

Pressbeau Limited

Tithe Farm Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Tithe Farm Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 30 people in one adapted building over two floors. At the time of our inspection 28 people lived at the service.

The conditions of registration require that a registered manager is in post. 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. A registered manager was in place at the time of our inspection.

Following our last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question well-led to at least "good". We found that although better systems and checks were implemented for measuring the quality and safety of care, further improvement in the good governance of the service was required. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further information is in the detailed findings below.

We found people were protected from abuse. Risks related to people's care were not always assessed, recorded and reviewed. The management of risks from the building were also assessed and mitigated, however a risk assessment for Legionella was not completed. We found inappropriate numbers of staff were deployed to meet people's needs. Recruitment records did not always contain all of the necessary information recorded by the regulation and schedule. Medicines management was safe.

The level of staff training and support was unsatisfactory. Records showed that staff had not completed sufficient, repeated training, supervisions with line managers and performance appraisals. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People's nutrition and hydration were appropriate. People told us they liked the food. Appropriate access to community healthcare professionals was available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We received complimentary feedback about the service. Most people and relatives told us staff were kind and caring. People and relatives were able to participate in care planning and reviews and some decisions were made by staff in people's best interests. People's privacy and dignity was respected. Confidential personal information was appropriately stored in line with the data protection laws.

Care plans were in place and reviewed regularly. There was a complaints system in place which included the ability for people and others to raise concerns. However, management of complaints, especially investigation and documentation of issues, required improvement. Some people and relatives told us they had complained and when we checked, the service was aware of these. Others we spoke with did not raise concerns and knew the process for alerting staff to any issues. We have made a recommendation about the management of complaints.

The service had implemented more systems and processes since our last inspection. When we looked at them, they were suitable for use and completed by the management team. Action plans were used to log steps to take and outcomes. We found some staff expressed a negative workplace environment and felt they were not always well-supported by the management team. Surveys were used by the service to gauge people's and relative's opinions of the service.

You can see what action we told the provider to take at the back of the full version of the report.

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.

The risks to people and others from Legionella were not adequately assessed or mitigated.

People's care risks were not always satisfactorily assessed and recorded.

The service did not deploy sufficient staff to ensure people's safety at all times.

Recruitment processes did not always ensure enough information was obtained before staff were employed.

People were adequately safeguarded from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not received appropriate amounts of training and supervision to enhance their skills and knowledge.

People's consent to care and support was obtained in accordance with the provisions of the Mental Capacity Act 2005.

People were only deprived of their liberty when authorised by the relevant local authority.

People had adequate hydration and nutrition.

People received appropriate access to community healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People received care from kind staff who treated them with respect.

Good ●

People's privacy and dignity was maintained.

Visitors were able to see people who used the service without restrictions.

People's confidential personal information was appropriately managed.

Is the service responsive?

The service was not always responsive.

Peoples' and relatives' complaints were not satisfactorily investigated and recorded.

People had access to a variety of activities to promote their socialisation.

People had relevant care plans, but some reviews were overdue.

People could have a say about the operation of the service via 'residents' meetings.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People's accidents and incidents were not satisfactorily reviewed by the management team.

The workplace culture for staff was not always positive.

Surveys of relatives were used to gauge feedback about the standard of care.

The service had improved the use of audits and checks to measure the safety and quality of people's care.

Requires Improvement ●

Tithe Farm Nursing Home

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.

Our inspection took place on 24 October and 25 October 2017 and was unannounced. This was a responsive, comprehensive inspection and we brought our inspection date forward from the original schedule. This inspection was prompted in part by complaints from members of the public.

Our inspection was completed by two adult social care inspectors, a medicines 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. Our Expert by Experience was familiar with the care of older adults who live in care homes.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public, staff, local authorities, clinical commissioning groups (CCGs) and the fire inspectorate. We checked records held by Companies House, the Information Commissioner's Office (ICO) and the Food Standards Agency (FSA).

During our inspection we spoke with the registered manager, the deputy manager, three registered nurses and six care workers. We also spoke with the maintenance person, the chef and the administrator.

We spoke with six people who used the service and six relatives. We looked at all medicines administration records and five sets of records related to people's individual care needs. This included care plans, risk assessments and daily monitoring notes. We also looked at four staff personnel files and records associated with the management of the service, including quality audits. We asked the registered manager to send further documents after the inspection and these were included as part of the evidence we used to compile our report.

We looked throughout the service and observed care practices and people's interactions with staff during our inspection.

Is the service safe?

Our findings

We looked at whether people were protected against abuse. This included safeguarding and staff whistleblowing practices. We found that the service had appropriate policies in place for the prevention of abuse. We saw the service had access to appropriate contact details for the local authority safeguarding team. The registered manager was aware of how to make referrals and report concerns to the safeguarding team. Staff we spoke with told us they were aware of safeguarding procedures. One staff member told us, "If I saw someone doing something to harm someone, I would not hesitate in reporting it." Another staff member said, "It's to keep residents safe; that's our priority. If there was anything I would definitely whistle blow, no hesitation. If I had any concerns I would go to [the registered manager] and believe she would take my concerns on board." We were shown evidence that the service had reported allegations to the local authority. However, in line with the applicable regulation the service had not notified us of these referrals. We were told that staff received safeguarding training at induction and throughout their employment. Although staff had training in safeguarding procedures, when we looked at the training records dated 20 October 2017, we saw that some staff had not completed the required training. This meant that a robust system for safeguarding people against abuse or neglect was not in place.

The service used a computer system for recording and reviewing people's risk assessments. We looked at five people's risk assessments. In the records we reviewed, we saw people had pre-admission assessments prior to living at the service. This captured information about the person's daily aspects of care, contact information for family and others, medical conditions and health professionals involved in their care. These sections of the care records were satisfactorily completed.

We found the completion of people's risk assessments required improvement. We saw there were a range of risk assessment templates available for use within the computer care system. These included risk assessments for malnutrition, prevention of skin breakdown, moving and handling and challenging behaviours. We found whilst some people's electronic risk assessment documents were completed, others were left blank, missed key information or were not reviewed frequently enough by nursing staff.

We saw one person was rated as a high risk for falls. However, their risk assessment was not reviewed between May and September 2017. The person was also known to demonstrate behaviours that challenged the service. There was no risk assessment on how to manage this person's behaviour. A staff member we spoke with told us there were behaviour recording forms ('ABC charts'). We saw there was a section in the computer system for ABC charts to be completed. We found there had been 12 recorded incidents and eight of these incidents were where this person had displayed behaviour that challenged. Two of these incidents were reportable to the local authority using safeguarding procedures, as the person had taken cutlery from the kitchen and threatened staff. These were not reported. We saw out of these eight incidents, on five occasions staff had not completed notes about 'future prevention actions' and 'future review dates'.

In another person's care records, they were identified as at risk of developing pressure sores. However, we found the Waterlow score reviews had not taken place between January 2017 and 10 July 2017. A Waterlow score is a system used to assess a person's risk of developing a pressure ulcer. We found risk assessments for

falls were missing in between the same dates. The person's care record showed they were required to be turned in bed every two hours to mitigate against them developing pressure sores. However, we found there was inconsistent recording of when this person was turned by staff. For example, on 18 October 2017 after 7am, the recordings showed this person had been turned at 10am, 2pm, 10pm, 11pm and midnight. However, there had been other visits to the person recorded, for example, food and fluid intake. It was not clear if the person had been repositioned when the care staff had visited the person for other reasons, such as assisting with meals or personal hygiene. On 19 October we found after 5am there were recordings at 10am, noon, 3pm, 6.20pm and 7.20pm. The care records did not demonstrate this person had been repositioned to ensure they were protected against the development of pressure sores.

In another person's record, we saw six areas of care that were recorded as high risk (and marked in red in the computer system). These included personal care, nutrition, elimination, falls, communication and daily life. We found that no appropriate risk assessments were completed for these areas.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked people who used the service and others, were protected from risks associated with the premises and grounds. We found that most appropriate risk assessments and maintenance were completed in line with regulations and health and safety legislation. For example, these included routine assessments of the building's gas and electrical safety. Other checks that were conducted included those associated with hoisting equipment, the passenger lift, fire safety and window restrictors. A failure of the passenger lift that occurred over Easter 2017 was remedied, but the provider had failed to notify us in line with the applicable regulation. We found evidence that some windows were not safely restricted, which meant the risk of falls from windows were not completely prevented. We notified the registered manager of this who advised us that action would be taken to restrict the windows. We found a comprehensive system for the prevention and control of Legionella was not in place, as required by relevant legislation and guidance. Some checks for Legionella were conducted; these included water temperatures and lab testing at regular intervals. However, no adequate risk assessment was in place at the time of the inspection. Water sample results showed no Legionella was present within the pipework when the last test was conducted. The risks to people and others from the building was therefore not always satisfactorily mitigated and documented.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether sufficient staff were deployed to protect people from harm and ensure their needs were met. We spoke with the registered manager and gathered evidence about how staffing levels at the service were determined. Our evidence included inspecting the service at 6.30am on one day and at 8.30pm on the following day. We also gathered further evidence through our inspection and observation during two day time shifts. The provider had an appropriate method in place for establishing people's needs. This was established via dependency assessments. We saw these were reviewed monthly and adjustments made when needed. This provided a guide as to how many hours each person required. We saw one person with behaviours that challenged the service had 24-hour care. We noted the care workers who supported the person did not leave the person alone and this protected them and others from harm.

Staff we spoke with felt insufficient staff were deployed and this made it difficult to provide effective care for people. One staff member said, "More staff are needed. All [are] very, very busy and on the go constantly. One more extra in the morning and at night would really help. It's about them (the residents) as you can only spread yourself so much." Another staff member told us, "Staffing is a problem; not enough and it makes it

very hard sometimes to look after people. I have not had time today to [complete some tasks]. What makes it worse is that there is agency in today and we would have to write up the notes for them!"

We observed that another person's behaviour posed particular challenges to the service's staff deployment. The person was sometimes disruptive or reluctant to accept care. They also demonstrated behaviours that meant they frequently became dishevelled at times. Staff were not always present to ensure the person's safety or ensure their dignity. When we checked care records, we saw the person had sometimes sustained harm when staff were not in direct supervision of the person. The service had not approached the commissioner of the care to discuss or seek further hours for the person's support. This would have ensured more staff hours could be used to closely monitor the person's behaviour and risk of harm.

Some relatives we spoke with provided feedback that they observed an insufficient amount of staff deployed at certain times of the day, and that this placed people at risk of harm. One relative said, "No, [there] does not seem to be sufficient staff, particularly, during lunch period ." Relatives also referred to the staffing from the commencement of the night shift, which started at 8pm. Relatives we spoke with told us they visited frequently, sometimes every evening. They had noticed that during the commencement of night shifts, staff were busy with other tasks and people were left in the communal lounge rooms on their own. We observed during our checks that staff were not always present in the lounge areas to ensure people's safety. We saw staff assisted people into their bedrooms one by one. This meant a number of people sat in the communal lounges waiting to go to their bedrooms. This was because there was one registered nurse and two care workers at night. The registered nurse completed a medicines round beginning at approximately 8pm, meaning only the two care workers were able to assist people throughout the entire building. Relatives told us they felt they had a duty to protect people from harm by sitting in the communal lounges, watching people whilst staff were absent downstairs during this period.

We observed some periods where staff took too long to complete tasks associated with the care of people at the service. Medicines were not always administered to people in a reasonable period in accordance with the times on the medicines administration records. At one part of the inspection, the medicines round took nearly two hours. In another time, the medicines round took just over one hour. This was at a time when not all people who used the service required their medicines. During these periods, less staff were available to attend to people's needs.

The service required the assistance of external agencies to support their staffing deployment. The service used agency care workers and registered nurses. The registered manager confirmed that there were two registered nurse and two care worker vacancies at the time of our inspection. The registered manager explained that appropriate methods were in place to recruit staff to fill existing vacancies. The ongoing use of agency workers meant that continuity of care was not always assured, as external staff who provided support did not always know the people who used the service.

We checked people's access and use of call bells during various times of our inspection. We noted that not everyone could use a call bell because of their healthcare conditions. We saw their call bells were often placed on the wall as they were unused. There were occasions that we noted people who could use the call bell did not have access to them. This was because the cord was out of reach. There were no visual display panels for staff to see which person had activated their call bell, but staff had beepers. We asked to look at records of how long people had to wait for care when they pressed the call bell. There was a computer programme that showed the records of when people pressed the bell and when staff responded. We asked the registered manager if they monitored this as part of their role. They told us they did not check this routinely. We looked at the results with the registered manager for a one month period in 2017. We saw most call bells were answered within 10 minutes. There were periods we saw where call bells were not answered

for considerable lengths of time. We found this was the evening and night shift. This meant people's calls for help were not always responded to in a reasonable timeframe.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personnel files we checked did not always contain all of the necessary information required by the regulation and associated schedule. Two personnel files we examined had missing information. The other two personnel files contained all of the required information. This included checks on staff identity, proof of right to work in the UK, criminal history checks from the Disclosure and Barring Service, references and full employment history. The service checked with the Nursing and Midwifery Council (NMC) that registered nurses had the right to practise. We also looked at agency worker 'profile' sheets. These are documents sent by agencies that provide staff to the service. These did not contain the necessary information required by the regulation and schedule. The service could not be certain that only fit and proper workers were employed to provide care and support to people who used the service.

People's medicines were safely managed at the service. Medicines were administered to each person directly from the medicines trolleys. The medicines administration records (MAR) were correctly completed. Regular medicines audits were completed by senior staff and an annual external audit was completed by the community pharmacist. Medicines that required stricter controls by law (controlled drugs) were securely stored and correctly documented. All registered nurses were trained in the administration of medicines and had regular competency checks. Temperatures of the fridge and rooms where medicines were stored were checked and appropriately recorded. We observed registered nurses completed people's medicines administration. They asked people if they had any pain before giving analgesics. We saw they administered medicines correctly and used appropriate techniques to ensure people's safety. One person had covert medicines (those disguised in food or fluid) administered, and a satisfactory protocol was in place. We observed that fluid thickeners were used by some people and these were not safely stored. We pointed this out to the registered manager who took action to ensure the correct storage of the product.

Is the service effective?

Our findings

We spoke with staff about their training and support from the service. One staff member described their induction process. They said they participated in four days' shadowing and that other staff explained people's individual needs to them during this time. The staff member told us they received training via e-learning, but found this difficult and they preferred face-to-face training because they could ask questions. Some training occurred during the second day of our inspection. The staff member told us, "The dementia training today has been really good." The staff member told us they felt they had enough training to look after people safely. When we asked them about skills they needed to be a good care worker they stated, "I am quiet and I understand people. My communication is good. I use my common sense when looking after people. I find it so rewarding."

Other staff told us about their training and support experiences. One staff member said, "[My] training is done online. Just over half of my training has been completed. I did a lot though before I left [my previous employer]. I am confident about looking after people. Nothing else I need to do really." Another staff member told us they also were required to shadow another care worker. The staff member stated, "They (the experienced care worker) took it really slowly. I would learn about people's needs and how to look after them. What their (people's) likes and dislikes are. Through induction, [I] learnt about people from staff and people. We took it slowly so there was not too much for me to take in. I felt I was given time to get to know people. I have done all the types of training; moving and handling, dementia etc. It's the right type of training [both] e-learning and face-to-face. If I want more, yes, I can ask for more training."

We found staff did not always have enough support and development that equipped them with the best knowledge and skills to support people. We reviewed the training matrix and training planner and found staff could undertake training in a range of relevant topics. These included safe moving and handling, health and safety, infection prevention and control, the Mental Capacity Act 2005 (MCA), first aid and fire safety. We were provided with a copy of the service's training matrix. This showed some staff had completed e-learning in the topics but the record showed some staff had not completed all of their training. For specific topics, such as the MCA and safeguarding, numerous staff were not recorded as having completed these. Some staff were recorded as "not applicable" for topics including health and safety and equality and diversity. These training subjects would apply to all staff at a care home.

We spoke with staff regarding supervision sessions or one-to-one meetings with their line managers. One staff member told us they had not participated in a supervision yet. They went on to tell us that they were "supported really well" though and that the deputy manager was very good. Another staff member told us, "I have regular supervisions, about every six months. We have a staff meeting every three months and can raise things if we need to. All the staff try to talk to each other before the meeting." A third staff member stated, "Support is ok. I do raise issues if I have problems. I did raise one once, but it did not get addressed. I have not had a supervision yet". They told us there were not effective staff meetings, stating the meetings were not always constructive and did not give them the opportunity to raise more important issues. We were told there was only one staff meeting since July 2017.

We checked evidence of staff supervision sessions. A log was kept by the registered manager in their office. We saw there were irregular supervision sessions between the staff and their managers. We saw some staff were recorded as not having a supervision at all in 2017, despite working at the service for some months. This meant staff did not always receive appropriate support from their managers and were unable to discuss their aims, objectives and performance.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff knowledge about consent and the principles of the MCA was good. We asked staff to tell us about the MCA requirements. One staff member stated, "It's about having processes in place for people who don't have the capacity to make decisions themselves." Other staff members replied, "Always presume people have capacity until proven otherwise. Their (people's) interests are the number one priority" and "I read everyone's care plans to understand their needs. I had training (in the MCA) last year. I know about best interest decisions arising from meetings." The staff member was uncertain about which people had valid DoLS authorisations in place.

Some people did not have the capacity to make healthcare decisions for themselves. For these people, we found most mental capacity assessments and best interest decisions were appropriately completed. All of the necessary information about consent and mental capacity was not always recorded in the computerised care system. We found a person had a valid enduring power of attorney (EPA) in place for finance decisions and a DoLS authorisation in their paper care file, held in the reception. The person's mental capacity assessment was completed but information about the DoLS authorisation was not recorded on the electronic care record. We asked the deputy manager about this and they told us that DoLS information for people who had authorisations was not yet updated in the computer system, but they were in the process of completing these. We saw people's decisions regarding life support were also documented. Do not attempt resuscitation (DNACPR) forms were completed, up-to-date and were stored appropriately. This meant if there was an emergency, staff would have ready access to the person's resuscitation preferences before they acted.

We saw DoLS referrals and authorisations were satisfactorily completed. We found the documents identified the reason for the referral, the date of the referral, the date of the authorisation and the expiry date of the authorisation. We saw the service regularly contacted local authorities to check the status of people's DoLS applications. All DoLS outcomes were reported to us, in accordance with the relevant regulation.

People and relatives we spoke with felt the food and drink provided by the service was good. Comments included, "Yes, the meals are very good and we have a choice of menu to choose from" and "The food is very

good. I do have some meals here and I assist my husband with his feeding." We spoke with the chef on both days of our inspection. They had a good knowledge of people's dietary preferences, likes and dislikes. The chef was aware of people who may request or require special diets, such as those related to religious or cultural preferences. The chef knew about food allergens and how to ensure people were not served food that would place them at risk. The kitchen was inspected regularly by the local environmental health officer. We saw appropriate records were kept.

In the care documentation we reviewed, we saw people's weights were recorded on a monthly basis and if there were concerns of potential weight loss, the weight was measured weekly. We saw some people received supplements and were being monitored by a dietitian and the GP. We completed an observational audit during the lunch period. We saw a pleasant atmosphere and social interaction between people. We saw people enjoyed the food being served, and choices were offered. People were offered alternative meals in line with their preferences. One person refused to eat or drink and staff offered various alternatives to encourage the person to have a meal. The person was persistent and staff respected their decision. Another person was drowsy and unable to eat or drink. Staff acknowledged this and the person was taken to the communal lounge. When we asked staff what they would do to ensure the person had something to eat and drink, they explained they would try again after lunch. We saw the person later had a snack and drinks. This ensured they did not miss out on food or fluids.

People's care records showed input from health and social care professionals including opticians, audiologists and podiatrists. We saw the GP visited the service regularly. People and relatives felt that the service ensured effective healthcare was available. For example, they told us, "Yes I feel my husband's needs are improving... compared to earlier on" and "Yes, I feel my needs are met." People were offered appropriate access to community healthcare to maintain good health.

Is the service caring?

Our findings

Most people and relatives told us they felt Tithe Farm Nursing Home was a caring service. We asked people and relatives whether staff were kind, compassionate and provided respect. A relative told us, "Yes. Most staff are compassionate and kind. I feel better when the regular staff are around. That I can't say for some (agency workers)." Another relative told us, "Some of the staff are very good. Others need more or regular training. They need more checks by the manager." Comments from people included, "Most of the regular staff are kind and compassionate" and "Some of the staff are very good and respectful. Others [are] not the same."

Comments from a care home review website showed there were positive reviews of the service in 2017. For example, one reviewer wrote, "Had a friendly welcome on our Sunday visit. One of the staff updated me on my mother and told me about taking her out in the garden recently. I have been trying to persuade her for some time, unsuccessfully. It was very comforting to know that she's been persuaded to join in with activities. I am always impressed with the thoughtfulness of the staff." Another comment we saw stated, "I visit my husband regularly and always feel welcome. The staff are very helpful - nothing is ever too much for them. They are always polite. My husband is always treated with dignity. He is always very happy." Although the direct and indirect feedback from people and relatives was mixed, during our inspection we observed that staff were kind with people they supported.

We asked people and relatives whether they were involved in their care planning and whether they could express their opinions about the care they received. They responded that they were involved in care planning and review. One relative told us, "Yes, the [staff] do the best they can." Two people told us, "I do express my opinion." We also asked whether people were able to have a say in the treatment they received. A relative stated, "To be honest they give as much time as I can to make decisions. [I] am very happy with the contact I have with the manager." A person we spoke with responded, "I don't make decisions for myself [as I prefer] my family do. I am sure they have time for that."

We saw there was evidence within people's care records we reviewed that there was involvement in care planning and review. We also saw people's relatives were sometimes included in any planned changes to the support people received. The frequency of people's care reviews varied and we saw that notes were recorded of changes in care or future actions related to the person's needs.

People's privacy and dignity was maintained. We noted staff knocked on people's bedroom doors and asked permission before they entered. We saw when staff attended to people in communal spaces they were respectful and ensured privacy by lowering their voice and sitting or kneeling whilst conversing. When we asked, staff told us they considered that they needed to be sure of the likes and dislikes of people whilst supporting them. Staff were able to recall people's preferences and told us about some they knew of.

Permanent staff we spoke with demonstrated a good attitude towards their respective caring roles. One said, "I am very caring, trusting, [have a] good sense of humour, always trying to put people at ease, gain their trust and I am patient with people. I am calm and try to be understanding." Another staff member told

us, "I encourage people to be independent as much as possible. I don't presume they cannot do something. During personal care I will close curtains, the door and reassure people. I will say 'don't be embarrassed we will try and get this done as quickly as possible' and support them in a calm manner." A third staff member told us, "[During care] I...close the curtains, cover people as much as possible and engage with them to ensure I am having a conversation with them to keep them at ease." These were good examples of how staff protected people's dignity and privacy.

We checked whether there were any restrictions to relatives or others visiting people who used the service. The service welcomed visitors at any time. This was confirmed by staff, people we spoke with and their relatives. One relative told us, "I have all the time to come in and stay. The staff and office don't bother me at all." People told us, "My family comes in any time if they wish" and "My family or friend can come in at all times; they (staff) don't stop them at all."

People's confidential personal records were protected. We saw all office computers used for recording information was password-protected and available only to staff with the appropriate access. Some paper records of care were maintained, but where these existed they were locked away so that there was restricted access to staff only. Staff records or documents pertaining to the management of the service were also locked away. In some instances, where there was sensitive information, the records were only accessible by the registered manager or provider.

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 (DPA) requires every organisation that processes personal information to register with the ICO unless they are exempt. This ensured people's confidential personal information was appropriately recorded, handled, destroyed and disclosed according to the relevant legislation.

Is the service responsive?

Our findings

We observed that the service promoted activities to people. We observed activities took place during the two days of our inspection. Staff told us this was so people could remain as independent as possible, and the activities included gentle exercises. We also noted there was good interaction between people and the staff, particularly when staff provided support with moving and handling and also during lunch time. We observed good communication from staff with people before, during and after care was provided to them or they were supported. For example, during the night time part of our inspection, we observed a person being moved from a communal lounge chair into a wheelchair. Two staff communicated with the person throughout the process to move the person. When the task did not go as planned, the staff reassured the person and their relative. During the second attempt to move the person, staff communicated with the person and provided reassurance.

We reviewed five people's care plans in the computer system. We saw people's records included individual care plans for falls prevention, malnutrition, moving and handling, nutrition and pressure ulcer prevention. In all most instances these had been reviewed on a monthly basis, although there were some gaps. Care plans also indicated people's interests in activities. We noted care plans included guidance from visiting health professionals, where this was relevant.

The service did try to engage with people and relatives through regular meetings. We saw a 'residents' meeting was held on 25 September 2017 and we reviewed the minutes. Topics included key workers, laundry, cleaning, food and activities. The meeting minutes showed some positive feedback and some areas for improvement. The service had developed an action plan the next day from the 'residents' meeting feedback. There were five actions related to feedback from the meeting. The action plan showed that specific actions were taken by the service to deal with issues that were raised by people the day before. For example, the registered manager spoke with staff about issues raised at the meeting. There was no record that further checks of the action plan were conducted to ensure changes requested by the registered manager were sustained.

The service had a satisfactory complaints policy and procedure, and appropriate signage throughout the premises detailing how to make a formal complaint. We looked at the complaints system used by the service. We saw there was a log for recording written or e-mailed complaints, but verbal concerns or complaints were not recorded. We looked at a series of complaints that the service had received since our last inspection. Within them, we noted the issues raised by the complainants and that the service had sent written acknowledgement of receipt of the complaints. We then asked to see what fact-finding or investigation took place in response to the respective complaints. We found that this part of the service's complaints management system was unsatisfactory. The service had not completed notes, investigation reports or reached outcomes with regards to the complaints we reviewed.

We recommend that the service reviews their complaints management system and associated processes.

Is the service well-led?

Our findings

At our inspection on 5 November, 6 November and 9 November 2015, we found that the provider did not have appropriate systems in place to monitor the safety and quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We requested and received an action plan from the provider about improvements they intended to make. At our last inspection on 13 December and 14 December 2016, we again found the provider failed to ensure robust systems were in place to identify where quality or safety of care was compromised. This was a continued breach of Regulation 17. The rating for this key question was "requires improvement". Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question well-led to at least "good".

At this inspection, we found that the provider did not meet the requirements for compliance with Regulation 17. We saw the provider had made changes to some of their practices and implemented more systems to improve the monitoring of the service. This included audits and checks to assess whether care was safe and of a sufficient quality. Despite this, throughout our inspection we found some areas still required improvement. These are detailed throughout this report. For this reason, the rating for key question well-led remains at "requires improvement". Further evidence of sustained change to the safety and quality of the care at the service is required.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff were observed as friendly and kind to the people they cared for, there was not always a positive workplace culture at the service. Staff we spoke with and records we reviewed showed mixed evidence about the workplace culture. For example, one staff member told us about their role. They said, "[I] love it, love the people and that's why I chose the job." Another staff member stated, "Everything is OK and going good. I am supported well." A further worker said, "It's good to work here. I am happy working here. [The] home is run well; the manager is caring and excellent. Staff are so nice. RM (registered manager) will do spot checks on us."

Other staff provided alternative feedback. For example, one staff member said, "Management needs to be more organised. More staff are needed and there is sometimes a language barrier as English is not some staff's first language and people who live at the home sometimes struggle." We asked another staff member what it was like to work at Tithe Farm Nursing Home. They replied, "That depends on who (staff) is on duty on the day. Mornings are chaotic as agency (staff) don't know what they are doing. But the afternoon is lovely, quieter. It's nice when you get a good team to work with". Another staff member expressed their frustration with events from the day shifts. They said, "Lunchtime is not a good time as staff are not organised and it's confusing for people. Also, activities for people are not meaningful."

The service had staff meetings; the last one was held on 6 June 2017 and we reviewed the meeting minutes. We saw 24 staff attended. Information shared included updates about people who used the service,

processes of care, the computer care records system, the kitchen and laundry. Some comments within the minutes were of a negative nature. These included perceived short staffing, the quality of the kitchen premises, the availability of incontinence products and other staff shortcomings. When we reviewed the minutes, we noted references to the assessed quality of care. For example, one entry stated "The other day [the registered manager] witness (sic) chaos as staff didn't know what they were doing, who needed feeding first, who had meals on trays and who was sitting in the dining area." We saw staff had the opportunity to raise "any other business" and there were references to issues staff wanted to raise. However, these also focused on negative elements of the service and there was no evidence of recognition of good practice or what was going well.

We noted the service had a multicultural workforce. Some staff were from countries where English was not the first language. Our own observations showed that some staff's verbal English was not satisfactory. When we spoke with these staff, they could not clearly provide an answer to simple questions we asked. On more than one occasion, we were required to approach a separate staff member to assist us with talking to the original staff member. We noted a small number of staff misinterpreted the content of our conversations. These staff members may not have been able to speak effectively with people who used the service, relatives and visitors or other community stakeholders. We saw that staff who could speak a reasonable level of English were often relied on more to speak with people and relatives and lead the care process. Staff who had difficulty with verbal English were sometimes directed by the staff with more experience in speaking in English.

Staff recorded accidents and incidents to people who used the service by entering them into the electronic care records system. The registered manager maintained a monthly list of the accidents and incidents. We reviewed the records from May to August 2017. We noted that there was a large disparity between what staff recorded in the care system with the list maintained monthly by the registered manager. For example, in June 2017 the accident audit form showed there were no recorded accidents or incidents. However, by looking at the care records we saw there were four incidents that involved people who used the service. In July 2017, the accident audit form reported one incident. However we found there were eight recorded in people's care documentation. This showed that the incidents and accidents were not correctly calculated by the management team. As the number of actual incidents was not the same as those in the accident audit, the service could not effectively monitor the rate of accidents and incidents and take steps to prevent recurrence.

Surveys were used with relatives to gauge their feedback about the service. We saw eight responses were received in August 2017. Relatives were asked to score various aspects of the care between one and five, where one was very dissatisfied and five was very satisfied. In the responses we reviewed, relatives had recorded scores of four or five throughout. Comments on the surveys included, "...I would like to meet mum's key worker. I have never seen her" and "The staff go to every effort to accommodate mum's often changeable food tastes." Although a good volume of responses was received to the survey request, we found no analysis was completed and the results were not shared within the service or with the staff.

We found a range of audits and checks were used to measure the safety of care and quality of the service people received. The results from the audits were used to monitor the quality of care and make any necessary changes, when required. Audits included lunchtime observations, infection control, health and safety, personnel files and checks of the kitchen. We saw these checks were repeated at set intervals, but actions from prior audits were not carried forward and the results of new audits were not compared with the same audits' prior findings. Where improvements or changes were required the registered managers and deputy manager explained to us they took action to ensure this occurred. The actions were sometimes delegated to other staff members. We saw there was an overarching action plan and the management team

had added notes to show how they followed up outstanding items.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users. The registered person did not effectively assess the risks to the health and safety of service users of receiving the care or treatment. The registered person had not ensured that the premises used by the service provider were safe to use for their intended purpose.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established an effective system to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not always take mitigating action where audits, monitoring and assessment systems identified risks relating to the health, safety and welfare of service users and others.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Persons employed by the service provider in the provision of the regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as was</p>

necessary to enable them to carry out the duties they were employed to perform.