

# Affinity Trust

# Tilehurst Lodge

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires Improvement</b> 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

Tilehurst Lodge provides accommodation and care for up to six people with a learning disability or autistic spectrum disorder. There were six people living in the home at the time of our visit.

The home requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the

# Summary of findings

law; as does the provider. There was a manager who started working in this role in April 2014. This person was not yet registered with the Care Quality Commission and had not submitted an application to do so.

There were times when people were not safe. People who could become anxious or upset were not always protected from harm. When these issues were discussed with the manager they took immediate and appropriate action.

There were areas of poor maintenance in the home and garden. Décor was worn and damaged and the overgrown garden was unsafe. Action to address these issues had been discussed by the provider, but there were no plans in place for when this would take place.

Although there were enough staff to keep people safe, feedback about staff skills and competency was mixed. The provider was using agency staff to cover current vacancies which had caused a lack of continuity for people. The use of agency staff also meant there were sometimes care workers on duty who did not know the people who use the service well. The provider was currently addressing this issue and a recruitment day was due to take place in the next week. Recruitment practices were safe and staff received appropriate training and all staff training was up to date.

The provider had not always recorded and investigated incidents properly. On occasions when people had become anxious or upset, appropriate action was not taken to reduce the risk of these incidents being repeated. Risk assessments and management plans were in place which allowed people to remain as independent as possible as well as safe.

Apart from the incidents above, staff knew how to protect people from harm and what action they should take if they thought a person was at risk of harm. However, staff did not have easy access to contact details for the relevant authorities should they need them.

People had access to health care professionals such as the GP or dentist when they needed them and each person had an up to date health action plan.

People had enough to eat and drink, and maintained a healthy diet. They were supported to be as independent as possible with food preparation and were supported to make healthy choices about the food they ate.

People were well supported to take part in activities such as going to work and taking the bus to town. They were also encouraged to maintain relationships with their families, and relatives were able to visit whenever they wanted to. Relatives said they were able to give feedback about the service and this was mostly acted on. One relative told us they had asked for more regular updates about their family member and this had been done. Other relatives said they had asked to meet the new manager but this had yet to be organised.

There was a complaints procedure in place and complaints received had been investigated and resolved appropriately. The provider had quality monitoring processes in place, at home and organisational level.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People who could become anxious or upset were not always supported to be safe.

The home and garden were not always safely maintained. The overgrown garden put people's safety at risk.

There were enough staff to support people and recruitment practices were safe.

Requires Improvement



### Is the service effective?

The service was not always effective. Feedback about staff skill levels was mixed. Some staff had all the necessary skills to carry out their roles, while others did not. Agency staff we observed did not communicate well with people who use the service. Decor around the home was worn and damaged.

People were supported to have enough to eat and drink and to maintain a balanced diet.

People were helped to remain healthy because they had access to health care services when they needed it.

Requires Improvement



### Is the service caring?

The service was not always caring. People who could become anxious or upset were not always well supported.

People and those who were important to them were involved in the care planning process and care plans were person centred. People's care needs were regularly assessed.

Permanent staff spoke with people in a caring way and encouraged people to make decisions about their care needs.

Requires Improvement



### Is the service responsive?

The service was responsive. People were well supported with activities including going to work and attending social clubs.

The provider had a complaints procedure in place. The complaints policy was available in an easy read format to enable people to understand the process. Complaints were dealt with appropriately.

People and their relatives were encouraged to give feedback about the service and this was acted on.

Good



# Summary of findings

## Is the service well-led?

The service was not always well led. The current manager had not applied to CQC to become the registered manager. Some significant incidents had not been analysed appropriately. Staff gave mixed feedback about how change was being managed in the service.

A computer system had been introduced to help managers in the home and around the wider organisation monitor the quality of service. The home was in the process of completing a monitoring audit to ensure quality standards were met.

**Requires Improvement**



# Tilehurst Lodge

## Detailed findings

### Background to this inspection

We visited the home on 25 and 29 July 2014. This was an unannounced inspection. The inspection team consisted of one inspector. We met five of the people living in the home and spoke with three of them. We spoke with three care workers, the manager and operations director. We observed care and support in communal areas. We reviewed a range of records including three people's care records, staff recruitment and training, and other records relating to the management of the home. After the visit we spoke with three relatives by telephone.

Before the visit we reviewed the Provider Information Return (PIR). The PIR was information given to us by the provider to enable us to ensure we were addressing potential areas of concern and identifying good practice. We also reviewed records held by the Care Quality

Commission (CQC) and notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. At our last inspection on 4 April 2013, we did not identify any concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

One person said they felt safe and they would speak to the manager if they did not feel safe. Another person said they felt safe “at the moment”. They then described incidents when another person had behaved in an inappropriate way towards them. This did not make them feel safe. Other people and staff also described occasions where the person’s behaviour had caused them distress.

We discussed these concerns with the manager and the operations manager. They were aware of the person’s behaviour but had not taken appropriate action to manage the situation. It was unclear when specific incidents had occurred or if they had been reported to the local safeguarding authority. Immediately after our visit, the manager took appropriate action and plans were put in place to prevent the incidents re-occurring.

The above is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report

Apart from the incidents described above, staff knew about safeguarding people from abuse and were able to describe what action they would take if they were concerned a person was at risk. All of the staff we spoke with knew how to raise concerns with the manager. Staff could use the provider’s whistleblowing procedure or report concerns to the local safeguarding authority if they needed to. However, staff could not easily access the contact details they would need if the manager were not available. Staff did not always put their knowledge about protecting people from harm into practice.

Outside there was a steep flight of steps that led to part of the garden. People who live in the home had un-restricted access to this area of the garden. The steps were uneven

and there was no handrail to prevent people from falling. The garden area at the bottom of the steps was very overgrown. There were large brambles and nettles which could have posed a safety risk to people. People who use the service had been asked for their comments about the garden and the provider had considered clearing the area to make an allotment. However, there were no plans in place for when this work would be completed. Action had not been taken to make sure people were safe when in the garden.

There were enough staff to keep people safe and meet their needs although the provider was using agency staff due to current vacancies. People and relatives said the use of agency staff meant a lack of continuity of care at times. People had become unsettled during this time. The manager told us they tried to use the same agency staff where possible to maintain continuity for people.

A recruitment day was due to take place in the next week to address the current vacancies. People who use the service were involved in the recruitment process and helped to interview potential new employees. Recruitment practices were safe. All of the relevant checks for current staff had been completed before staff began work. This included disclosure and barring service checks, conduct in previous employment and photo ID.

Risk assessments and risk management plans were completed with the aim of keeping people safe, with the least impact on their independence. These included, for example, going out, working in the kitchen and managing their money.

The manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (2005). The manager had discussed potential DoLS applications with the local authority. They had taken appropriate action to ensure people’s rights and liberties were safeguarded.

# Is the service effective?

## Our findings

There was poor maintenance in several areas of the home. Paint work and carpets in the hall and stairs were very dirty and worn. There were holes in the plasterboard and ceiling in the hall way. Two people invited us into their rooms and we saw décor there was also very worn. One person's curtain rail was hanging off the wall. The manager told us they had received a quote for decorating the communal areas, but no date was set for the work to be completed. People had not been involved in making decisions about how the home should be decorated. The manager said the provider had considered re-decorating people's rooms but no action had been taken regarding this.

People's day to day health needs were met. Each person had a health action plan that identified their health needs and the support they required to remain well. Staff made sure people had the contact they needed with health care professionals such as the GP or dentist. Details of the outcomes of appointments were recorded in people's care plans and staff had access to information regarding any on-going treatment for people. People's health action plans were not always fully updated after the person had seen a health care professional. Although care staff were aware of the outcome of the person's appointment it had not been recorded. Future appointments were recorded in people's care plans as well as on the provider's electronic records system. This ensured that people were supported to attend appointments when they needed it.

Feedback from relatives about staff was mixed. All of them commented that staffing had been a problem recently but this was now improving. They said care workers' skill levels were not consistent. While permanent staff had the knowledge and skills to carry out their role effectively,

some agency staff did not. Relatives said some staff lacked experience and this was reflected in the way they supported their family member. We observed agency staff supporting people with their daily activities. Staff did not interact with the people appropriately because there was minimal communication between the staff member and person.

Staff completed an appropriate induction when they started working at the home. Permanent staff said they received enough training to help them meet people's needs. Training was up to date for all staff and included subjects such as the Mental Capacity Act (2005) (MCA), and safeguarding adults. None of the staff had received training in how to support people who could become anxious or upset, but this had been booked for all staff over the next few weeks.

Regular staff meetings were held. Care workers had the opportunity to discuss topics such as people's support needs, safeguarding and staffing. Minutes showed discussions were focused on the people living in the home.

People were supported to have enough to eat and drink and maintain a balanced diet. Menu choices were available in pictorial format to help people choose what they wanted to eat. People were encouraged to go shopping for their own food where they were able. Staff supported people to prepare meals when they needed to, but also encouraged people to be as independent as possible with food preparation. People were encouraged to maintain a healthy diet and one person was being supported to lose weight. Weekly meetings were held so people could choose what meals they would like to eat together. Drinks were always available and staff checked to make sure people were having enough to drink.

# Is the service caring?

## Our findings

One person could become anxious or upset which could occasionally put them at risk of injuring themselves. There had been a recent incident where the person had injured themselves. When we looked at the person's care plans we saw there was no information available to guide staff on how to support the person during these times. There was no behavioural support plan in place to reduce the risk of injury to the person. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report

There was information to guide staff on how to meet each person's care needs. For example, there was detailed information about supporting people with their daily routine, likes and dislikes and managing money. Care plans were regularly reviewed and where a change in a person's health needs was identified, changes were made and staff updated accordingly.

Care records contained assessments and documentation. Care plans were person centred and focused on the individual. There was information about how the person, and those important to them, were involved in the care planning process. For example, there was a completed

section called 'how I was involved'. People were supported to express their views and make their preferences known. All of the records contained appropriate risk assessments and management plans, for example, going out and cooking in the kitchen.

Permanent staff knew the people they supported well, but agency staff did not. Permanent staff were able to tell us how they helped people make decisions about their care. We saw permanent staff supporting people with various activities in the home. They spoke to people in a respectful way and encouraged people to make decisions about what they would like to do that day. One care worker said they liked to help people be as independent as possible and they: "prompt [people] as much as they need, but don't take over". Another member of staff said: "they [people] have choices in everything".

People were encouraged to maintain relationships with their families and those who were important to them. Relatives visited regularly and people were supported to stay with their families. People had access to a large button telephone which had been pre-programmed with their relative's telephone number so they could contact them whenever they wanted to. Relatives were free to visit the home whenever they liked.

# Is the service responsive?

## Our findings

People were well supported to take part in activities outside of the home. We observed staff supporting people to go to work and take the bus into town. People were helped by staff who ensured they were as independent as possible but also safe. One person said they didn't feel like doing anything that day but staff would help them to go out if they wanted to. People were also supported to go on holiday. One person told us how much they were looking forward to their holiday in a few weeks' time.

The provider had a complaints procedure in place. The complaints policy was available in an easy read format to enable people to understand the process. We reviewed the provider's complaints and compliments log. There was one complaint on-going which the manager and provider were taking steps to resolve. Previous complaints raised had been investigated and appropriate action taken. One compliment had been received praising a member of staff saying 'a lovely member of staff' and 'doing a great job'.

People were encouraged to attend house meetings and give feedback about any concerns they might have. People were asked if they had any suggestions to make, for example, group activities or if they had any concerns about the home. Relatives said they could give feedback at any time, and this was mostly acted on. One relative told us they had asked for more regular updates about their family member and this had been done. Other relatives said they had asked to meet the new manager but this had yet to be organised. Relatives also commented that it was sometimes difficult to contact the manager because he was often completing managerial tasks at another home.

We asked what the provider had done to seek the views of people, relatives and other stakeholders about the quality of the service. The operations director said a quality survey to seek the views of people who use the service had recently been completed. We asked to see a copy of the results but were told the records could not be found. The provider was going to send a new survey out in September 2014 to ensure they could obtain feedback about the service and address any issues that might be raised.

# Is the service well-led?

## Our findings

The provider had an incident monitoring system in place. Most incidents had been logged, investigated and analysed to ensure action could be taken to avoid a recurrence. However, not all incidents had been reported or recorded. We found occasions where a person's behaviour had affected other people living in the home. These incidents had not been recorded. Another person had injured themselves when they became anxious which had not been recorded. There was a risk to people's safety because incidents were not being analysed properly, and any trends or patterns were not identified. This meant that any necessary changes to the care people received could not be made because the possible cause of the incident had not been identified. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

The provider had recently introduced a new computer system to help managers around the organisation monitor the quality of service. It was used to monitor themes such as staff training, incidents and accidents, risk assessments and health and safety in the home. Areas were given a rating of green, amber or red to help the manager identify issues that needed addressing. The computer system was also monitored by the provider to help them gain an understanding of quality issues across the organisation.

The manager was in the process of completing quality audits around the home. This included areas such as care plans and health and safety. The most recent audit had

been started a week before the inspection. We saw areas of concern had been highlighted and an action plan was in place. The manager was being supported by the operations manager to complete the audit and ensure all actions identified were completed.

The manager had been in post since April 2014 and the service was undergoing a period of change. They had not submitted an application to the CQC to become the registered manager but told us they intended to do so. Feedback from staff about how the change was being managed was mixed. One member of staff said the new manager was approachable and "he is new, he needs our help and support". They said if they raised a concern with the manager it would be acted on. However, another care worker said that staff morale was low and although they discussed their concerns with the manager: "nothing was done". Staff said it was sometimes difficult to speak to the manager as they were also involved with the management of another home.

The manager said they were spending time getting to know people and gaining people and staff's trust. They acknowledged they faced some challenges with staff and were trying to manage the change effectively. The manager understood that the use of agency staff caused some problems for people so staff recruitment was a priority. A recruitment day was due to take place in the next week.

The manager told us they felt well supported in their new role and they had completed a full induction. They said there was always someone available on the phone if they needed any help and had regular one to one support with the operations manager.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**The provider did not ensure care was delivered in such a way as to ensure the welfare and safety of each service user. Regulation 9(1)(b)(ii).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

**The provider did not analyse incidents that resulted in or had the potential to result in harm of a service user. Regulation 10(2)(c)(i).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

**The provider did not take reasonable steps to prevent abuse before it occurred and did not respond appropriately to allegations of abuse. Regulation 11(1)(a)(b).**