

Tilsley House Limited

# Tilsley House Care Home

## Inspection report

14-16 Clarence Road South  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Tilsley House Care Home is a residential care home and was providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 31 people. Accommodation is laid out over three floors, there are bedrooms on each floor, some of which have en-suite facilities. The ground floor offers a spacious lounge, conservatory and dining space and there is level access to the rear garden. The registered manager's office can be found in close proximity to the lounge.

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

People told us they felt safe and staff worked to ensure care was provided safely. Risks were assessed, and measures were implemented to mitigate or remove them. People were protected from the risk of abuse and staff told us they would act if abuse was witnessed or suspected. Staff were recruited safely and there were enough staff to meet the needs of people. Lessons were learned when things went wrong. Medicines were managed and administered in line with requirements.

The provider and registered manager maintained oversight of the service. Quality checks and audits were undertaken to identify errors, concerns and omissions. There was a strong team identity and staff spoke positively about the registered manager. People received person-centred care, their views were sought, and the registered manager was accessible so stakeholders could speak with them as required. Staff worked with professionals to ensure people experienced good outcomes.

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

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 10 April 2019) and there was a breach of regulation 12 (Safe Care and Treatment)

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 05 and 06 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

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.

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 changed from requires improvement to good. 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 Tilsley House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Tilsley House Care Home

## 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 team was made up of one inspector. An assistant inspector telephoned relatives after the inspection.

#### Service and service type

Tilsley House Care Home 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.

#### What we did before the inspection

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 reviewed information we had received about the service since

the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care worker, care workers and the chef.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives of people living in the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently assess and monitor the risks relating to the health and safety of people. 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.

- People received safe care and were protected from the risk of avoidable harm.
- At our last inspection we identified radiators posed a risk of burns and the laundry room was accessible to people. Since our last inspection, the provider had installed covers to eight radiators and a keypad on the laundry door. This meant people were no longer at risk of avoidable harm from hot surfaces and hazards in the laundry room.
- The registered manager had reviewed and improved how risks to people were assessed. For example, mobility assessments included guidance for staff about how people should be supported if they were more or less able on a particular day, such as increased or decreased input from staff. Risk assessments also included information about what people could do for themselves, helping to promote independence.
- At our last inspection, we identified people were at risk of dehydration because staff failed to act when fluid charts indicated poor fluid intake. At this inspection, improvements had been made and people were no longer at risk.
- Staff told us they worked in ways that helped to keep people safe. Comments from staff included, "People are safe because we take our time, communicate well, observe people. Care plans include information about what aids people need" and, "People are safe because of the way we look after them, I think we do a pretty good job." One person said, "The staff make me feel safe."

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

- People were protected from the risk of abuse.
- The registered manager had oversight of safeguarding and reviewed safeguarding regularly. Staff were required to inform the registered manager about potential safeguarding concerns immediately. The registered manager had implemented systems to ensure potential safeguarding concerns were dealt with immediately.
- Staff had received safeguarding training and spoke confidently about how they would protect people from potential and actual abuse. Comments from staff included, "I feel confident to whistle blow" and, "I would tell a senior [staff member] or [registered manager's name], I would go to the owner or the CQC if the [registered] manager said they didn't care." The registered manager dealt with safeguarding concerns in line with their policies and procedures and worked with the local authority safeguarding team if the need arose.
- Staff we spoke with knew how to identify potential indicators of abuse. For example, one staff member

said they would look for, "A change in personality, reluctance, not eating, being withdrawn, depressed or angry."

#### Staffing and recruitment

- People told us there were enough staff to meet their needs and relatives confirmed this. Comments from people included, "There are enough staff to look after me," and one relative said, "[The service has] been improving since [ my relative] has been there; the standard of care, the staffing levels have gone up and the way they treat my mother is very good."
- The registered manager was proud the service had not used agency staff, rotas we reviewed confirmed this. Instead a small team of bank staff worked ad-hoc shifts and existing staff worked additional hours. The registered manager said, "We have learnt a lot about working as a team and pulling together. There is not one staff member who has not helped and undertaken an extra shift to support the home."
- Staff were recruited safely. The provider completed checks including those with the applicant's most recent employer in care and with the Disclosure and Barring Service (DBS). Checks with the DBS are important as they help to prevent unsuitable applicants working in care.

#### Using medicines safely

- Medicines and topical creams were managed safely. People received their medicines in line with the prescriber's instructions.
- Medicines were stored correctly. For example, medicines requiring refrigeration were stored in a medicines fridge and checks were completed to ensure the correct temperature range was maintained. Storing medicines incorrectly can impact their effectiveness.
- Protocols for 'as required medicines' were detailed and included information in line with published guidance. For example, the minimum time required between doses and maximum doses that could be administered in a 24-hr period.
- Peoples' topical creams were administered safely. Staff used body maps to guide them about where they should apply cream on a person's body, and additional guidance detailed how the cream should be applied.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager had mentored staff to help them feel more confident when working with external professionals.
- Building work was completed to ensure people could isolate without having to access shared amenities, for example implementing additional en-suite facilities.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider reviewed their governance systems in line with published guidance so that they were more closely aligned with the electronic care planning system. At this inspection enough improvement had been made.

- Improvements had been made to ensure governance systems were used effectively and in partnership with the service's electronic care planning system. Changes included appointing a 'champion' to support staff with using the system, amending where information is recorded, and how the systems are used.
- Governance systems were used effectively to identify concerns, errors and omissions. The registered manager reviewed all information gathered for potential themes and trends. For example, falls were reviewed and information such as the time, and location were looked at to help establish patterns so preventative measures could be implemented.
- There was a strong team identity. Comments from staff included, "We are a team and we work together, if someone is down we pick them up" and, "We've pulled together as a team, it's lovely."
- Staff, people and relatives spoke positively about the registered manager. Comments from staff included, "I'm really impressed with the way [registered manager's name] has run the home in the last 18 months. I think [they've] done a wonderful job; I am full of admiration for [them] in very difficult circumstances" and, "No problems with [registered manager's name]. Very down to earth and approachable."
- Statutory notifications were submitted in line with requirements. Statutory notifications are important as they help us to monitor and inspect services by letting us know what is going on in a service.

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

- People told us they received good care. Comments from people included, "Care is spot on, I've never been in a home before, but they are amazing. I can't fault it. They are so nice and so kind; we get on like a house on fire" and, "I'm well looked after and well fed."
- Relatives confirmed people experienced good outcomes. Comments from relatives included, "[Relative] is better now than when [they] first went in. Yes, [they're] doing very well" and, "I was apprehensive putting my mum in any home as I thought she would deteriorate quickly, but she's done very well."
- Staff spoke about and treated people in a person-centred way. One staff member said, "The residents all have their own characters." We observed staff changing how they approached different people, for example

laughing and joking with one person, and speaking calmly and at eye level with another.

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

- Stakeholders were engaged with and feedback was sought about care provision in the home.
- Surveys with staff, people and their relatives had recently been undertaken and the registered manager was in the process of analysing the responses. Staff attended regular team meetings and hand over sessions to ensure they were aware of relevant information about people, their care needs and any important updates
- The registered manager operated an open-door policy so people, staff and relatives could speak with them when they needed to.
- Peoples' equality characteristics were considered during their initial care assessment and subsequent reviews. The service had implemented measures to ensure peoples' identified needs were met. For example, staff worked with a local group to ensure people with a visual impairment could access headphones and a CD player, so they were able to listen to books.

Working in partnership with others

- The service worked in partnership with professionals to ensure good outcomes for people. For example, the registered manager had arranged for a paramedic to visit and speak with people about what they wanted to happen in the event they needed resuscitation.
- The service had links with the local community, including a church, and was supporting people to watch sermons electronically when COVID-19 had prevented in-person contact.
- The registered manager was proud the service had achieved a score of 9.6 out of ten on a care home review website.

Continuous learning and improving care

- The registered manager and owner attended weekly meetings to review how care provision could improve, how the service was performing and look at what improvements could be made.
- The registered manager and owner were planning to join up with another service in the organisation, to share learning and ideas about how care could be improved.

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 was aware of their responsibility to act in an open and transparent way when things went wrong.