Parkcare Homes (No.2) Limited

Tithe Barn

Inspection report

Upper Moraston
Sellack
Ross On Wye
Herefordshire
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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

Tithe Barn is located in Upper Moraston, Herefordshire. The service provides accommodation and care for up to 13 people with learning disabilities. On the day of our inspection, there were 12 people living at the home. The home is divided into five self-contained flats.

The inspection took place on 13 June 2016 and was unannounced.

There was a registered manager at this home, but they were not present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People's individual needs were known by staff. Staff understood that keeping people safe included upholding their rights and reducing their anxieties. People's freedom was promoted, whilst ensuring their safety. Staffing levels and deployment were based on the needs of the people living at the home. People received their medicines from trained and competent staff.

People were supported by staff who understood their individual health and wellbeing needs. People were supported to eat and drink and to enjoy a healthy and varied diet. People received specialist input from a range of health professionals and staff followed the guidance given by them. Staff understood the need to offer people choices and obtain their consent.

People enjoyed positive relationships with staff. People were treated with dignity and respect. People's individual communication needs were known and they were encouraged and supported to try different communication methods so that their views could be heard.

People's changing needs were responded to by staff. People were supported to maintain individual hobbies and interests, as well as encouraged to try new opportunities. Information about how people could complain was provided in a way which they could understand.

There was an open and inclusive culture in the home and feedback from people, staff and relatives was encouraged and acted upon. Staff were supported in their roles by the registered manager and were motivated and positive about their roles and the running of the home. The registered manager and provider carried out regular quality assurance and competency checks and took appropriate action where issues were identified.

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 is safe.

People's individual risk assessments and care plans were followed by staff to ensure they were kept safe and that their anxieties were managed. People were supported to maintain their freedom. People were supported to take their medicines.

Is the service effective?

Good

The service is effective.

People were supported by staff who had the knowledge and skills to care for them. Staff received on-going training and managerial support. People had access to a range of health professionals and were supported to eat a healthy diet. People were offered choices and their consent sought.

Is the service caring?

Good

The service is caring.

People's independence was encouraged and promoted. People were involved in decisions about their care and had access to independent advocates. Staff knew people's individual communication needs and supported them to express their views and opinions.

Is the service responsive?

Good

The service is responsive.

People's health and wellbeing needs were reviewed and responded to. People enjoyed a range of social and leisure opportunities and were given choices about what they would like to take part in. People were given information about how to complain in a way they could understand.

Is the service well-led?

Good

The service is well-led.

People, staff and relatives were listened to and their suggestions

and comments acted upon. The registered manager and provider motivated staff by recognising their contributions. The registered manager and provider monitored the quality of care provided to people and took prompt action when any issues were identified. Staff were encouraged to report any unsafe or abusive practice and they were confident they would be listened to and action taken.

Tithe Barn

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.

We made an unannounced inspection on 13 June 2016. The inspection team consisted of one inspector.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people; we received no information of concern.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. This information helped us to focus our inspection.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

The registered manager was not on duty the day of our inspection, so a senior support worker was in charge. We spoke with the registered manager after our inspection so that they were involved in the inspection process. We spent time with eight people who lived at the home and spoke with four members of staff and a freelance music therapist who worked at the home one day a week. We looked at three records about people's care, which included risk assessments and capacity assessments. We also looked at the quality assurance audits that were completed by the registered manager and the provider, and the complaints and comments the service had received.

We used the Short Observational Framework for Inspection (SOFI) because people were unable to communicate with us verbally, so we used different ways to communicate with people. SOFI is a specific way of observing care to help us understand the experience of people living at the home.

Good

Is the service safe?

Our findings

Due to the complex nature of people's health needs, people were not able to tell us whether they felt safe and what this meant to them. We looked at how staff kept people protected from avoidable harm and abuse. Staff told us they had received training about keeping people safe from harm and abuse and they knew about different types of abuse, and how to report these to the local authority. One member of staff told us, "We have all had in depth safeguarding training. You've got to be spot on with that, it is so important". We saw that where staff had concerns about people's safety, these had been reported to the registered manager. Where appropriate, the registered manager had subsequently notified the local authority and the CQC. Staff also told us they had received training on human rights, and the importance of this was reinforced in staff meetings and one to one meetings. One member of staff told us, "People here rely on us to keep them safe. We are told by the registered manager keeping people safe isn't just about making sure they aren't physically harmed, it is about upholding their rights". We saw staff demonstrated this approach throughout the course of our inspection.

We looked at how individual risks were managed. We saw that there were risk assessments in place in relation to areas such as road safety, choking and stranger awareness. We also saw that people had their own individual risk profile, which considered risks in terms of environmental, behavioural, personal and health. For example, we saw that one person's environmental risk profile detailed how the person needed minimal visual stimulation and was distressed by environments which were over-stimulating for them. We saw that this person's lounge area was decorated in a way which made the person feel comfortable and safe. Another risk assessment looked at a person's self-injurious episodes. The risk assessment detailed possible triggers for this behaviour, early warning signs and the best strategies staff should use to support this person. Staff we spoke with were knowledgeable about people's individual risks and how to keep them safe.

We saw that consideration was given to protecting people, whilst maintaining their freedom. We saw that one person indicated to staff throughout the afternoon that they wanted to go out and be taken in the home's mini- bus. This person could not go out without staff support. We saw that staff ensured that this person could go out, and they told us how important this was to the person and how much they enjoyed it. We saw the person was happy when they returned. There was a swimming pool onsite at Tithe Barn. Staff told us how much people enjoyed using the pool, and we saw that people smiled and looked happy when staff spoke to them about swimming. In order to keep people safe, one staff member had completed lifeguard training and people could only use the pool when the lifeguard was present. Staff told us that additional staff members were in the process of completing the lifeguarding training so that people could use the swimming pool more.

We saw there were sufficient staff to keep people safe and provide support to people who wanted to leave the home for the morning or afternoon. There were seven staff on duty, and staff told us there were usually six or seven members of staff at any time. We spoke with the senior support worker about agency staff, and were told that agency staff were not used. The senior support worker told us, "People here do not like change. They would feel really anxious with unfamiliar faces. Also, agency staff do not know and understand

them like we do". We spoke with the senior support worker about how they ensured there were sufficient staff to keep people safe and accompany people who needed staff support when in the community. We saw that staffing levels were determined according to the needs of people living in the home. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people received their medicines. Only staff trained in medicines could give people these, and their on-going competency in this area was checked by the registered manager.We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines. We saw that staff supported people to take their medicines. For example, one person needed to take their medicine 20 minutes before food. We saw that staff ensured this person received their medicine 20 minutes before their meal, and they explained to the person the medicine had to be taken before food. We also saw that where people needed support with swallowing their medicines, staff ensured people had sufficient fluids to take these.

Good

Is the service effective?

Our findings

Due to the complex nature of people's health needs, people were not able to tell us whether they thought staff were able to effectively meet their needs, but we observed that staff had the knowledge and skills to support them. For example, we saw that staff understood people's sensory profiles and how to manage people's anxieties. We saw that one person's anxiety levels were reduced by rubbing rice paper between their fingers, and another person found running pebbles through their fingers soothing. Staff we spoke with were knowledgeable about this, and the signs to look out for which suggested that people felt anxious and would benefit from these sensory aids.

Staff told us the induction, training and managerial support they received enabled them to support people. One member of staff told us, "You've got to be able to meet their needs. They realise here that we all need training and support and thankfully, we get all that". Another member of staff told us they could ask for further training and this would be arranged. They told us, "I want to know as much about autism as possible. The more I know, the more efficient I can be". A new member of staff told us how useful the induction had been to understand the needs of people living at the home. We saw the member of staff was supported by existing staff members and that they were able to answer all their questions. Staff told us, and we saw that, they communicated regularly with each other. One member of staff told us, "It's one of the best teams I have ever worked in. It is proper teamwork". One person was unwell in the afternoon and we saw that staff worked together to ensure the person's needs were met.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. We saw that people's support needs in relation to eating and drinking were known by staff. Where people had difficulties with eating, drinking, and swallowing, people had been referred to Speech and Language Therapy (SaLT). Staff knew the SaLT recommendations for individuals and we saw that this information was in people's care plans and was followed by staff. Where necessary, people had specially adapted cutlery to support them with eating. People who needed liquidised meals received these. People were supported to eat and drink. We saw that people used sign language to ask staff throughout the day for drinks, and these were provided. People also used signs to indicate their preferences regarding a choice of food and drinks. We saw that the home received deliveries twice a week of fresh fruit and vegetables and these were used to ensure people ate a healthy and varied diet. For example, one member of staff told us that because so many people had to eat a soft diet, staff made lots of fresh fruit salads using different fruits which people enjoyed. We saw that people enjoyed this. People were weighed monthly to check whether anyone was at risk of being under or overweight. Where people's weight was in an unhealthy range, medical input had been sought from GPs and dieticians.

People had access to healthcare professionals and were supported to maintain good health. We saw people being supported to exercise on the 'Trim Trail' in the grounds of the home. We also saw another person being supported to carry out their physiotherapy exercises. People had their own health action plans, which provided information about areas such as skin health, hearing and ear care, mobility and eye care. We saw that these plans contained a record of people's medical appointments and reviews, and that people saw healthcare professionals when required. We saw that people were supported to access a range of health

professionals, including psychiatrists, specialist nurses, chiropodists and dentists.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. Staff had a good understanding of the Act. One member of staff told us, "You can't force people to do things they don't want to do. You must seek their permission". Another member of staff told us, "It is important to give people as many choices as possible". Where people lacked capacity to make certain decisions, meetings were held with the person, relatives and health professionals to ensure staff acted in that person's best interests.
At the time of our inspection, every person living at Tithe Barn had a DoLS application in place. We reviewed a sample of these applications and saw that each application was specific to individuals' requirements. For example, one DoLS application was about restricting a person's access to water from their bath and sink due to an assessed risk, and another application was about the need to keep a person's wardrobe locked. Staff we spoke with knew why DoLS applications had been made for people and were able to explain to us the individual reasons for the applications.

Good

Is the service caring?

Our findings

We observed how people and staff interacted with each other and saw that people enjoyed their interactions with staff. There was a key working system in the home and we saw that people knew their keyworkers and felt comfortable with them. One person showed us their keyworker throughout the inspection and looked very happy. The registered manager told us that the key working system was used so that people had a designated staff member they worked really well with and felt confident in. One member of staff told us they were a keyworker for a person in the home. The member of staff told us, "[Person's name] loves one to one time, just sitting with you and holding your hand". We saw that the staff member sat with this person during the course of our inspection and held the person's hand, which the person enjoyed. Staff spoke affectionately about the people living at Tithe Barn. One member of staff told us, "It is a really rewarding job. I really enjoy working with the people who live here, getting to know them and gaining their trust". We spoke with the music therapist who told us, "I have seen a consistent and caring ethos. I observe that people are not only happy, they are emotionally secure and able to express a full range of emotion with the confidence they will be listened to".

Staff were aware of people's communication needs and how to support them express their views and make decisions. We saw that every person living at Tithe Barn had a 'communication dictionary' in their care plans, which explained how each individual expressed a range of emotions and needs. People also had their own communication boards in their bedrooms and staff used these to explain to people what was happening that day, and to give them choices such as social opportunities. We observed that staff knew people's ways of communicating and were able to explain to us what people were telling them, and how they felt. To help encourage communication, we saw that the registered manager had introduced a 'sign of the month' for people and staff. The registered manager told us, "I try to encourage people to use signs to open up communication and so that people do not just have to point at things". Staff were able to explain to us the importance of independent advocates for people who needed assistance with making their views known. We saw that one person at the home currently had an independent advocate in place.

We saw that people had choices in day to day decisions about their care and how they wanted to be supported. For example, one person's care plan stated that the person did not like to sleep on a bed and preferred to sleep on the floor. We saw this person's bedroom and saw that there was no bed, but that a mattress was in the room if the person chose to use it. A member of staff told us, "We did try at first to encourage [person's name] to use a bed as we thought they would be more comfortable, but they made it very clear to us they did not want a bed and there isn't one in their room. If they change their mind in the future, we will obviously respect that choice as well".

Staff told us they promoted people's independence as much as possible. The registered manager told us that one person was now involved in preparing vegetables for meals after trying and enjoying cookery classes at college. Staff told us that one person liked to eat their meals by themselves in their flat. Staff told us they encouraged this independence, but checked on the person periodically to check whether they required any support. We saw that staff took the person's meal to their flat and respected their right to eat by themselves, but let the person know they would check on them later.

We saw that staff treated people with dignity and respect, and that people's right to privacy was recognised. For example, we saw that one person required personal care and staff ensured the person was taken away from the lounge area and into the privacy of their bedroom. Staff did this in a discreet way, so other people in the lounge were not aware of this person's personal care needs.

Good

Is the service responsive?

Our findings

We observed that staff knew people well as individuals, including their preferences and interests. One member of staff told us, "You get to know people really well, their likes and dislikes". The music therapist told us that all sessions were tailored to people's individual strengths and needs, and that staff and the registered manager had a personalised approach to how they supported people. Staff who held keyworking roles told us that as part of their role, they took the person's care plan to their monthly one to one meetings with the registered manager to discuss any changes to people's health and wellbeing needs and any updates required to people's care plans.
We looked at how staff responded to people's changing needs. We saw that there were regular reviews of people's care, and these took place with people's relatives and health professionals. On the day of our inspection, one person became unwell. We saw that staff recognised a change in this person's behaviour and realised they were unwell. We saw that staff responded to this person's needs, checked their temperature and reassured them. Staff monitored this person and discussed the need to contact a health professional if the person continued to display symptoms of ill-health. We observed a staff handover in the afternoon. A handover is a short meeting between staff at the end of one shift and the start of the next. We saw that people's health and wellbeing needs were discussed, including people who needed additional support that day.

We saw that people were supported to maintain individual hobbies and interests. On the day of our inspection, the coordinator supported people on an individual basis. We saw that one person made fudge, and another person made a card for someone who had recently moved from the home. We saw that when people no longer wanted to take part, they were able to express this and the activity then stopped. We spoke with the registered manager about how people were encouraged and supported to maintain individual hobbies and interests, as well as develop new ones. They told us, "Some people are doing things now we would never have envisaged, we never thought they'd want to participate. It's a continuous process of trying new things and giving people opportunities, without putting pressure on them".
Photographs had been introduced as a way of offering people choices and finding out what their preferences were. For example, one person had been asked where they would like to visit and were given photographs of different places. The person had consistently chosen the seaside photograph and so a trip was being arranged for the person.

We spoke with the coordinator about their role and how they worked with people to give them choices and respond to their individual social and leisure needs. They told us, "I spent time with people first and got to know them. I then provided them with different opportunities on a trial and error basis. I work closely with the staff team to discuss ideas and suggestions about what people will like". We saw that recently, a small group of people had attended a local trampoline centre for the first time and had enjoyed this. We saw that various social events had taken place, including a St Patrick's Day themed event, and a Chinese New Year day where people had helped to prepare homemade Chinese food and made lanterns. We saw photographs displayed from these events.

We saw that people were supported to access the community and pursue individual leisure opportunities.

For example, one person was supported by two staff members to go into town and buy a coffee. Staff told us how important this routine was for the person, and how staff all made sure the person was able to go out and buy their coffee every day. We saw the importance of this routine was reflected in the person's care plan. We also saw that people were supported by staff throughout the course of our inspection with their hobbies and interests. This included people going for walks and going to college.

People were not able to tell us who the registered manager was, and whether they knew how to make a complaint. However, we saw people had pictorial complaints procedure in their rooms, and this information was also displayed in communal areas in the home. Staff told us that the keyworkers had a good relationship with the people they supported and keyworkers would know if people were unhappy, and would support them to complain if necessary. Although no complaints had been received in the last 12 months, there was a system in place for people, relatives and health professionals to make a formal complaint, or to make any comments and suggestions.

Good

Is the service well-led?

Our findings

We were unable to ask people whether they knew who the registered manager was. We saw that pictures of staff members, including the registered manager, were displayed for people. Staff told us people knew the registered manager well. One member of staff told us, "Their faces light up when they see [registered manager]". We spoke with the registered manager about how they ensured they were visible for people and staff. They told us they worked some of the care shifts, joined in some of the handover meetings and carried out regular observation checks, which included spending time with people. Staff confirmed the registered manager spent time with people and staff and they welcomed this approach. One member of staff told us, "[registered manager] is so involved and supportive. I cannot fault them at all".

We looked at how the registered manager and provider managed risks to people and monitored the quality of care provided. We saw that the registered manager carried out six monthly medication competency checks. A recent audit had shown that there had been an increase in medication errors, and appropriate action was taken by the registered manager and provider, which included discussing the errors with staff and ensuring staff did not sign for medicines before they had been given. The registered manager and provider carried out monthly audits of accident and incident reports and analysed the information to look at any changes in people's needs and what action should be taken. We saw that the provider carried out unannounced 'out of hours' spot checks every three months, as well as quality checks every six months. The provider's reports were made available to all staff so that they could see what action, if any, needed to be taken.

We spoke with the registered manager about their visions and values for the service and how they ensured staff worked to achieve these. The registered manager told us, "Quality of care is something I am really passionate about and something I instil in staff". We saw from our observations and speaking with staff that they shared this belief and that they wanted to provide the best possible service to people. We saw that recent feedback had been received from relatives. One relative said, "Communication has been sparse with health professionals, but you have been informative and helpful. I much appreciate being kept informed". Another relative had commented, "Even when you are busy, you always welcome us and listen".

The registered manager told us how they promoted a positive culture in the home, and how they ensured they delivered high quality care. They told us, "The best tool for a manager is enthused, committed and dedicated staff". We asked staff about the 'employee of the month' scheme the provider had recently introduced. Staff told us they found the scheme motivating and that they enjoyed working towards trying to achieve it. One member of staff told us, "It motivates us, it gives us a goal. I told [registered manager] I wanted to work towards achieving it, so we used monthly one to one meetings to work towards it". Another member of staff told us, "It makes you feel really appreciated". We saw that the registered manager frequently sought staff's feedback and comments and used these to improve the service. For example, we saw that the registered manager had recently carried out staff evaluations of the induction process and was in the process of using the feedback received to inform future inductions.

The registered manager told us that they were always looking for new ways of involving people and their

relatives in the running of the service, keeping them informed and seeking their feedback and opinions. We saw that a newsletter had recently been introduced and positive feedback had been received from relatives about this. There was also a suggestion box in the home which was accessible for people, relatives, staff and visiting health professionals. Recent feedback had been received from relatives to request more social events for them and people. As a result, we saw that a garden party had recently taken place at the home and people and their relatives had expressed their enjoyment of this. We saw that the registered manager provided annual quality assurance questionnaires to people, relatives and health professionals. To ensure the questionnaires were inclusive, people were provided with pictorial questionnaires so that their opinions could be gathered.

Staff told us that the registered manager was very knowledgeable about people living in the home and their needs. One member of staff told us, "We can ask them anything, and they always know the answer and explain it in a really good way". The registered manager told us they kept up to date with current best practice by being a member of the British Institute of Learning Disabilities, and by the academic qualification they were currently working towards. The registered manager had completed a course which enabled them to deliver training to staff. Staff told us they received in-house training from the registered manager, in addition to external training.

The provider had a "Speak Out And Stand Up For What Is Right" whistleblowing policy, which we saw was displayed throughout the home. We spoke with staff about their awareness and understanding of the policy. They told us the policy was a reoccurring agenda item in staff meetings and that they were encouraged to raise any concerns they had about any unsafe or abusive practice. Staff told us they were confident that action would be taken in the event they raised any concerns. Staff told us the provider made it clear to them what standards were required of them, and that action would be taken if staff did not meet these.