

Dudley Metropolitan Borough Council

Tiled House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tiled House is a residential care home providing personal care for up to 48 people aged 65 and over, some who live with dementia. There were 41 people living at the home at the time of our inspection. The care provided is aimed to be short term. People are admitted for rehabilitation with the goal of allowing them to return to their own home. To facilitate this there are physiotherapists, occupational therapists and nurses based on site but not managed by the provider. These health professionals provide a role that reflects that provided by community healthcare services, for example district nursing.

Tiled House has units over two floors and was built for purpose. All bedrooms in use are single. There are also numerous communal living areas available on each floor.

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

People were safe, and staff knew what to do to minimise risks to people as far as this was possible without infringing their rights. There was enough staff available to keep people safe and staffing levels were reviewed to reflect changes in people's needs.

People's care plans on most occasions reflected people's needs and preferences although there were some inconsistencies found. However, staff were able to explain how they provided appropriate safe care that reflected people's needs and preferences. People also expressed satisfaction with the care they received.

People were supported by care staff who had the skills and knowledge to meet their needs. There was ongoing training based on the training needs identified by the registered manager and training updates were on going. People expressed confidence in staff skills and knowledge and staff understood, felt confident and well supported in their role. People's health was supported as staff worked with health care providers, whether on or off site, as needed to support people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to food and drink they enjoyed, and the service offered specialist or culturally appropriate diets when needed.

People were supported by care staff that were caring and expressed interest in people and the support they provided them. People received person centred care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop good relationships with the people. People's privacy, dignity and independence was respected by staff.

We saw the service was responsive to information from people and relatives. People could complain, and concerns were listened and responded to by the staff. Complaints and comments were used as a tool to drive improvement of the service.

People, relatives and staff were able to share their views with staff and were involved in planning their care. People said they enjoyed staying at Tiled House and said it helped them reach better levels of independence. People were able to follow their chosen routines and had access to a range of activities.

Quality monitoring systems included audits and regular checks on people's satisfaction with the service they received. The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law.

The registered manager and staff were approachable, organised, listened and responded to people and acted on feedback they when they shared this with them. The registered manager had demonstrated they were not complacent and had improved the service since our previous inspection.

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 requires improvement (report published 02/10/2018)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Tiled 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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tiled House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 on the first day and announced on the second.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, two senior care officers, five care workers, and the cook. 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 also spoke with a visiting health care professional. We also spoke with health professionals based within the same building who worked with people who lived at the service but were managed by the Clinical Commissioning Group, not the registered provider. This included three occupational therapists, physiotherapists and their team leader as well as two nurses and their manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement as care was sometimes delayed due to staff deployment. At this inspection we found the provider had had made improvements and this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People told us there was enough staff available to meet their needs. One person told us, "I feel very reassured because there are staff around day and night and I never have to wait very long for help." A relative told us, "I have never seen anyone struggling to get about on their own, staff are always there to support them, and no-one appears to have to wait very long."
- The registered manager told us staffing levels were always under review and they told us about recent changes they had made to night staffing to reflect the increased needs of one person.
- Staff told us there was enough staff. One staff member said, "Staffing levels are very good compared to places I've worked at in past."
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust systems in place to safeguard people from abuse and the registered manager was able to demonstrate how these had been used. For example, systems had been introduced to better monitor any falls people may have.
- Staff at all levels were able to describe the systems in place to protect people from abuse. One member of staff told us, "If there is abuse I know where to go and have the whistle blower telephone number if needed."

Assessing risk, safety monitoring and management

- People told us they felt safe at Tiled House. One person told us, "It marvellous here and I feel very safe. They [staff] have a red/green flag system for mobilising so we all know who needs help and who can walk about on their own."
- Relatives also told us their loved ones were safe. One relative told us, "It was a relief to come here after the hospital. We instantly felt [the person] is safe, and staff appear to be far more on the ball."
- Risks to people were assessed, and staff were well informed of what these risk were and what they needed to do to mitigate them.

Using medicines safely

- People were satisfied with the way their medicines were managed. One person told us staff, "Are very efficient with my pain medication and there has never been any problem getting my patches changed"

- People were supported with their medicines by trained staff.
- Staff recorded administration of medicines in accordance with the home's medicine's policy and medicines were stored safely.
- Where people had 'as required' medicines prescribed protocols were in place and staff were knowledgeable as to when people may need these.

Preventing and controlling infection

- People and relatives told us the home was always clean. One relative told us, "I was pleasantly surprised and pleased that it is very clean and doesn't smell."
- The environment was visibly clean and smelt fresh. Staff who were knowledgeable about protecting people from the risk of infection, for example, by use of disposable gloves and aprons when required.
- The home had been awarded a five-star food hygiene rating by the Food Standards Agency.

Learning lessons when things go wrong

- Incident reports were detailed. Staff had clear guidance on reporting accidents and incidents they understood.
- The senior staff reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. The deputy manager told us how they had worked with health and safety professionals to develop their monitoring of falls so any trends and learning could be better identified.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed to allow people's care to be planned and reflect their individual needs. The registered manager told us how they would consider protected characteristics covered by equality legislation such as disability, and reasonable adjustments were in place.
- People and their representative (where appropriate) were involved in the initial and ongoing assessment processes. One person told us, "The staff are very good at trying to involve everyone in conversation, so no-one feels left out."
- Staff had information to allow them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important for them as an individual, this was helped by the involvement of nurses, physiotherapist and occupational therapists.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "The administrator is hot on training. If you need training, or it's coming up for update your name is on the board. If a lot of staff enquire about specific training then [the management] will see what can do, for example training from nurses."
- The provider had progressed care training for staff and there was evidence of further planned training dates. Newer staff told us they had been well supported with induction training.
- Staff received supervision and appraisals and told us they were satisfied with the support this provided to them. One staff member said, "If I request, I can have supervision, otherwise it's twice yearly but I'm happy with this arrangement as I can ask for if needed." The registered manager did tell us they were looking at increasing the frequency of planned supervisions for staff.

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

- People told us they enjoyed the food and drink they had. One person told us, "The food is first class and as good as any posh restaurant. Its fresh, tasty and well cooked".
- People were able to choose the food and drink they wanted. For example, people were offered alternatives and people with specific diets were catered for, whether for health or cultural needs. Staff were aware of the importance of keeping people hydrated and drinks were available and offered regularly.
- Staff engaged with people during meal times. This allowed staff to identify additional support people needed and we saw people were encouraged when they seemed reluctant to eat.
- People's weights were monitored, and people had access to appropriate professionals to support them

with their dietary needs, this including where they may have difficulty with eating.

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

- Staff worked with other social and healthcare services to ensure people received care which met their changing needs. For example, the availability of nurses, occupational therapists and physiotherapists was advantageous in the service meeting its key aims to rehabilitate people. One person told us, "I think having the physiotherapist onsite to advise makes a big difference. Staff know our limitations, and this is well communicated so that we have realistic expectations."
- People had access to a variety of health professionals to support them to live healthier lives as needed. As many people who used the service were there on a shorter-term basis access to such as dentist and opticians was arranged if needed following discussion with the person or their relatives.

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

- People had an environment that met their needs and expectations. For example, the building was spacious with numerous communal sitting areas and wide corridors. There were also outside areas that were easily accessible, these being refurbished since our previous inspection to a pleasing standard.
- There had been some redecoration of the ground floor areas recently, but the upstairs area would benefit from some redecoration as the décor looked tired. A relative told us, "The décor upstairs is old and tatty." The registered manager told us this area was due for a refurbishment and there were plans to upgrade the bathrooms to walk in shower facilities.

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 and found they were.

- The provider had systems to ensure people's capacity was assessed, although most people at the time of our inspection had capacity.
- Staff understood the importance of ensuring people had informed consent and would support people to make their own choices regarding their care and support, and these were recorded.
- The registered manager had a good understanding of their responsibilities in relation to DoLS and understood when applications should be submitted to the local authority, although no one was subject to a DoLS when we inspected.

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 requires improvement. This was because staff left people's records unsecured and spoke about people in a way that lacked confidentiality. At this inspection improvements had been made and this key question has improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was seen to be kept in a way that ensured confidentiality and staff were seen to be discreet when talking to people so information about them was kept private.
- Staff demonstrated good interpersonal skills and showed respect for people's privacy and dignity. Staff were seen talking to people quietly and discreetly which meant discussions with people were private.
- People were supported to maintain relationships which were important to them.
- People were encouraged to maintain their independence, in accordance with their assessed pathways for rehabilitation. One person told us, "It's amazing. I am following the exercise plan I have been given and I really think it is starting to work."
- People said they were treated with dignity and the staff were friendly and caring. One person told us, "The staff have a good sense of humour and are very motivational. They give me praise and encouragement which is really helpful."

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

- People received care that was kind and compassionate. One person told us, "The staff are so attentive and kind and nothing is too much trouble."
- People told us they were well supported by staff. One person said, "They [staff] are all amazing here, so supportive and kind and I feel very lucky to be here."
- Staff were knowledgeable about people's backgrounds and what was important to them. With staff knowing people well they were able to offer care that reflected their needs and preferences.
- Staff had a good understanding of people's diversity and how this may impact on their needs. For example, the cook told us how they would look at people's dietary requirements based on culture as well as health needs.

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

- People told us staff listened to what they had to say and provided care based on their choices.
- People, and if required their relatives, were involved in decisions around their care, support needs and daily life. One person told us, "I like to stay up late and watch TV. The staff are very accommodating and will take me to bed when I am ready."

- No one had an advocate at the time of our inspection although information was available in the home and the registered manager said they would promote access if needed.

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 has 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

- People's care plans and assessments involved people and families where this was appropriate. One person told us, "The staff do involve me and my family in any changes and keep us fully informed."
- People's care plans captured information that was important for ensuring they received responsive and safe care, these in most cases signed by the person.
- People all told us that staff knew their needs and they were able to make choices that reflected their personal likes and preferences. People were involved in reviews of their care, which for many was centred around a review of their progress in gaining independence.
- Staff demonstrated they were knowledgeable about people's needs and personal preferences and when interacting with people showed they knew people well.

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.

- Information about the service was available to people in various formats to assist with communication. For example, information about the service, when needed could and was made available in larger print.
- People's individual communication needs were explored, and staff could tell us how individual people communicated. Staff were seen communicating with people and took their time to ensure people understood what they were saying.

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

- The main aim for people staying at Tiled house was to receive rehabilitation so they could return to their own home. This did mean there was a turnover of people living at the home and the registered manager said, while they worked hard to offer activities it was sometimes difficult to establish exactly what people liked in the short time they lived there.
- People were however able to access activities in between exercise and therapy sessions. We saw the home used a computer-based activity tool that people could use for individual or group activities. One person told us, "They do have an art class – but I am not arty, and sometimes some exercises but with visiting and eating there is not much time left." Another person told us, "The staff are great, they let me wash up after breakfast

so that I don't get out of practice for when I go home – I really appreciate this and it makes me feel valued".

- Visiting times were restricted to set times of day so these did not clash with when people were involved in their rehabilitation programmes. We saw there were many visitors during visiting hours however and relatives told us they were welcomed.

Improving care quality in response to complaints or concerns

- People were confident they could raise concerns with the registered manager or staff. One person told us, "I have nothing to complain about, they seem to have sorted anything I need."
- There was a copy of the provider's complaints procedure available within the home, this accessible to people and visitors. People did not have much awareness of this but said this was because they had nothing to complain about. One person said, "I would find it hard to complain about anything everyone tries so hard to help and sort out any minor concerns"
- There were systems in place to respond to complaints and follow up on any actions identified if needed as a result.

End of life care and support

- The service did not routinely cater for people at the end of their life. There were systems in place for those occasions where people needed end of life support however and where applicable staff did seek people's advance wishes.
- People's advance wishes in respect of resuscitation were explored and when they did not wish to be resuscitated there were DNAR (do not resuscitate agreements) in place.
- The registered manager told us they would discuss specific end of life needs with the wider healthcare team and the nurses based at the service, for example anticipatory drugs to manage pain.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement as the systems for governance had not always been effective. Improvements had been made and at this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team and staff were clear about their roles and responsibilities. Staff were knowledgeable about the aims and purpose of the service.
- There were now more robust reviews of the quality of the service. Quality checks had been improved, for example the provider now had a system for monitoring falls that was easier to use and more informative. Audits were completed on various aspects of care such as the environment and medicines. In addition, assessments in respect of managing people's skin had improved with this monitored by the nurses based within the same building.
- The registered manager demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was displayed at the home and on the provider's website.

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

- People and their relatives we spoke with offered positive feedback, telling us the service was well led. A relative told us, "I don't know the manager, but it seems to be well led on the basis that it is organised, and everyone seems to know what they are doing. There are enough staff and they appear well trained and knowledgeable."
- The management team were experienced staff who were committed to the service, the people they supported and the quality of the care they provided.
- The service had a clear vision and strategy to help ensure they delivered high quality care and support and achieved positive outcomes for people.

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

- People told us if there was any concerns they were able to raise these with staff and they would do their best to resolve them.
- The registered manager understood they were required to be open about anything that may go wrong with people who used the service and their relatives. The registered manager fed back to people about what

they did in the event they were unhappy, this documented so there was a clear audit trail.

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

- The provider used various methods to gain people's feedback or share information, for example surveys and monitoring of complaints.
- Staff were given the opportunity to offer feedback during staff meetings or by approaching seniors. All the staff we spoke with told us they were well supported.

Continuous learning and improving care; Working in partnership with others

- The provider had worked with other professionals to develop better monitoring tools to learn from incidents that may occur.
- Physiotherapists that supported the service told us staff worked well with them and would bring any changes to a person's situation to their attention.