

Leicestershire County Care Limited

Tillson House

Inspection report

Bradgate Drive
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Leicestershire
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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 ●

Summary of findings

Overall summary

Tillson House is a residential home that provides care for up to 40 older people, many of whom are living with dementia. At the time of our inspection, there were 38 people living in the home. At the last inspection, in March 2015, the service was rated good. At this inspection we found that the service remained good.

People were safe and their relatives confirmed this. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development that they required to work effectively in their roles. People were supported to maintain their health and had access to health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People were supported to make choices and their independence was promoted.

People had detailed care plans in place to enable staff to provide consistent care and support in line with their personal preferences.

The provider's had a complaints procedure, which was followed when a concerns were raised. People felt able to make a complaint if they needed to.

Staff felt supported by a registered manager who was visible in the service. They were clear on their role and the expectations of them as they had received training, guidance and support.

People and their relatives told us that they had confidence in the registered manager's ability to provide a well-led service. Systems were in place to monitor the quality of the service being provided and to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Tillson House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection that was completed by two inspectors on 30 May 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

During our inspection we spoke with eleven people who used the service and nine members of staff including the registered manager, the compliance and care standards officer and care and ancillary staff. We also spoke with two people's relatives.

As part of our inspection we observed staff and people's interactions and how the staff supported people. Our observations enabled us to determine how staff interacted with people, and how people responded to the interactions.

We looked at records and charts relating to six people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Staff understood how to keep people safe. People told us they felt safe. One person told us, "The staff pop their head in to check that I'm ok during the night that makes me feel safe." Another person said, "If people get upset and shout staff help calm them down by talking to them."

Staff we spoke with said they had received training on safeguarding adults. They described what was meant by abuse, signs that they would look for and the action they would take. Staff felt confident that the registered manager would act on concerns. They also understood who to report to outside the organisation should their concerns not be acted upon.

Risks associated with people's care were assessed and reviewed. They contained information for staff to help them to keep people safe. These included moving and handling, falls and pressure sores. Care plans provided staff with guidance as to how risks were managed whilst promoting people's independence and choice. This included equipment required to maintain people's safety such as a sensor mat or the use of a hoist for transfers. Staff we spoke could describe risks associated with people and how these were managed. For example, someone who was at risk of choking but enjoyed their food was supported by staff to have suitable meals. Therefore the care plan identified the person's meal options include softer or fork mashable diets.

There were sufficient numbers of staff who had been recruited following the provider's recruitment processes to meet people's needs. People told us staff were available and supported them when required. Comments received included, "There's plenty of staff around" "You don't have to wait too long" "You can use the call bell if you're desperate. Someone [staff] will come to check and if they're helping someone else they will come back to you afterwards." However we did receive a comment from a relative that it was sometimes very busy particularly around lunchtimes. We did observe lunchtime and although busy it was well managed and people received their meals and were supported promptly.

People told us that they always received medicines as prescribed by the doctor. The medicines management systems in place were clear and consistently followed. The provider had introduced an electronic system for the management and recording of people's medicines. The staff member administering medicines felt this system was safer and any errors or attempted administration before the prescribed times resulted in an alert. The registered manager was able to monitor the system closely ensuring that people could be assured their medicines were administered safely.

Is the service effective?

Our findings

People were supported by staff who had the required skills and received training to meet their needs. One person said, "Staff sometimes say when they have been on a course so I assume they had to do a lot of training." Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. Staff we spoke with felt supported by the registered manager. They had staff meetings and one-to-one supervisions. Staff member said, "The meetings are useful we get updates from management, we talk about things that we need to improve such as recording. [Registered manager] will ask what we think about something or if we have any ideas to improve how we work."

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of service users' rights regarding choice. We observed staff seek consent before assisting people. Comments also included: "They always offer and ask if they can help me. I can do some things for myself so they leave me to it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood the importance of consent and Information about people's preference was documented in their care plans such as meals, preferred times to rise and retire. A staff member gave the example of showing someone a choice of two outfits to wear, this made it easier for the person to choose what they wanted to wear.

People had access to healthcare professionals and their health care needs were met. People told us that the GP visited once a week. Two people told us they had access to a range of healthcare services including the optician and the chiropodist. Care records showed people had attended medical appointments and staff sought advice from the GP when they needed to.

People enjoyed the food that was provided. Comments from people about the food and drinks included, "There's a basket of snacks, which you can have if you want." "The meals are nice here. There's a choice every day." The kitchen staff were made aware of people's dietary needs and we saw that people were provided with the support they needed to have their nutritional needs met. For example, we saw a staff member assist a person, who was feeling unwell, to eat their meal.

Is the service caring?

Our findings

We saw staff had developed caring relationships with people. When staff approached people they knelt down so they were at the same level as the person when they spoke. We saw a staff member holding someone's hand as they were upset. Topics of conversation centred on things that mattered to them. For example, a staff member showed empathy when a person talked about a significant event in the person's life. This had a positive impact on the person as their mood and facial expressions visibly changed.

Staff demonstrated that they understood the importance of promoting people's dignity. We observed people made day to day decisions about how they spent their time. For example a person decided to go out with their relative for lunch. Another example we saw, one person was encouraged to move around to maintain their mobility and independence.

People were treated with dignity and respect. Throughout the day we observed staff offer care and support to people discreetly. For example, when assisting people to use the toilet prior to going for lunch staff asked people quietly without drawing attention to the person. People also told us staff were respectful when providing support. One person said, "Staff will always knock on the door before they come in, they are very good like that."

Is the service responsive?

Our findings

People received care that met their individual needs. People were assessed prior to moving to the service. These assessments informed the development of people's care plans. People's preferences in their daily routines, what they could do for themselves and when and how they wish to be supported were documented. They also included things important to the person such as meal times, interests and hobbies and contact with family and friends. Care plans also referenced things that could upset or cause anxiety for the person. For example, the bedroom door being shut at night. Staff we spoke with confirmed they provided care which was consistent with the care plan. The daily monitoring records viewed showed that staff were providing care according to people's preferences.

People were supported to follow their interests and take part in activities. The service employed an activity coordinator who provided people with opportunities to engage in activities on a group or one to one basis throughout the week. They told us that they planned activities based on people's interests. One person said, "There's all sorts of activities that [activity organiser] organises. We have singers and a church service once a month. We've been on a boat trip." Another person said "The staff organised a valentine meal for me and [spouse]." We saw a person supported to continue their hobby of knitting. A small table next to the person had the wool and their knitting bag so it was accessible when required.

People considered that any complaint could be raised with the registered manager and staff. Staff told us that if anyone had any complaints or were unhappy about any aspect of their care they would try to address it or refer it to the manager. One staff member said, "Usually we manage to sort out any little grumbles." One person said, "I usually tell [activity organiser] if I've got any grumbles. If she can't sort it out then I would go to the manager." We saw that there was a clear policy in place and records were maintained of all issues raised with the manager and detailed the action they had taken regardless of whether this was via a formal complaint or not.

Is the service well-led?

Our findings

People felt the service was well-managed and organised. Staff spoke positively about the registered manager. Comments received included, "[Registered manager] is approachable." "She listens and deals with issues straight away."

Staff members felt that they were part of the service and were able to contribute to its development. Staff felt they had adequate support and training for their job role. They told us they were kept up to date about changes to people's needs through the daily handovers. Records showed and staff confirmed that staff meetings took place every three months. Staff were encouraged to make suggestions to improve the service. A staff member said, "I love my job. It's a good company to work for." Another staff member told us, "We've got a good team of staff."

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible. We did see completed surveys in people's care records. It was unclear how this information was used or results of the surveys were shared with people using the service.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.