

Affinity Trust

Tilehurst Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 October 2015. Three breaches of legal requirements were found. The provider had not ensured the premises and equipment were suitably clean and had not ensured that fire equipment was safe to use. In addition, the provider did not have a system that enabled them to evaluate or improve their practice in respect of the processing of information. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tilehurst Lodge on our website at www.cqc.org.uk.

This inspection did not change the overall rating of the service. We could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

This inspection took place on 25 July 2016 and was announced. We gave the registered manager one hour's notice so we could be sure they would be at the service.

Tilehurst Lodge is a care home without nursing that provides a service to up to six people with a learning disability or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The service had a registered manager who had been registered since 19 May 2016. The previous registered manager left the service after our last inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was present throughout this inspection.

Since the last inspection the service had seen a complete change of staff team, with the exception of one care worker. The new staff team included a new manager, a new team leader, four new care workers and two new bank care workers. The new manager had started the process of becoming registered with the CQC. Once the new manager has become registered, the current registered manager will de-register and continue to offer support to the service in her role as the area's operations manager. On 11 July 2016 the final three new staff members had started work at the service and the staff team was complete. This meant the service was able to stop using agency staff and provide more consistency for the people living at the service.

We found the provider had addressed the concerns identified at the last inspection. The premises, fixtures,

fittings and equipment were clean, a number of improvements had been made to the premises and systems had been introduced to ensure the cleanliness was maintained. Systems to monitor and check fire safety equipment had been introduced and management were monitoring to make sure the system was being followed. New systems had been introduced for ongoing internal and external monitoring of the staff practice at the home. This was to enable them to amend and improve their service where applicable.

The changes to the staff team and the work on improving the premises had been managed successfully to ensure that disruptions to the daily life and routines of the people living at Tilehurst Lodge had been kept to a minimum. People were confident and comfortable with the staff on duty. We saw on a number of occasions that staff and people were laughing and joking together as they went about their day. There was a positive and cheerful atmosphere apparent.

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 mostly safe. Systems and monitoring checks had been introduced to identify health and safety risks and take action to reduce them when identified. Staff had been trained in the carrying out of the checks but some checks were not always being carried out, such as hot food temperatures.

Water temperatures had been addressed to reduce the risk of scalding to people using the service. Where shower water was still too hot, risk assessments had been carried out for the people with access to those showers. Other health and safety checks and monitoring systems had been introduced to identify environmental risks and deal with them.

The provider had taken action to ensure fire safety systems and equipment was safe and that staff regularly checked equipment was in good working order.

The premises were clean and actions had been taken to ensure they remained so.

The rating for 'safe' has improved from inadequate to requires improvement due to the action the provider has taken. However, we could not improve the rating above requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was mostly well-led. Quality assurance systems and processes had been implemented at the service. Staff were being trained in carrying out the checks required. Although not fully embedded and consistently completed, management were working with staff in improving the way the systems were used and carried out.

Processes had been introduced to monitor the accuracy of the care provided and the documentation of the care. Systems had been introduced to enable the management to monitor that the improvements were implemented and built on.

Requires Improvement ●

Audits had been introduced and implemented to identify where there were concerns or improvements required within the service.

The provider had decided that the new manager, once registered, will only be expected to manage one service.

We could not improve the rating for 'Well-led' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Tilehurst Lodge

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. We undertook an announced focused inspection of Tilehurst Lodge on 25 July 2016. This inspection was done to check that improvements to meet legal requirements, planned by the provider after our 15 October 2015 inspection, had been made. We only inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led.

This inspection was carried out by one inspector. We gave the registered manager one hour's notice as we needed to be sure that the registered manager and the required records would be available.

Before the inspection, we reviewed all the information held about the provider. This included previous inspection reports, the action plan sent to us by the provider after the last inspection and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with all people living at the service. We spoke with the registered manager, the new manager and three care workers. We sought and received feedback from two local authority commissioners.

We looked around the premises so that we could ensure improvements had been made. We looked at a number of documents. Those included: care plans; the fire risk assessment, fire checks and monitoring records; staff training records; staff rota; health and safety risk assessment and monitoring records; the legionella risk assessment and water temperature monitoring records; food safety checks; internal and external quality assurance records; provider visit reports; the complaints log and safeguarding records.

Is the service safe?

Our findings

At our last inspection on 15 October 2015 we found the provider was in breach of regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not doing all that was reasonably practical to mitigate risk. The provider had not ensured the premises and equipment were suitably clean and had not ensured that fire equipment was safe to use. We issued two requirement notices and the provider sent us an action plan setting out the actions they were going to take in response.

At this inspection we found the provider had addressed the regulation breaches. Following the last inspection the provider had employed a company to carry out a deep cleaning of all areas of the service. The grounds were cleared and old and broken furniture and equipment was removed. Renovations were carried out to the premises. These included the fitting of a new kitchen on the ground floor and fitting a new communal toilet and bathroom on the first floor. Cleaning of different areas of the service had been added to the daily shift planner and the new manager and registered manager carried out spot checks of cleanliness when they were in the building. The home was free from unpleasant odours and hand washing equipment was available in all communal cloakrooms and staff handwashing areas. All areas of the service showed a good level of housekeeping and staff confirmed they were expected to keep the service clean. Schedules were in place for staff to support people living at the service to clean their own personal rooms where needed. Locks had been fitted to cupboards storing substances that could be hazardous to people's health (COSHH) and all COSHH chemicals were locked away.

Risks related to the environment had been dealt with. Fire doors had all been checked and repaired where necessary. Automatic door closures had been fitted so that doors stayed open without being held open with furniture and door stops. This meant people were protected as fire doors were not prevented from closing automatically should the fire alarm be triggered.

Regular checks of the fire equipment had been introduced to ensure the equipment was functioning properly. The checks included weekly or monthly checks of the fire panel, fire break glass points and emergency lighting. The checks we saw were all up to date and had been checked by the staff at the frequency indicated in the paperwork. A fire risk assessment had been carried out in March 2016 and the fire system had been serviced in May 2016. Actions had been taken to address any work needed, with most of it being completed apart from the recommendation to move the fire panel so that all staff could reach it. This work had been approved by the provider and the registered manager was awaiting a date for the fire panel to be moved.

Food safety checks were being carried out in line with the Food Standards Agency's Safer Food Better Business guidelines. We found the required daily checks were being carried out although hot food temperatures were not always being recorded on the sheets designed by the provider. In talking with staff it was clear there was some confusion around where hot food temperatures should be recorded. The instructions on the form did not make it clear either. We pointed this out to the registered manager who planned to discuss the issues with the department within the organisation who designed the forms. In the meantime the manager planned to advise all staff where best to record the hot food temperatures on the

current form.

At the last inspection we raised concerns regarding the high temperatures of the hot water at outlets that could result in scalding incidents. The provider had taken action and fitted thermostatic mixing valves (TMV) to the sinks and baths accessible to people using the service. We checked the temperatures and found they were within the temperature range recommended by the Health and Safety Executive (HSE). Staff checked the temperatures of hot water at sinks, baths and showers weekly and recorded the readings in a log. The recordings were complete and up to date.

However, we found there remained an issue with the two ensuite showers in use and one shower in an empty room. Even though the staff measurements and recordings indicated the showers did not present a scalding risk, the readings were misleading as the staff had been measuring the temperatures incorrectly. The recorded temperatures indicated staff had been measuring the temperature when the shower was set to mix hot and cold water, reducing the maximum temperature. The showers were regular domestic electric showers without any limitations on the maximum temperatures of hot water. When we turned the showers to the hottest settings, the shower water temperature measured 50.9°C in the empty room, 63°C in one of the occupied rooms and 66°C in the other. Those temperatures were much higher than the HSE recommended temperature of 41°C for showers in care home settings. We pointed this out to the registered manager. Before the end of our inspection the registered manager had carried out risk assessments in line with the HSE guidelines and assessed the potential scalding and burning risks in the context of the vulnerability of those living at the service. The risk assessments identified that the people using those two showers were at low risk. The registered manager had been under the impression that TMVs had been fitted to the showers, as well as to the sinks and baths, during the recent improvement works. She undertook to discuss our findings with the health and safety manager of the organisation. This was with a view to having the showers changed to healthcare standard electric showers or to having TMVs fitted to the pipe work supplying the current showers.

All other health and safety checks were being carried out regularly and recorded by staff. The registered manager and new manager were carrying out spot checks of the paperwork whenever they were in the building. Staff had received training on the health and safety checks they were required to carry out and the management were developing and amending the paperwork and system to make it easier to use.

People living at the service were mostly independent with personal care and other areas of their lives, with only one person needing support when going outside of the home. The people's high levels of independence were reflected in the staffing levels at the service, with staff often lone working and being the only member of staff in the building. We looked at the provider's lone working policy and found that it was not being followed completely. For example, the policy required that all staff had a lone working risk assessment carried out before lone working. The rota showed that staff were lone working without the risk assessment being completed. With so many new staff at the service, staff were often lone working very soon after they had started their job. For example, one member of staff had been allocated a night sleeping in duty eight days after they started working at the service. We spoke with the registered manager about this. They contacted us the day after the inspection, confirmed they had carried out lone working risk assessments on all staff, reviewed the rota and made adjustments where necessary.

The local authority commissioners who work with people living at the service had carried out a number of monitoring visits and service reviews following our last inspection. They told us they had seen improvements since October 2015 and felt the safety issues we had identified at that time had been rectified.

Is the service well-led?

Our findings

At our last inspection on 15 October 2015 we found the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to ensure compliance with the fundamental standards. The provider did not have a system that enabled them to evaluate or improve their practice in respect of the processing of information. We issued a requirement notice and the provider sent us an action plan setting out the actions they were going to take in response.

At this inspection we found the provider had addressed the regulation breach. A number of quality assurance systems had been introduced and implemented. The registered manager had carried out a number of audits. Senior staff external to the service had also visited and carried out audits of the service, such as the Divisional Director (South) and the Head of Operations and Quality (South) for the organisation.

The new systems included new daily recording sheets for each person living at the service. Each shift staff had to record what had happened that day/shift for each person. The sheets were bound into booklets covering a calendar month at a time. Each booklet had a sheet for keyworker meetings for staff to record how people felt the month had gone. At the end of each month the registered manager audited the booklets. They compared them with the care plans, and any notes relating to external health or social care professional involvement, to make sure the daily notes and care plans matched. This was to make sure that all people were receiving the appropriate care and support they needed. The registered manager had given written feedback at the end of each month, which was shared with staff to aid ongoing improvement on documentation and staff practice.

The quality audit carried out in May 2016, by external management, showed the provider was monitoring that required health and safety checks were being carried out. The audit also covered the premises, documentation, hygiene, equipment servicing, the service's vehicle and generic risk assessments. Following that audit an action plan had been developed and showed that actions were planned and implemented to deal with any issues identified.

Additional audits and checks introduced included daily spot checks by the registered manager and new manager. These spot checks included checking the cleanliness of the home and checking daily documents such as the food hygiene folder. However, those spot checks were not always successful. For example, numerous omissions in recording of hot food temperatures had not been identified or successfully addressed.

The recording sheets for weekly measurements of hot water temperatures at outlets was up to date and indicated that all hot water output was at the required safe temperatures. However, until we identified the issue of the shower water temperatures being too high, the checks in place had not identified this concern. The audits had failed to identify that the checks were not being carried out correctly. This meant that risks to people's safety were not always being identified by the checks in place.

Since May 2016 the management had been busy inducting new staff and building the new staff team. With the arrival of the last three new staff members on 11 July the staff team was complete. The new manager had started the process of applying to become the registered manager. Once the new manager is registered, the present registered manager will de-register but continue to support the service in her role as operations manager for the area. We were told the provider had decided the new manager, once registered, would only be expected to manage this one service rather than two services as had been the case with the registered manager in place at our October 2015 inspection.

Staff we spoke with felt they were receiving a high level of support from the management. They were happy their training was equipping them for their role and felt they were never asked to do anything they were not trained for or were not confident to do. All interactions we observed between staff and people living at the service were respectful, friendly and professional. People were confident and comfortable with the staff on duty. We saw on a number of occasions that staff and people were laughing and joking together as they went about their day. There was a positive and cheerful atmosphere apparent.

People we spoke with were complimentary about the staff and talked happily about the improvements to the premises and changes that were planned for re-decoration and refurbishment later this year. People also told us about holidays they had planned with the staff for the summer and one person told us how much they had enjoyed the holiday they had just returned from. It was clear that the changes to the staff team and the work on improving the premises had been managed successfully to ensure that disruptions to the daily life and routines of the people living at Tilehurst Lodge had been kept to a minimum.