

Parkcare Homes (No.2) Limited

Tithe Barn

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

Tithe Barn is a residential care home providing personal care to people with learning disabilities or autistic spectrum disorder.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service was a large home, bigger than most domestic style properties. It was registered to provide support to up to 13 people and there were six people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other larger domestic homes of a similar size.

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

People were supported by staff that understood their individual needs.

People's care needs were appropriately assessed. Staff had received specialist training to keep people safe during times when behaviours became challenging.

People were supported by staff who had been trained and understood how to protect people from abuse.

Safe practices were followed to reduce the risk of infection. Staff wore personal protective equipment (PPE) in line with current guidance. The registered manager reviewed any accidents and incidents ensuring any lessons learnt were acted on and shared with the staff team.

Safe arrangements were in place for the administration and management of people's medicines.

People were supported to access healthcare professionals where required.

People were supported to be as independent as they could be. People were actively encouraged to choose what they wanted to eat and what activities they wanted to do.

People and their relatives had access to information on how to raise any complaints. Procedures were in place for the manager to monitor, investigate and respond to complaints in an effective way.

The provider had governance systems in place to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The Model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human Rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The manager, senior managers and support staff shared person centred values in relation to how people were supported. People were supported to make clear choices for example what they did and how they spent their day.

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

Rating at last inspection (and update): The last rating for this service was inadequate (published 27 October 2020). The provider was in breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The provider had demonstrated they had made improvements; systems were in place to ensure these were sustained. This included regular checks by the operations director, who also supported staff by working from the home regularly.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tithe Barn on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Tithe Barn

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Tithe Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who had applied to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

People living at the home were not able to communicate their views verbally with us. However, we spent time checking how people were supported by staff and saw they wanted to spend time with the staff caring for them. No relatives were visiting during the inspection, so we subsequently spoke with one relative and received feedback from another relative via email about their experience of the care provided to their family members.

We spoke with 10 members of staff including the manager, operations director, positive behaviour support team, team leader, support workers and the maintenance worker.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

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. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The procedures and methods used to promote people's safety had been further embedded since our last inspection. People were now supported by staff that had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I [staff member] would not hesitate to raise any concerns and am confident they [management team] would act."
- The provider had a robust safeguarding and whistle blowing policy in place which was accessible to staff.

Assessing risk, safety monitoring and management

- Risks associated with people's needs and the environment were assessed, and actions to take to minimise possible harm. Care records included assessments on mobility, communication and nutrition.
- Identified risks were mitigated in the care planning process. For example, people who were at risk of displaying behaviours that may challenge others received input from professionals such as the positive behaviour support team.

Staffing and recruitment

- There was enough staff to provide people with the individual support they needed.
- The provider had a robust recruitment process and followed safe practice. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained.

Using medicines safely

- People's medicines were managed safely. Medicines were safely received, stored and administered. There was clear guidance in place to support staff to safely administer topical medication. Systems were in place to ensure medicines were safely destroyed.
- People received their medicines as prescribed by staff that were trained in the administration of medicines and regularly had their competencies checked.
- Regular audits were carried out which highlighted any areas for improvement.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider had systems in place to ensure people were admitted to the service safely.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for staff and consulting with relatives and appropriate stakeholders to make decisions in people's best interest in relation to testing.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood how to record and report any accidents and incidents. Records showed accidents and incidents were recorded. This included any falls that had happened to people when they were out in the community or following a seizure. These were reviewed and signed by the registered manager, and any learning from these were shared with the staff team.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection in August 2019 we found there was a breach of the Health and Social Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing. When we inspected in September 2020, we found enough improvement had been made and the provider was no longer in breach of regulation 18.

At this inspection we found further improvement had been made.

Staff support: induction, training, skills and experience

- Staff were now offered a more comprehensive level of training and had taken opportunities to develop their skills further, through induction and specialist training such as medicines. Staff were positive about the training they were provided with and the support they received. This enabled them to meet the needs of the people they cared for.
- Staff now had access to training to develop their skills from the positive behaviour support team. This focused on people's individual needs and equipped staff with the knowledge they needed to care for each individual living at the home.
- People's and staff safety needs were considered when staffing was planned. For example, to ensure staff allocated to support people had an appropriate mix of skills and experience.

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

- People's needs were assessed. People's care plans and risk assessments tailored to individual needs, and considered any risks arising from how people interacted with each other.
- People's care plans contained clear information about their preferences. Staff were also knowledgeable about people's likes and dislikes.

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

- People were now offered choices of meals and were offered drinks and snacks throughout the day.
- Staff involved people by checking how they reacted to food and drink choices offered and supporting people's choice. Staff gave us examples of how people were involved in baking. The manager and provider planned to ensure people had additional opportunities to be involved in food preparation where they chose to.
- Staff checked people had enough to eat and drink and understood risks associated with people's eating and drinking. Care plans contained information about specific dietary requirements and were informed by advice from specialists such as speech and language therapist (SALT). For example, one person had a

fortified diet to maintain a healthy weight.

- Staff recorded what people ate and drank so they could be assured people had enough to eat and drink to remain well.

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

- People had health action plans in place. These records contained people's medical history, professionals involved in their care and details of any health appointments they had attended.
- People were supported to attend health appointments such as annual health checks, dental examinations and opticians.
- Where people required follow up support to ensure their health needs were met this was provided. At this inspection we found staff responded promptly when people needed medical care from the emergency services.

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

- Staff now supported people to use different parts of the home and gardens to meet people's sensory needs and promote their well-being.
- Areas of the home had already been refurbished to promote people's well-being. The provider had also identified other areas of the home which would benefit from further redesigning. As part of this, staff had considered how to adapt the building to promote safe visits.

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.

- Where people needed support to make decisions these were done in their best interest and now recorded. For example, people's ability to consent to the COVID-19 vaccination had been assessed and documented.
- Staff understood their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS). People who were unable to consent to restrictions on their liberty had DoLS authorisations in place.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last comprehensive inspection in August 2019 we found people were not treated with compassion or dignity and staff approach to caring had significant shortfalls.

At this inspection we found improvements had been made.

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

- People were relaxed and comfortable with staff. Staff were now respectful and kind to people. We observed positive interactions between staff and people which enhanced people's lives.
- Staff told us they enjoyed working with the people they supported. One staff member said, "I love it here" another staff member said, "I'm here to make service user day and life better."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. We saw people were relaxed and comfortable with staff with whom they had positive relationships.
- People's care planning arrangements acknowledged people's different levels of independence. People's private and confidential information was now securely stored.

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

- People were now involved and engaged in the activities they enjoyed. For example, we saw that people made choices about how to spend their time throughout the day and staff were flexible to accommodate this.
- Staff gave us examples showing how they tailored the way they communicated with people, so people would have the best opportunity to be involved in decisions about their care such as meal choices. For example, staff now recognised some people chose to use their own version of Makaton and staff responded to this.
- Records showed people had been supported by their relatives, other health and social care professionals and staff, who were involved in making decisions about the care people received.

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 Inadequate. At this inspection this key question has now improved to Good. 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; Meeting people's communication needs; 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

At our last comprehensive inspection, the registered persons failed to provide person centred care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were now receiving care and support that ensured they had choice and control to meet their needs and preferences. This included how they wished to spend their time.
- People's choices and preferences had now been identified when their care was planned. These plans provided staff with the information they needed to support people to follow their interests and engage with what was important to them.
- Staff had supported people to do things they enjoyed during the COVID-19 pandemic. This included local walks and keeping in touch with their family members.
- As guidance changed staff were working with each person to ensure they had opportunities to spend time in the community and reconnect with people who were important to them. For example, meeting with family members in person and spending time with staff engaged in things people enjoyed doing.
- Staff were working with people to identify what other activities people wanted to pursue either at Tithe Barn or in the community. At this inspection we found people still did not have access to the swimming pool on site. The manager provided assurance this was being addressed.
- Since our last inspection new systems had been put in place to ensure any incidents were recorded and used to inform effective future support.

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.

- There were communication plans and guidance in place for people who were unable to communicate

verbally or had limited verbal communication. Staff we spoke with now had a good understanding of people's individual communication needs. For example, a staff member told us, "If [person that uses the service] does this sign, it means biscuit for example."

Improving care quality in response to complaints or concerns

- The provider had a complaints process and procedure in place to ensure the quality of care could be reviewed and improved. We saw where any complaints or concerns had been raised these had been promptly addressed.
- A relative told us when they had raised a concern they were listened to and the issue was rectified. They also said they were confident any issues or concerns raised to the management and staff team would be listened to and acted on.

End of life care and support

- The provider was not currently supporting any end of life care at the time of our inspection.
- There were end of life care plans in place for some people which documented their personal wishes and preferences for care at the end of their life. This included music and readings preferences, religious representation and funeral arrangements. For other people end of life care and support plans were being sensitively developed.

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. At this inspection this key question has now 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and senior team had further developed their quality assurance systems so they could be sure people received safe, quality care. For example, the provider had a rolling programme of audits in place and continued to undertake regular checks on the care provided to people. In addition, more guidance was available to support staff. This included in relation to the safe administration of people's medicinal creams.
- There had been further changes in the staff supporting people and the management of the home since our last inspection. However, people continued to be supported by staff who knew them well. The operations director had spent time regularly working at the home in order to support staff and to check the quality of care provided to people during the times of change.
- A new manager was in post at the time of the inspection. The new manager was in the process of applying to become registered manager at the home.
- Staff understood how they were expected to care for people through regular discussion with the manager and senior staff. The manager also checked key areas of people's care so they could be assured this was provided safely and met people's needs.
- The manager and provider understood what significant events needed to be notified to The Care Quality Commission, and understood they needed to be open in the event of anything going wrong with people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw people wanted to engage with the operations director and the staff team and enjoyed spending time with them.
- Relatives told us their views on the care provided to their family members was regularly sought and acted upon. Relatives said they could rely on staff contacting them to let them know how their family members were.
- Staff told us they found the senior team and manager to be approachable and described open communication through staff meetings and surveys. Staff told us they did not have to wait until their regular meetings with managers if they had any suggestions for improving the care provided. This encouraged staff to make suggestions for improving people's care further.
- The manager gave us examples of how they were further developing their approach, so the views of

people living with sensory and learning disability would continue to be incorporated into decisions about their care.

Working in partnership with others

- We saw staff were empowered to seek advice from external specialists in order to drive through improvements in people's care. This included in relation to people's rights, physical health and well-being. Where external specialists had provided advice, this was followed.
- The manager was working with other local agencies to ensure people continued to have access to other services and to enjoy good outcomes.

Continuous learning and improving care

- Further development of systems and checks to explore people's individual needs had been introduced. This helped to ensure people's individual needs were met. For example, through recording and reviewing people's changing needs and putting informed plans in place to support them further.
- Plans to develop the care provided to people had been further progressed, to enhance people's care and well-being. This included a focus on introducing more interesting things for people to do, following feedback from staff. The provider had recently appointed additional staff to ensure people continued to have access to things they enjoyed doing in the community. In addition, plans were progressing to change the layout of some people's accommodation, so it would continue to meet their changing needs.