

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

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tillson House is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The service is provided across two floors in a purpose-built premises.

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

We found issues with staffing. The service did not always have sufficient numbers of staff on duty to meet people's needs.

New staff did not complete relevant training before supporting people with their mobility needs.

We have made a recommendation about improving accident and incident recording.

The managers completed relevant checks which helped them monitor the quality of care at the service and made some improvements. However, they did not identify the staffing issues we found.

Risks assessment were in place to keep people safe and prevent or reduce the occurrence of risks to people. Medicines management was safe. The provider had protocols in place for safeguarding people and managing any incidents or accidents that occurred at the service.

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.

People were provided nutritious meals and snacks and drinks. They were supported to monitor their health and promptly access health care services when required.

Staff were kind and compassionate. They took steps to involve people in decisions about their care. They treated people with dignity and respect and promoted their independence.

People were supported to participate in a variety of social activities. They were also supported to follow their faith and beliefs. Care plans were comprehensive and gave staff relevant guidance and information of people's preferences and history.

There was an enabling leadership team who supported staff to fulfil the responsibilities of their roles. The registered manager understood their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was Good (published 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Tillson House

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Tillson House 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

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with seven care staff, a trainee manager, the registered manager and area. We spent

time observing the care people received to understand the experience of people who could not talk to us.

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

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service did not always have sufficient numbers of staff on duty to meet people's assessed needs. The managers used a dependency tool to determine safe staffing levels. However, staff numbers did not always meet the minimum numbers required per shift.
- At the time of our inspection, more than half of the people who used the service required support from two care staff to meet their needs.
- Staff told us the service was short-staffed which meant staff could not always meet people's needs in a personalised manner. For example, they said they could not always get people ready for breakfast on time. This meant on such occasions people had short periods of time between their breakfast and lunch.
- Staff told us staffing issues further impacted on them when emergency situations occurred such as an incident or a person required a hospital visit. One staff said, "The care staff does their utmost best but under a lot of pressure – we have not got enough time it's like you are on a time scale."

We found no evidence that people had been harmed however, staffing issues placed people at risk of their needs not being met in a timely and person-centred manner. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and area manager responded during the inspection. They told us the challenges they had with recruiting and retaining staff. They told us the provider was in the process of employing new staff and continued to look at ways of attracting and retaining staff.

- The provider followed safe recruitment practices when they employed staff. They completed relevant checks such as DBS (Disclosure and Barring Service) checks. These checks assure an employer staff are suitable to work with people who use services.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm.
- Relatives told us their loved ones were safe at Tillson House and were confident in staff ability to look after people.
- Staff had good knowledge of how to recognise and report any concerns they may have about people's welfare and wellbeing. They followed the provider's protocols to report and record their concerns.

Assessing risk, safety monitoring and management

- People's care records included risks assessments for various areas of their care needs. They identified how people may be at risk and measures staff needed to put in place to reduce the occurrence of risks.
- Our observation and review of records showed staff followed the guidance in risk assessments when they supported people.

Using medicines safely

- Medicines management was safe. Staff followed guidance and best practice for storing and administering medicines. This meant people received their medicines as prescribed by their doctor.
- Where people received 'as required' medicines, there were protocols in place to guide staff on when to administer medicines.
- Only staff who were trained in medicines administration supported people with medicines. Senior staff regularly audited medicines management and checked the competency of staff to ensure the support they provided was safe. They took steps to address any issues identified.

Preventing and controlling infection

- People were protected from the risk of contamination and spread of infections. Staff followed good practice for preventing and controlling infections. They wore protective equipment when they supported people with relevant tasks.
- There were good protocols in place for managing people's laundry and soiled clothes and equipment.
- There were systems in place for maintaining good standards of hygiene within the home.

Learning lessons when things go wrong

- The service had safe protocols for managing incidents and accidents that occurred. Staff recorded any incident and took appropriate steps to ensure people's safety.
- Staff kept appropriate records of actions they took following an incident.
- The provider's records did not always reflect the outcome of actions taken following an incident. For example, where people had an unwitnessed fall, records were not updated to show the outcome following a hospital visit.

We recommend the provider improve their incidents and accidents recording to support them identify trends and risks to people and promptly put measures in place to mitigate risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- New staff supported people with mobility needs using aids and equipment such as a hoist to support people before they received the relevant training to ensure they did this safely. Although we did not find evidence that people had come to harm, this increased the likelihood of harm to people when they received support with mobilising.
- We brought this to the attention of the managers who told us they would take action to ensure new staff were trained before they provided support.
- Staff had access to relevant training they required in their role. They felt supported by their managers to fulfil the requirements of their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with relevant guidance and law. Care assessments were holistic and took into consideration several aspects of people's life and support they would require to maintain their overall wellbeing.
- Assessments complied with the provider's policies and the Equality Act. This promoted non-discriminatory practices and ensured people all had access to the same standard of care irrespective of their disability, ethnicity or religious beliefs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. They were provided with a variety of meals and drinks of their choice. We saw they had easy access to snacks and drinks which were stationed around the home.
- Staff catered for people's choices and preferences. We saw staff ensured one person had meals which met their dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where required, staff promptly referred people to healthcare services. During our inspection, we saw staff refer people to health services and healthcare professionals visit following a referral.
- Staff proactively liaised with other professionals such as medical and social care staff to ensure they had relevant information they required to care for their health needs. This meant people could be assured of consistent support when they used healthcare services.

Adapting service, design, decoration to meet people's needs

- The design and layout of the premises met people's needs. People had access to private and communal spaces which promoted their dignity and independence.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had good knowledge of the MCA and worked within its principles. For example, they ensured they sought people's consent before they supported them with their care needs.
- Staff supported people to make their own decisions as independently as possible.
- Where people lacked the capacity to make their own decision, staff completed an assessment of their mental capacity and liaised with relevant professionals and relatives to ensure any decisions made on their behalf was in their best interest.
- Where people were deprived of their liberty, the registered manager made the relevant applications to ensure this was done in a legal and safe manner. They ensured conditions recorded on people's DoLS were met as stated in their authorisation records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by kind and compassionate staff. Staff demonstrated empathy and care for the people who used the service.
- Relatives told us the care provided to their loved ones was to a good standard. We observed caring interactions between staff and people they supported.
- The provider promoted a culture where people's diversity was respected. They had systems through assessment and care planning to ensure the care they provided was as people wanted them. For example, providing meals that met a person's dietary needs if needed.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their wishes about their care. People had choice and control in decisions about their care.
- Staff ensured people's representatives and advocates were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us how staff supported them to do as much as possible independently, offering support where required.
- Staff treated people with respect. They addressed them respectfully and treated them with dignity.
- People's right to privacy was promoted. They had access to their own private space. When staff supported them with personal care tasks, they ensured people's dignity was maintained.
- Records containing people's personal information was maintained confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were comprehensive. They reflected people's preferences and personal history which provided guidance for staff on how to support them as they wished.
- Records showed people, or their representatives had contributed to the information in their care plan.
- Staff told us staffing pressure stated in the 'safe' section of this report meant they focused on completing tasks and did not always have time to talk and listen to people. The managers told us they were working to address the staffing issues.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records detailed support they required for effective communication. The provider had systems in place to meet the Accessible Information Standard. This included providing information in an alternative format if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of activities they enjoyed. One person told us they enjoyed decorating the home for the Christmas season. A care staff told us they were taking on the role of activities coordinator to support people with activities.
- People's religious needs were met. One person told us they enjoy having monthly visits from the local vicar.
- People's friends and family could visit them without any restrictions

Improving care quality in response to complaints or concerns

- The provider had systems in place for people to raise complaints or concerns they may have about the care they received.
- The provider took action to address any complaints raised to improve people's experience of care. They kept records of complaints and outcomes of their investigation.

End of life care and support

- The provider had a policy which provided guidance to staff on how to provide people with dignified and

comfortable care at the end of their life.

- At the time of our inspection, there was nobody receiving end of life care at the service.

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 Good. At this inspection this key question deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support 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

- The managers completed regular checks and audits to monitor the quality of care delivered at the service. They took steps to improve issues identified by their audits. For example, audits identified issues and made improvements with management of medicines stock.
- Their audits did not identify the issues we found with staff numbers and training. The registered manager and area manager told us about the actions they were taking to improve staffing through recruitment. They told us they would ensure new staff completed training before they support people with their mobility needs.
- The service had effective leadership with a clear structure of accountability and support at all tiers of the staff team.
- The registered manager was supported in their role. Other members of the staff team received support and had regular meetings with their line managers.
- The registered manager demonstrated a good knowledge of their regulatory responsibilities and took action to meet them.

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

- The service ensured people and their relatives were enabled as much as possible to be involved in care planning.
- People and relatives were satisfied with the care they received and gave us positive feedback of their experience of the service. One relative said, "We would not want to take [person] anywhere else. The running side of the home is well in hand."
- Staff received regular support from their managers through team meetings and supervision which empowered them to provide a service as people chose.

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 area manager and registered manager demonstrated a good understanding of the duty of candour. Their complaints protocols and records showed they were honest about any failings within the service and sought to make improvements to address them.

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

- The provider sought people's feedback about the service using 'listening forms'. The analysed people's responses and took appropriate action where required. They kept records of improvement made following people's feedback.

Working in partnership with others

- The service worked collaboratively with health and social care professionals to ensure the care people received consistently met people's needs.

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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There service did not deploy sufficient numbers of staff to meet people's needs in a timely and person-centred manner. This placed people at risk of harm.