benevolent Institution

Tithebarn

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

Tithebarn is registered to provide personal care and accommodation for up to 42 adults. Thirty eight people were living at the home at the time of our inspection. Accommodation is provided mainly in single rooms, which have an ensuite facility. There are two double rooms. The service is run by the Royal Masonic Benevolent Institution and is located in the Crosby area of Sefton, Merseyside. The home is fully accessible to people with restricted mobility. Accommodation is provided over two floors, with bedrooms located on the ground and first floor. The home has a separate unit for up to ten people with dementia care needs.

The inspection took place on 9 and 10 December 2014 and it was unannounced.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

People said they felt safe living at the home and were supported in a safe way by staff. Staff understood what

Summary of findings

abuse was and how they would report suspected or actual abuse. Procedures were in place for responding and reporting to the relevant agencies and the manager was fully aware of how this was done.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks. People and their families told us there was sufficient numbers of staff on duty at all times.

The building was safe, clean and well maintained. Measures were in place to monitor the safety of the environment. The home was fully accessible. Aids and adaptations were in place to meet people's needs and aid their independence. The dementia care unit was designed, decorated and run in a 'dementia friendly' way.

Staff were following the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. For example, some people had their medication administered covertly and the decision to do this had been agreed based on a mental capacity assessment and best interest meeting or discussion.

People told us they liked the food and got plenty to eat and drink. People had access to a health professional and staff arranged any appointments promptly.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as health and safety, infection control, fire safety, moving and handling, and safeguarding of vulnerable adults. Records showed us that they were up-to-date with this training. This helped to ensure that they had the skills and knowledge to meet people's needs.

People who lived at the home had a plan of care. The care plans we looked at contained relevant information to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs.

Medication was given at times when people needed it. We observed the administration of medication by staff. We saw that staff that ensured people took their medication by waiting with them. Medication was stored safely and securely.

Activities were arranged for people in the home throughout the week by an activities co-ordinator. These included quizzes, board games, arts and crafts, reminiscence and films. Entertainers visited the home once a month. Activities were also provided in the evening.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people. People told us they were happy at the home, and our observations supported this. Relatives we spoke with gave us positive feedback about the staff team.

A procedure was in place for managing complaints and people living there and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with complaints procedure. A copy of the procedure was displayed in the foyer of the home.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

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.

Good

Staff were confident about recognising and reporting suspected or actual abuse.

Risks to people's safety had been assessed and were well managed.

Pre-employment checks were carried out on staff before they started working at the home to ensure they were deemed suitable to carry out their roles and responsibilities.

There were enough staff on duty at all times.

Medicines were administered safely and stored securely.

Is the service effective?
The service was effective.

Good

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Staff were following the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments when they needed it.

Is the service caring?
The service was caring.

Good

We made observations of the people living at the home and saw they were relaxed and settled. A relative told us they were happy with the care in the home and described the staff described the staff as caring, patient respectful and attentive.

We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Is the service responsive?
The service was responsive.

Good

People's care was planned so it was personalised and reflected their current and on going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Summary of findings

A variety of activities were provided in the home. Transport was available to enable people were able to access local amenities.

Is the service well-led?

Good

The service was well led.

We found an open and person-centred culture within the home.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

Processes for monitoring the quality of the service were in place at the home.

Tithebarn

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 9 and 10 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before the inspection. We contacted one of the commissioners of the service to seek their feedback about the service. Prior to the inspection the provider had submitted a Provider Information Return (PIR). The PIR is a document the provider is required to submit to us which provides key information about the service and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we spoke with five people who lived at the home and three visiting relatives. We also spoke with four care staff, a cook and members of the management team.

We spent time observing the care provided to people who lived in the home to help us understand their experiences of the service. We also used the Short Observational Framework for Inspection (SOFI) when we inspected the dementia care unit. SOFI is a way of observing care to help us understand the experience of people who lived in the home who could not talk with us.

We reviewed a range of records, including the care records for three people who lived in the home, four staff personnel files, the provider's policies and procedures, and records relating to the quality monitoring of the home.

We looked around the home, including some people's bedrooms, bathrooms, dining room and lounge areas in both the main house and the dementia care unit.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home and were supported in a safe way by the staff. A person said, "I feel very safe with the staff."

We spoke with three relatives. Their comments included: "There is always enough staff around", "I feel my relative is safe here."

Throughout the inspection we observed staff supporting people in a way that ensured their safety. Some people required close supervision and staff were in the vicinity keeping them in sight at all times. Staff were able to explain people's care needs to keep them safe.

An adult safeguarding policy and procedure was in place, which included guidance for staff on action to take if or when they suspected abuse had taken place or had witnessed abuse. Staff understood how to recognise abuse and how to report concerns or allegations. They had received adult safeguarding training, which was repeated each year to ensure staff kept their knowledge and skills up to date. Staff we spoke with told us they felt confident in recognising the signs of abuse and would have no hesitation in reporting it to the manager.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These assessments were detailed and were completed to keep people safe in their home environment.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We checked four staff personal files to evidence this. We found copies of appropriate applications, references and police checks that had been carried out. We found staff had all received a clear Disclosure and Barring (DBS) check. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

We found there were sufficient numbers of staff on duty in both the main house and in the dementia care unit. The manager told us they used an assessment tool to determine the numbers of staff required to support people safely. This helped to ensure there were staff available to support people when they needed it.

We looked at the process of medication administration in the home. Medication was stored securely. The medicine administration records [MAR] we looked at were completed to show that people had received their medication. The staff had received training to administer medicines. A training matrix was kept which showed staff training was carried out and up to date. The provider's policy and procedures in relation to medication administration were in place to help ensure safe practice. We observed the administration of medication by staff. We saw that staff that ensured people took their medication by waiting with them.

We were shown evidence of a best interest meeting held in February 2014 to decide about giving someone who lived in the home their medication covertly that is hidden in food or drink. We found that the person's GP had completed a mental capacity assessment and health and social care professionals were involved in the decision making process. The decision was subject to regular review to help ensure it was still required. A mental capacity assessment is a process which is carried out for individuals who may lack the mental capacity to make their own decisions about their care and treatment.

Arrangements were in place for checking the environment to ensure it was safe. We spent time with the maintenance person who outlined the audits or checks that took place at the home to ensure the environment was safe. We observed quality audits had been completed during 2013/2014 related to gas and electrical appliance testing, fire prevention equipment, passenger lift and the heating and water system. Records were kept to ensure the quality and safety of the premises. Specific checks took place and these included checks of the water, equipment and fire safety checks. We saw service contracts were in place for, stair lifts, clinical waste and legionella. This assured us that people who lived in the home were supported to live in a safe environment.

Good

Is the service effective?

Our findings

People who lived at the home gave us good feedback about the staff team and the care and support they provided. One person said, "The food is very good here, I get a choice." Relatives we spoke with told us they were satisfied with the care their family member received. One person told us "I feel that staff are experienced enough to support my relative."

Staff told us they felt well supported and confirmed they received on going training to meet people's needs and carry out their roles and responsibilities effectively. One staff told us" The training I receive equips me to do my job properly."

The manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this. The manager told us the senior staff had been provided with training on the Mental Capacity Act (2005). They advised us that there was nobody living at the home that was subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act 2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We found evidence in care records that people had a mental capacity assessment in place for personal care and day to day activities. This showed if people could consent to staff supporting them with care. Staff provided support for care and personal care in people's best interests, in accordance with the principles of the Mental Capacity Act.

Training records we looked at showed us that most of the care staff and the manager had completed a national vocational qualification (NVQ). We viewed four staff files which contained induction and training information. The provider's induction was completed over two days and new staff were allocated a 'buddy', who was another member of staff, to support them through the start of their employment at the home. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, infection control and moving and handling. All staff completed 'Tomorrow is another day' dementia care training. Staff who worked specifically on the dementia care unit completed a further five day dementia care training course.

We saw that staff had received an appraisal twice a year and regular supervision every three months.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People's likes, dislikes and preferences for food and meals were documented in their care plan. A 'kitchen notification' was completed by staff when the person came to live in the home. This enabled the cook to have a record of everyone's preferences. The cook advised that they were aware of people's dietary needs and they told us how they accommodated these. For example, people who had diabetes were provided with alternative meals or desserts as appropriate. Other people required fortified meals and full fat milk or cream was used to do this. The cook also knew people's individual likes and dislikes and told us how they accommodated these to ensure people were provided with food and meals which they enjoyed.

We asked the cook how people made their meal choices. They told us a member of the kitchen staff visited everyone in the home each morning to discuss the day's menu with them. A record was made of their choice. The kitchen operated a four week rolling menu to give a variety of meals and snacks. Comments cards were given to people who lived in the home and their relatives to make any suggestions about the food they received.

People who lived at the home told us the food was good. We saw that people had a choice of meals including the option of a cooked breakfast every day. A choice of a hot meal at lunch time or a cold alternative, as well as a hot and cold snack at teatime.

We observed people having their lunch on the dementia care unit of the home during our inspection. We found the food was well presented and people were given different portion sizes according to their preferences. People who required support with eating and drinking received it in a kind and caring manner, at a time when everyone was eating their meal. Some people required their food to be blended because they had difficulties swallowing. We found the cook had ensured the meal still looked

Good

Is the service effective?

appetizing by keeping the different food separate on the plate. We saw staff responded to assist people with their meal. One person needed their food cut up as they were having problems eating it.

The cook told us that most of the food was homemade, including soups and puddings. We saw healthy alternatives available such as yoghurts and fresh fruit. People were served hot drinks throughout the day. We observed they had both a hot and cold drink with their lunch.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, dietician and district nursing team were regularly involved with people. People were taken for health appointments when they were required.

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence. The dementia care unit was designed to reduce any negative impact on people's wellbeing. For example, the corridor leading to bedrooms was decorated like the creation of a street environment: wallpaper looked like bricks and bedroom doors resembled people's own front doors. Memory boxes on the wall outside assisted people to identify their own rooms. We saw reminiscence areas within the unit and chairs were arranged in small clusters to encourage conversations. Pictorial signage and photographs were used to identify public areas, toilets and bathrooms. At meal times tables were set with tablecloths, condiments, napkins and cutlery for people to identify with the meal time. Staff were not required to wear uniforms to encourage a homely atmosphere and reduce distress to people who lived on the unit.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were caring, patient and respectful. Some of the comments included: "I like the staff, I have no complaints" and "My care is carried out in private. Staff lock the door if I'm having a bath and close the curtains when I'm getting dressed."

Relatives we spoke with were happy with the staff. Their comments included: "The way the staff approach X is very gentle. I am happy with the care" and "We definitely see the staff as caring."

We observed the care provided by staff in order to understand people's experiences of care and help us make judgements about this aspect of the service. We saw that staff were caring and showed concern for people's welfare.

Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. We saw staff respond in a timely and attentive way so people did not have to wait if they needed support. We noted there was positive interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. Staff spoke about the people they supported in a caring way. From our observations on the dementia care unit we saw that staff took their time when supporting people and took the time to have conversations with people. When staff spoke with people we observed they always used their preferred name.

We found some good examples of how people who lived at the home had been well supported with their health needs, particularly end of life care and people who needed professional input with their diet. We found that diets had been changed to reduce risk of choking and people were monitored regular for food and fluid intake. We saw daily records were kept and were up to date.

The manager informed us that the home was now accredited for end of life care as staff had completed the training in January 2013. This meant that staff were trained to support people at the end of their lives to maintain their dignity and provide appropriate care and support from a recognised authorising body.

The home kept a '999' (pack which contained information in case of medical emergencies). This information included a copy of 'This is me' for each person who lived in the home and any current Do Not Attempt Resuscitation (DNAR) forms. We looked at the DNAR forms and saw they had been completed by the person's GP. This helped ensure people received the care they needed and/or their wishes in respect of end of life care were respected and acted upon.

We found the staff responded appropriately and swiftly to changes in people's needs and made appointments or referrals to professionals in health and social care. We saw evidence in the care records of the appointments people had attended with for example, a GP, district nurse, dietician, optician, chiropodist and dentist. Relatives we spoke with told us their family members received prompt visits by a GP or to the hospital when they needed it.

We spoke with three staff and they were able to describe people's individual needs, wishes and choices and how they were supported. A relative we spoke with at the time of the inspection were pleased with how the staff cared for their family member and knew their needs. When asked if their relative liked living in the home they told us, "Very much so. It's really good. There's a really homely family feeling here."

Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One member of staff told us "I treat the 'resident' like I would my mum, covering them up if they are having a bath to respect their dignity. We treat them like a person, encouraging them to do as much for themselves".

Good

Is the service responsive?

Our findings

We found that people received the care and support they needed. Before people came to live in the home the registered manager visited them and completed a pre admission assessment. This was to ensure that their care needs could be met at Tithebarn before they were admitted to the home.

We looked at the care plans for three people who lived in the home. All care records were competed and stored electronically and were accessed via computer terminals in the home.

We found that care plans and records were individualised to people's preferences and reflected their identified needs. People told us they had a choice about when they got up and went to bed and what they had to eat. They were very detailed and had been completed for many aspects of peoples care and health needs. For example, plans of care were completed for mobility and transfers, communication, personal care, medication, nutrition and hydration and pain management. Risk assessments had been completed in areas such as falls, skin and pressure care and moving and handling. Cognitive and behavioural management plans were completed where required. They contained comprehensive information relating to the care and support people needed. This helped to ensure that people received good and effective care and support which met their needs.

Staff had completed a one page profile called 'This is me' with people and/or their family members. This gave information about the person's family history, their employment, interests, hobbies and their likes and dislikes. People who lived in the home told us about their daily routines. They said they were able to get up and go to bed at times that were preferable to them. This was often used when people were admitted to hospital to inform hospital staff.

We could see from the care records that staff reviewed each person's care on a regular basis to ensure it was up to date and that support was being provided as needed. Staff recorded information twice a day on people's electronic care record. We asked how any agency staff would be able to record this information. The manager told us that agency staff had not been given a 'log in' yet and therefore would not be able to record information on the person's care record. The manager said that agency staff were rarely used but would always be on duty with a contracted member of staff. The contracted member of staff would complete the records on their behalf.. This meant that the care records may not contain up to date and accurate information if agency staff were on duty as they could not record information.

People who lived in the home told us they were involved in the running of the home. They said meetings were held 'quite regularly' where they could voice their opinions on certain matters. Meetings with the manager were held every three months. We saw that these meetings had taken place in throughout 2014. The manager wrote to all relatives once a year to inform them of the activities that had taken place and plans for future events.

The manager purchased a weekly newsletter for people who lived in the home. The newsletters contained articles about events at that time in history, articles about famous people It also included quizzes. The newsletter was used in the weekly get together to prompt discussions and reminiscence.

We were told about the different activities that were provided for people who lived in the home. A dedicated activities coordinator was employed by the provider. They produced a weekly timetable which showed the daily activities. This was displayed on the notice boards around the home. Activities included quizzes, films, gentle exercises, board games and holistic therapy. Music was a popular activity and the home regularly invited singers to entertain the people who lived in the home and their relatives. Transport was available to enable people were able to access local amenities. Day trips to local attractions, outings to the theatre were arranged.

We saw that some people went out into the local community with family and friends. We saw some people who lived in the home spent time in the bedrooms. We spoke with them and they confirmed this was their preference. One person told us "I prefer to stay in my bedroom. I read, do crosswords or watch the television." Another person told us "I like living here. We go on trips fairly frequently. We go out to all sorts of places. We went to Chester Zoo." On the evening of our first inspection day a 'casino night' was being held. Feedback the following day from people who lived in the home and staff was very positive.

Good

Is the service responsive?

In the dementia care unit we saw staff sitting with individuals or small groups chatting, doing drawing or arts and crafts. One person preferred to remain in their own room. We saw that staff regularly checked on their welfare.

The provider had a complaints procedure which was displayed in the hallway for everyone to see. We saw that action had been taken to investigate complaints and resolve them to people's satisfaction. A thorough reporting procedure was in place, with copies of the investigation and outcome kept on the persons file and sent to the provider's headquarters. The registered manager told us there had not been any complaints since July 2014. People we spoke with who lived in the home told us they did not have any complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We received positive feedback from everyone we spoke with about the manager. People who lived in the home and relatives we spoke with told us the home was well run and thought the manager did a 'good job'.

We found an open and person-centred culture within the home. People who lived in the home were able to make choices about day to day living and were involved in decision making.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to show us a series of quality assurance processes both internally and external to Tithebarn to ensure improvements were made and to protect people's welfare and safety. An independent audit had been carried out in April 2014; the home had been awarded a 5 star (excellent) rating. The area manager carried out comprehensive audits of the home, which included care records, staff files, training, medication checks and home maintenance. We saw examples of these audits which were completed every two months and evidence action was taken to help to ensure records were kept up to date and safe care and treatment was provided.

We saw that the senior care staff completed weekly checks of medication stock and monthly checks of medication administration records and the medicines trolley.

Accidents and incidents were audited by the manager each month and the results analysed for any issues or trends. We saw that action had been taken from the evidence, for example referrals made to the 'falls team' for an assessment for an individual.

The manager told us that they printed off a spreadsheet each month which showed the number of staff supervisions and appraisals completed. We saw appraisals and supervision for staff were up to date.

The manager held staff meetings every three months for both night and day staff. We saw minutes from these meetings which took place in December 2013, May and July 2014. In addition, staff completed a survey each year. We saw that 18 staff had returned the survey in 2014. Their comments were positive about their experiences working at Tithebarn. They rated their induction as exceptionally good to excellent and the usefulness of supervision was rated very good to exceptionally good. The showed that the manager had processes in place to gather views of staff.

We spoke with three members of staff. They all told us told us they felt supported by the management and would have no hesitation in reporting any concerns they had to the manager. They all knew the provider had a whistleblowing policy to support them if they had to report another member of staff.

Processes were in place to seek the views of people living at the home about their care. We saw there had been a good response to an independent survey in April 2014. Responses were positive. People who lived in the home rated their bedrooms, home cleanliness, meals, activities and staff attitude as very good to excellent. An internal MORI poll was carried out in 2013. Feedback was positive in areas such as privacy, dignity and respect, choice and access to the managers.

Staff completed an annual questionnaire. The results showed their opinions about their work environment and the support they received. Staff rated this very good to exceptionally good.

The home was in the process of achieving an accreditation from the Dementia Care Matters National training forum (Dementia Care specialist training) but this had not been completed at the time of our inspection. Dementia Care Matters is an evidence based approach to developing dementia care in organisations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.