

Parkcare Homes (No.2) Limited

Tithe Barn

Inspection report

Upper Moraston
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Date of inspection visit:
08 September 2020

Date of publication:
27 October 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tithe Barn is a residential care home providing personal care to people with learning disabilities or autistic spectrum disorder.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service was a large home, bigger than most domestic style properties. It was registered to provide support to up to 13 people and there were seven people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other larger domestic homes of a similar size. At the time of the inspection the provider was going through a refurbishment programme to improve the accommodation.

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

Overall improvements had been made to care plans as these were clearer to read and reflective of people's individual needs.

People were supported by staff who were deployed in sufficient numbers to meet their needs.

Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns.

We assessed infection control procedures within the home and processes were in place to keep people safe.

Medicines were managed in a way that had improved since the last inspection, and audits ensured the provider and management team had a good oversight of this. We found some minor shortfalls in the medicines we looked at, but the registered manager took actions to address immediately.

Relatives and staff were complimentary about the changes in the management of the home since our last inspection.

Improvements of the governance systems ensured better oversight of performance and quality. However, these needed to be embedded with evidence to show sustainability.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was inadequate (published 02 January 2020). The provider was in breaches of regulations. The provider told us what they had done after the last inspection to show how they had improved. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service including information supplied to us before the inspection was undertaken. We did not inspect the other key questions as part of this inspection. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tithe Barn on our website at www.cqc.org.uk.

Follow up.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tithe Barn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 08 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We were unable to speak with people who use the service. We spent time to see how people were cared for by staff. We spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, operations director, team leader, and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We viewed the records and additional information we requested sent to us via email. This included staff training information and quality assurance records. We spoke with a person's advocate to gain their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant further assurance about people's safety and the management of people's risks were required, to ensure improvements were embedded.

Systems and processes to safeguard people from the risk of abuse

At our last comprehensive inspection, the provider did not have systems in place to protect people from abuse through effective systems for reporting, progressing and monitoring concerns.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were supported by trained staff who were competent in recognising signs of abuse, and how to report any concerns, should they occur.
- Staff were confident the new registered manager would act on any concerns identified to ensure people's safety. One staff member told us, "[Registered manager] listens and acts on any issues or concerns raised."
- The registered manager understood their role and responsibilities to notify the Care Quality Commission [CQC] and other organisations of any concerns about people's safety.

At our last comprehensive inspection, the provider did not have systems in place to assess, mitigate and review risk. The provider had not ensured staff were trained and competent in their role to deliver care safely. People did not always have access to the equipment and environment needed to meet their safety needs and people did not always receive their medicines safely.

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

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

Using medicines safely; Assessing risk, safety monitoring and management

- People were receiving the majority of their medicines when they should. There was an error identified during the inspection whereby medicine in stock did not tally with the amount recorded on the medicine record for one person. This was rectified immediately by the registered manager once we had identified this.

- Medicine management had improved in the home, since our last inspection the majority of staff had now been trained in the administration of medication.
 - Staff confirmed they had received appropriate training in the administration of medicine procedures and had their competency to administer medicines safely assessed.
 - The registered manager told us they would make sure checks on medicines were further strengthened, to support staff to consistently administer people's medicines.
 - The provider was following safe protocols for the receipt, storage and disposal of medicines.
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- Following our last inspection, the provider had introduced new quality and safety checks. These included checks on the quality of plans to assist people to stay safe, the management of people's risks and the safety of the environment. More time will be required for these to be embedded and to confirm these provide assurance people receive safe care.
 - The views of other health and social care professionals were considered when people's risks were assessed, and plans created to promote people's safety.
 - People were cared for by staff who had received support to develop the skills to care for them safely. Staff knew how to recognise and report any concerns they had for people's safety.

At our last comprehensive inspection, the provider's recruitment processes did not always ensure the suitability of potential staff to care for people. There were not always enough staff working on shift to care for people safely.

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

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

Staffing and recruitment

- At our last inspection we could not assess the provider's recruitment as no new staff had been recruited. At this inspection new staff had been recruited. Checks took place prior to employment to ensure suitability to care for people. These included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. This helps employers make safer recruitment decisions.
- The provider was using a high number of agency staff at our last inspection. This has now reduced due to the successful recruitment of new staff. The registered manager told us staffing levels were based on individual's needs.

Preventing and controlling infection

- People were being protected against the risk of infection. For example, during the Covid-19 pandemic precautionary measures were in place to protect people from cross infection such as when one person returned from a hospital stay, isolation guidelines were followed.
- Staff had been provided with up to date training in relation to Covid-19.
- There was designated donning and doffing stations for staff personal protective equipment [PPE] use.
- Staff wore personal protective equipment as per current guidelines.

Learning lessons when things go wrong

- Systems were in place to take on any learning from any accidents and incidents when required, and care plans reviewed and updated as required.
- Staff had the opportunity to reflect on people's changing needs and are kept updated through meetings.

- The registered manager reviews and signs any actions from any reported incidents.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. The culture created by leaders needed to be further embedded, to ensure this supported the delivery of high quality, person-centred care.

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

At the last comprehensive inspection, the provider did not have established or effective governance systems in place to ensure they were providing a good service provision and take action where shortfalls were identified.

This was a breach in regulation which was Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

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

- There has been changes in the provider's staffing, structures and systems since our previous inspection, which required embedding to establish and further improve the provider's governance systems. For example, the provider's checks to confirm people received their medicines as prescribed required further development. The registered manager told us they planned to continue to enhance audits and checks so they could be fully assured people consistently received their medicines as prescribed.
- In addition, the provider had put new systems in place, so the provider's senior staff would have oversight of any emerging patterns in relation to people's safety. This would enable senior staff to promptly respond to any emerging risks.
- The provider and registered manager had introduced new ways of checking the quality of care provided. This included the appointment of both internal and external auditors, to provide further assurance people were receiving safe, person centred care. These were new systems and subject to further development. For example, schedules of audits with frequencies were in place with external and internal auditors covering specific areas on the service development plan to monitor and improve.
- The registered manager checked people received care based on their assessed needs and preferences. The results of these checks were used to drive through improvement in the care provided.
- People's views of the development of their care and experiences of living at the home were incorporated into people's care reviews.
- Relatives views on the development of the home environment had been obtained through questionnaires. Feedback and compliments from relatives and other health and social care professionals had been positive

about improvements made to people's care and the home environment, since our last inspection.

- The registered manager felt supported by the provider to meet people's needs, and drive through improvements in people's care. This included resources to improve the home environment and with additional staff, so people's opportunities to do things they enjoyed doing were maximised.
- Staff received guidance to understand how they were expected to provide care to people through meetings to discuss people's care and to reflect on the care provided. Staff told us communication across staff teams was improving, and this helped to ensure people received the care they needed.
- The registered manager kept up to date of latest guidance and best practice developments so they could develop people's care further.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and gave assurances notifications were being sent to CQC as required to do so.
- Staff were able to discuss and report any incidents with the registered manager so lessons could be learnt to prevent reoccurrence.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

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

- The registered manager had a good understanding and worked in line with the principles of registering the right support to ensure people's individual needs were respected.
- Staff told us the management structure is better and the new registered manager has improved the quality of care. One person told us, "Previously they never saw any management, now there is a real difference [the registered manager] understands the importance of knowing the people living at the home and providing person centred care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- One relative of a person living at the home told us, "Contact with family members could be improved." Another person's relative told us, "Since the new management, communication had improved they were kept more updated and informed than they had previously."
- The provider had requested feedback from relatives about the quality of care provided by staff. We saw the majority of responses provided positive feedback to the questions asked.
- Staff were very positive about the new registered manager and said they felt valued, one member of staff told us, "I do feel now I am listened to."

Working in partnership with others

- We received positive feedback from the advocacy service that since the newly registered manager came in to post working relationships were now "Open, honest and transparent."