Solomon Care Limited

Tilsley House Care Home

Inspection report

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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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 11 and 15 June 2015 and was unannounced. It was carried out by two inspectors.

Tilsley House provides accommodation for persons for up to 31 older people who require nursing or personal care. The home is situated within walking distance of the beach at Weston- super-Mare.

People felt safe and told us they liked living at the home. People were complimentary about the staff and felt staff did their best to support them in a friendly and caring way. One person said, “Care that you wouldn’t get anywhere else.” People’s privacy and dignity was maintained during care tasks.

People told us they felt safe and free from the potential risk of abuse. Staff told us about how they kept people safe and were aware of their support needs. People received their medicines as prescribed and at the correct time.

Summary of findings

Potential risks to people were identified and staff told us they knew the risks to people and the support needed to minimise these risks.

At times, there were not enough staff to meet the needs of people who lived at Tilsley House and staff told us they felt busy and did not have time to always deliver care to people when they needed it.

People received their medication when they required it and systems were in place which ensured people were administered their medication safely.

Staff supported people to make some choices about their care but some did not have a good working knowledge of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. Whilst no-one living at the service was currently subject to a DoLS, there had been applications sent to the Local Authority requesting authorisations as the home had a keypad on the front doors.

Some staff had not received appropriate training to meet people's needs, for example dementia care or the Mental Capacity Act 2005.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The manager could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Therefore, people had decisions made on their behalf without the relevant people being consulted. Staff had not received sufficient training to provide a safe and appropriate service that met people's needs.

People told us the food was good and they had a choice of food and drinks. One person said, "Excellent food. I've not left a dinner since I started here." We saw people's nutritional needs were met. If there were concerns about their eating, drinking or weight this was discussed with the GP. Any support and advice from healthcare professionals was followed by staff in order to maintain people's well-being.

We saw staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs. They provided care in a respectful way.

Although care plans contained information about people's needs and wishes they were not comprehensive. They did not contain specific or sufficient detail to enable staff to provide personalised care and support in line with the person's wishes.

People said they were happy with the activities offered. One person said, "We have special days and go out on trips".

People were happy to talk to the manager and to raise any concerns that arose. They told us the manager and deputy were "Really nice and good".

The systems in place to monitor the service and to obtain people's feedback were not always robust and this placed people at risk of receiving a service that was not responsive or effective.

The registered manager had left the service shortly before the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

A new manager was in the process of registering with the Care Quality Commission. Many of the improvements needed to the service had been identified by the new manager and there was a plan in place to address them, but these had not been actioned at the time of our inspection.

We have made some recommendations to the provider so that they can make improvements to the service. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. of findings

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?

Requires improvement

The service was not always safe

At times, there were not enough staff to meet people's needs.

People felt safe and looked after by staff.

People's risk had been considered and they had received their medicines where needed

Systems were in place to keep people as safe as possible in the event of an emergency arising.

Systems were in place to ensure equipment was safe to use and fit for purpose.

Is the service effective?

Requires improvement

The service was not always effective.

The staff team had not received all of the training they needed to ensure they supported people safely and competently.

People's consent and right to freedom had not always been obtained and recorded correctly.

Staff did not have a good working knowledge of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. There was a lack of understanding about the principles of the Mental Capacity Act.

Staff did understand the importance of listening to people and gaining their consent.

People told us they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure they received the healthcare they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service was caring.

People were complimentary about the care they received. Staff were caring and treated people in a friendly way.

When staff were able to provide care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Summary of findings

Is the service responsive?

Requires improvement

The service was not always responsive.

People had not always been supported to make everyday choices and were not always engaged in their personal interest and hobbies.

People were not involved in planning their care and support and records were not always up to date and relevant.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Requires improvement

The service was not always well-led.

There was currently no registered manager in post.

Quality assurance systems were in place and had identified some of the issues we found during the inspection. However, the shortfalls of staff and their training had not been identified.

People, their relatives and staff were complimentary about the vision of the new manager and overall service and had their views listened to.

Staff worked well as a team and felt confident to raise any concerns they might have about areas of poor practice.

Tilsley House Care Home

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 was planned to check 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 inspection took place on 11 and 15 June 2015 and was unannounced.

The inspection team consisted of two inspectors. We had received a Provider Information Return (PIR) from this service previous to our inspection. 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.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service and healthcare professionals to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the home. We spoke with five people who used the service, five staff, one relative and a healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records and other records relating to the management of the home. This included five sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicines records.

We spoke with the local authority's quality and safeguarding unit and health care professionals, some of whom had previously raised concerns around pressure ulcer prevention.

Requires improvement

Is the service safe?

Our findings

People who used the service and relatives told us that they felt safe and cared for by staff. "Yes I am safe here"; "I am reassured with [my relatives] care". People told us staff helped them to stay safe. They said, "Staff walk with me to make sure I don't fall because I am not very steady on my feet", and, "The carers bring me downstairs in the lift, or if I prefer on the stair lift. I feel alright about that". One person said "They always make sure I get what I need". Another person said, "I feel really safe here and it's because they (staff) always look after me". A relative said, "Staff always makes sure my mum is kept safe. I can go home and know I don't need to worry about anything". One relative said, "They manage the medicines properly, Dad always gets them when he needs them".

Staff knew how to keep people safe. Staff told us about the different types of abuse and knew what to report and who to report any concerns to. Staff told us they would immediately report any concerns to the senior carer or manager and knew who to contact if the manager was not available. Members of staff were also aware of outside agencies they could contact such as the local safeguarding authority. Staff told us they were confident about bringing anything to the attention of the manager and felt any concerns they raised would be acted on. All the staff we spoke with knew about the different policies and procedures they would use and knew where to access them. The manager understood his responsibilities in relation to keeping people safe and where necessary reported any concerns to the appropriate authority. When we spoke with staff about abuse, they had a good understanding of the various types of abuse and knew how and where they should report these. This included both internally and externally to the local safeguarding authority, police and/or the Care Quality Commission (CQC) as required. Staff had undertaken safeguarding training to enable them to identify situations of potential abuse. Staff were able to tell us what constituted abuse.

People were comfortable with the staff and looked to them for reassurance and support. Staff told us they could speak with their line manager or senior care staff about concerns over people's well-being. They were able to tell us the action they would take if they were concerned about a person's welfare. For example, if they saw something of concern they would make the person safe before reporting the incident. Staff told us and we saw the provider's policy on safeguarding people was kept in the office and they would refer to it if needed. There was a safeguarding and whistle-blowing policy in place. Staff were aware of whistleblowing policy and knew how to escalate concerns should they need to. Prior to the inspection, concern had been raised to the safeguarding unit that 2 people had developed pressure sores at the home. A safeguarding investigation concluded that people who had limited mobility had developed pressure ulcers because their positions especially in bed had not be changed regularly throughout the day or night in line with the providers policy and the turning charts had not been completed accurately. Therefore the previous manager ensured that further training was completed with all staff with regard to completing turning charts which were already in place and these were monitored regularly by senior staff.

Staff told us they worked as a team when there were shifts to cover if staff were ill or on leave. They told us staffing levels had recently been better with less use of agency staff. Staff told us the dependency of the people they supported was increasing.

During the inspection, we observed that because staff were busy, they sometimes rushed people. We saw there were delays for people in getting their care needs met. This was because there were not always enough staff available at the right time to support people. We brought this to the attention of the new manager.

We saw some people required help with eating and drinking. Care workers provided assistance to more than one person at a time so assistance was interrupted. We found some staff interactions with people were limited and were task oriented.

Staff told us there "Was just about enough staff available to provide care", but "Felt rushed" and not able to do social things such as sitting and talking and "We could do with another staff member to help us so we don't feel so rushed". We noted that during mealtimes staff were just about able to support people they knew required one to one support. When other people required assistance as needed it was provided, however that meant others then had to wait for support.

Requires improvement

Is the service safe?

Staff told us they struggled to meet people's care needs. They said this was due to the number of people who required two people to deliver their care which left some waiting for care.

Staff told us they knew the risks to people and the support needed to minimise these risks. Potential risks to people were identified and there were risk assessments in place to make sure people stayed safe. These included moving and handling, nutrition, skin integrity and falls.

Equipment used to support people's care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had been properly maintained. The service kept a range of records which demonstrated equipment was serviced and maintained in line with nationally recommended schedules.

The provider had appropriate plans in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. Plans were in place to keep people safe in the event of an emergency arising. Records showed equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure they were functioning appropriately and were safe to use.

"The recruitment process was really thorough", a new member of staff told us. The provider's recruitment process ensured staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at five staff files and found the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults. Other staff spoken to confirmed this was the procedure that they had experienced.

People we spoke with told us that staff looked after their medicines for them and they were happy with this. They told us they got their medicines at the same time every day. One person told us about the medicines they took and what they were for. Staff that provided people with their medicines were able to talk about what they were and why people needed to take them.

People's medicines were up to date and had been recorded when they had received them. Where people required pain relief 'when needed' we saw that staff talked with people about their pain levels and if they wanted medicines. We spoke with staff on duty that administered medicines. They told us about people's medicines and how they ensured that people received their medicines when they needed them. Medicines were also reviewed when needed to ensure the correct dosage was given or to monitor the benefits or side effects for the person. The staff checked the stocks of medicines and ensured they were stored and disposed of correctly.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. We identified that a number of people had bedrails in situ, but there were no mental capacity assessments in place. Staff and the registered provider did not recognise the use of bed rails as a restriction could possibly constitute a

Deprivation of Liberty. There were no mental capacity assessments in people's care records. The MCA legislation states that where people do not have the capacity to make a specific decision, both a mental capacity assessment is completed and a best interest decision is made in consultation with other relevant people involved in the person's life and recorded. We discussed this with the manager who confirmed that currently there were no mental capacity assessments in place.

This was a breach of regulation 11 HSCA (RA) Regulations 2014 as the provider had failed to ensure that care and treatment was only provided with the consent of the relevant person and did not take regard of the Mental Capacity Act 2005.

Staff talked positively about respecting people's choices and supporting them to make their own decisions but did not understand the key principles of the MCA. Staff were able to demonstrate that if they felt anyone was not able to make a decision they would not make any decisions on their behalf and they would ask for further advice. Staff were aware of the importance of ensuring people were supported properly with making decisions.

People were not always cared for by suitably skilled staff who had kept up to date with current best practice. We identified a number of areas where improvements were required and found gaps in staff training in these areas for both new and existing staff. For example, only the previous manager had attended training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). A number of staff who handled food had not attended training in food hygiene and only the previous manager, deputy manager and senior carers had attended training in dementia care. One staff member who was looking after some people who were living with dementia told us, "I am still waiting for my dementia training and learning about the resident's needs, and not very confident yet". The manager showed us the training matrix and this stated that all staff would have all the required training by the end of September 2015.

People told us they felt the staff knew how to care for them. One person said, "They know how I like things done" and another person told us, "I get all the help I need from staff who know what they are doing". Staff told us they were supported and felt appreciated by the new manager. They said they could approach the manager at any time if they felt they needed extra support. Staff had regular formal supervision meetings when they could discuss their training needs, any concerns and receive feedback. We saw that, following a recent safeguarding investigation, staff had received additional training in pressure ulcer prevention and moving and handling.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, "Excellent food. I've not left a dinner since I started here." Another told us, "You can have a cooked breakfast if you want."

During the morning the chef asked each person what they would like for lunch and during the lunch period they spoke to people asking them about the food. The deputy manager told us meals could be provided to meet a variety of needs. The chef told us the care staff gave them details about people's needs. We saw the chef had information indicating the likes and dislikes of a person new to the service. People were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat and drink and that they were encouraged to drink a lot. However during our lunchtime observation, we saw jugs or water and juice were removed from the tables and placed on another table so that people could not access further drinks without the assistance of staff members. We hi-lighted this to the new manager who assured us this would not happen in the future and on the second day of our inspection, jugs were kept on the tables.

Most people ate independently and a few needed assistance from staff. We observed staff appropriately

Requires improvement

Is the service effective?

support and encourage people to eat but due to the high needs of some people, other people were left on occasions to struggle on their own. We raised this with the manager for their information and action.

People were able to access health, social and medical support when they needed it. One person we spoke to said, “A doctor visits here regularly and keeps an eye on me”. We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people received support from district nurses to help manage their condition. One healthcare professional we spoke with felt there was a good relationship with the manager and care staff followed any health care advice they gave.

Good

Is the service caring?

Our findings

We observed staff interaction with people during lunch time. We found when staff supported people with assistance, such as supporting them through to the dining area for lunch; they had a caring and respectful approach. Staff used people's preferred names and used appropriate communication skills when talking with people. For example, staff communicated at eye level with people and showed they understood people's individual communication needs.

People were complimentary about the service. Comments included, "It's a nice place to live" and "It is good, it's all good here". People also told us they thought the staff were "Lovely, very kind and very good". One person told us they could have "A laugh" with staff. We observed friendly banter and a good rapport between people and staff. Throughout the inspection we saw many examples of people being supported by staff who were kind respectful and caring. People told us they liked living at the home and were treated with "Kindness". One person said, "This is where I want to be". We observed people responded to staff by smiling, talking and laughing with them. People told us staff were always "Cheerful".

Relatives told us that they were kept up to date with any concerns or incidents involving their family member. They were also told about any changes to the service. Relatives felt that, overall, there was good communication with staff and the manager.

We saw people were respected by staff and staff spoke to them respectfully. They made sure the person knew they were engaging with them and were patient with people's communication styles. Staff also understood people's needs and the support they needed, whilst providing an explanation of the support required. All staff we spoke with told us about the care they had provided to people and their individual health needs. Staff members told us about how they discussed people's needs when the shift changes in the staff handover to share information between the teams.

People were supported in promoting their dignity and independence. People's rooms were treated as their own 'space' and staff always knocked and asked permission before going in. People chose where they spent their time and they told us they had a "preferred chair" or room. The garden area was also made available and was being used on the first day of our inspection. People were happy to sit outside and enjoy the sunshine. Staff acted in a professional and caring manner. They spoke about people confidentially so they were not overheard. Staff said there was good support amongst the staff and they worked as a team to make sure people received the help they needed.

Relatives told us that they were able to visit at any time and were made to feel welcome. They told us they could take their families out when they wanted and staff always made sure people had what they needed if they were going out.

Requires improvement

Is the service responsive?

Our findings

People were unsure about their care plans, but they knew staff kept records about the care and support they received. Two people said they were not interested in their care plans. Staff told us people were treated as individuals. The staff were seen to be courteous and kind, and focussed on the care needs of individual people that required assistance. People felt they had maintained important relationships with their families. They also said that staff were friendly to their visitors and made them feel welcomed.

Care plans had limited information about people's life histories, their likes, dislikes and personal preferences. However staff knew the support people needed and what their preferences were.

The care plans were not personalised or person centred as there was very little information about people. Therefore new members of staff or agency staff would find it difficult to know the person or their individual needs and what care was appropriate for that person.

The new manager told us of plans they had to meet people's needs. They said they ideas of how to adapt the building's interior and garden to reflect the needs of the people who lived there. They had installed a small kitchenette in one of the spare rooms in order for people and their relatives to make themselves hot and cold drinks so people could retain their skills. They also planned to construct a reminiscence garden with the help of the local college.

Staff understood how to support people and told us about the different events that affected people's daily lives. One person became unsettled at a specific time each day, staff had identified a pattern and realised it was a time of day when they used to have a set routine. The staff made sure this person was involved in an activity or they spent time talking with them to help them manage their anxiety. We saw staff supported people appropriately to meet their needs.

We asked staff about how people could make a complaint. They told us that there was a complaints procedure on display in the hallway. Although there were no arrangements at the time of the inspection to have this made available in a different format; the deputy manager said staff always checked people were happy with the care they received. One staff member told us "I always ask if people are happy with what's going on in the home and if they aren't I help them make a complaint or try to fix the problem". Relatives spoken with also confirmed that they knew how to make a complaint.

The deputy manager told us there had been no formal complaints recently and this was evident from the complaints file. People told us they didn't have any complaints and said they had no concerns about telling the manager or staff if they were unhappy with anything. Relatives told us they could access the complaints procedure if they wanted to. Relatives said they knew how to make a complaint but had not had not had any concerns. One visitor told us they had a, 'Minor niggle' and it had been addressed and resolved straight away. Where the previous manager had received complaints from relatives these had been recorded and responded to. Where needed, further investigations had been undertaken and action taken to reduce the risk of a repeat incident.

We spoke with the activities organiser and she told us about her work and spoke to us about all the individuals she worked with and what activities and special days she organised. The activities organiser had a flexible attitude to her activity rota and was always led by what people who lived at the home wanted to do. She was very knowledgeable about the support of people with dementia and she said the new manager "Was giving her free reign to transform the outside space" and "Support staff with workshops around caring for people with dementia and their needs". There were always celebrations for special days for example, The Queen's Birthday, Mother's Day and Easter. There were some activities in the evening for example a musical entertainer who people enjoyed, and 'movie nights'. The activities co-ordinator spoke to us about her 'reminiscence books' and how this had generated some good conversations, she also said "Above all we have fun".

Requires improvement

Is the service well-led?

Our findings

The registered manager had left the service 8 days before the inspection. A new manager had been appointed, one week prior to the inspection, and was in the process of becoming registered with the Care Quality Commission. The new manager had spent his first week carrying out a range of quality monitoring to review the care and treatment offered to people at the home. Some of the issues we found during the inspection had been identified by the new manager and actions had been identified to address them. However, these improvements had not been made at the time of inspection, sustained or embedded.

Although the manager had carried out some audits, they had not identified that staff were, at times, rushed. They had not identified the lack of training for some staff around the Mental Capacity Act (2005) and the need for mental capacity assessments and Best Interests decisions.

Annual questionnaires were sent to relatives. The most recent had been in January 2015. Relatives had been asked about the quality of the food, activities, their opinions of the care provided, if they thought staff treated people with respect and dignity and if they were happy at the service. All of the responses were positive with people saying they felt everything was 'good' or 'very good'. The previous manager had looked at the responses and addressed any individual suggestion that people had raised. However, the survey that had been done with the people who lived at Tilsley House was not available. The manager and deputy manager told us the activity co-ordinator had carried one out, but they were unable to find the results at the time of our inspection.

The provider supported the new manager and visited regularly. The new manager told us when they requested additional resources, such as a new fridge or the new kitchenette, this had been agreed. The manager said the provider gave them good support. Staff saw themselves as part of a team and supported their colleagues. Staff were aware of the organisation's values and providers vision to build a high standard of care, known as 'Cathedral of care' by the provider. Staff said they worked hard to uphold the providers care values.

There was an open culture in the home where staff felt confident to raise any concerns they might have about areas of poor practice. One staff member told us "I have told the manager when I was concerned about care staff using their time serving drinks which took them away from supporting people". Appropriate action had been taken by the manager to deal with concerns raised and had arranged for kitchen staff to do this. The management team had recognised improvements to the service where required.

There was a new culture of openness and transparency emerging with staff communicating with each other and the manager. Staff knew what their roles were and what they were accountable for. Staff took responsibility for different roles during their shift. Staff knew about emergency procedures and how to keep people safe. Staff recognised when people needed extra support or needed support from health care professionals and referrals were made in people's best interest. There were a range of policies and procedures in place which provided staff with guidance about how to carry out their role safely. Staff knew where to access the information they needed.

Visiting health professionals told us they had recently seen positive changes in the service that had directly improved the experience for people. For example, in the way staff communicated with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11 HSCA (RA) Regulations 2014 Need for consent** **The provider had failed to ensure that care and treatment was only provided with the consent of the relevant person and did not take regard of the Mental Capacity Act 2005.** 11 (1) (2) (3) (4) (5)