

Pressbeau Limited

# Tithe Farm Nursing Home

## Inspection report

Park Road  
Stoke Poges  
Buckinghamshire  
SL2 4PJ

Tel: 01753643106  
Website: [www.pressbeau.co.uk](http://www.pressbeau.co.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Tithe Farm Nursing Home on 13 and 14 December 2016.

Tithe Farm Nursing Home is registered to provide accommodation and nursing care for up to 30 people. On the day of our visit there were 27 people using the service.

At the last inspection on 5, 6 and 9 November 2015 the provider was in breach of several regulations. We used our enforcement powers and asked the provider to take action and make improvements to meet the regulations.

The provider had met the enforcement requirements and sent us an action plan outlining the actions they were going to take. At this inspection, we found some improvements were made but further work was required to improve monitoring systems as there were a number of recording errors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their families told us they felt safe at Tithe Farm. Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up-to-date with recognising and reporting safety concerns. The service had systems in place to notify the authorities when concerns were identified. People received their medicines as prescribed.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. We saw and relatives and staff told us people's dignity was promoted.

Where risks to people were identified, risk assessments were in place and action was taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People and their families told us people had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives told us they were confident they would be listened to and action would be taken if they raised a

concern. The service had systems to assess the quality of the service provided, but these were not always effective. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care, however, improvements were needed regarding the retention of documentation.

Staff spoke positively about the support they received from the registered manager and all of the team at the home. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

Relatives told us the service was very friendly, responsive and very well managed. Comments received included "Really well run". The service sought people's views and opinions and acted on them.

We have made a recommendation that the service reviews and ensures compliance with the Mental Capacity Act 2005 and the associated Codes of Practice.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

The provider was mainly following the principles of the Mental Capacity Act 2005. However, improvements were required.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to moving into Tithe Farm Nursing Home to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

People were supported with their decisions about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

There was a positive culture and the provider shared learning and looked for continuous improvement.

People, their families and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of care but these were not always effective and improvements were still needed.

# Tithe Farm Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 December 2016 and was unannounced. The inspection was carried out by one inspector and a specialist advisor (SpA). An SpA is someone who has knowledge in the care of people in a nursing setting and older people's care.

We reviewed the information we held about the service. This included notifications about important events which the service was required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with five people who used the service and four relatives of people who lived at Tithe Farm Nursing Home.

We looked at nine people's care records, medicine administration records, four staff records and records relating to the general management of the service. We spoke with the registered manager, clinical lead, one registered nurse, the chef, activities co-ordinator and two care staff.

We observed how care was provided to people, how they reacted and interacted with staff and their environment.

## Is the service safe?

### Our findings

At our comprehensive inspection on 5, 6 and 9 November 2015 we found concerns relating to the safety of people living in the service as the gate on the stair case was not always secure, food thickeners were left unattended and we found fire emergency doors were not always accessible which put people at risk. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against the provider and issued a Warning Notice and they were required to be compliant by 25 March 2016. The requirements of the Warning Notice were met prior to this inspection.

There was also a failure to manage risks for people. This was also a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have an effective dependency tool in place to ensure there were enough staff to meet people's needs. This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found concerns relating to the management of unexplained bruising to people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made. A secure stair gate had been fitted, food supplements for people were well managed and the emergency doors were accessible. We also found risks for people were recorded and action to mitigate these risks were included in people's care files and there were enough staff to meet people's needs.

Relatives and people told us they were safe. Comments included, "I can go away knowing he is being cared for and he is safe"; "Their needs are a priority, staff treat people as individuals, staff are great and I know my mother is safe and secure"; "[name] feels safe in the home, I know that"; "He really does like it here and I know he is safe" and "I have no concerns re safety of my mother". People said; "I definitely feel safe" and, "I feel very safe. The staff are so nice here".

One relative told us how the staff made sure their family member was comfortable and safe as they would get up at night. The night staff would settle the person when this happened. Another person told us how the home had improved their relative's safety as they were at risk without continuous care at home. They said "The 24 hour supervision has made a great difference and they are warm and safe".

We saw people had appropriate equipment to keep them safe when moving around the home. We saw staff were aware of what equipment people needed and when this equipment should be used. We saw people were transferred safely by care staff, for example, from their wheelchair to a lounge chair. Staff talked to the person throughout the transfer, explained to the person what was happening, were patient and caring.

Safeguarding incidents had been recorded and reported to the local safeguarding authority who confirmed they had no concerns regarding the management of safeguarding incidents at Tithe Farm Nursing Home.

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. One member of staff said, "I would not hesitate to report anything. I imagine it was my mum, I cannot let this happen". We saw staff carried call bell monitors on their person. This ensured people were responded to when they called for assistance. On the day of our visit we saw people were attended to in their bedrooms and in the communal areas in a timely manner. This added to the calmness experienced within the home for people.

Staff were aware of people's safety. We observed one person was assisted to eat their lunch. This person had difficulties with swallowing. The staff member made sure they were positioned in a safe way to allow them to swallow. This person required their diet to be pureed. The staff member told us that this person's drink was not thickened to the correct consistency. They said they had changed the thickness that morning. They were open about this and had reacted appropriately by making the situation safer for the person.

Accidents and incidents were recorded and the manager told us how they regularly checked these. For example, if anyone had any bruising identified, a full body map was completed and the manager investigated the incident to ensure there was a clear explanation for the cause. This was confirmed when we looked at people's care files.

People's care plans contained risk assessments and included risks associated with; falls, nutrition, pain, medicines and use of bed rails. Where risks were identified, care plans were in place to ensure risks were managed. For example, one person was at risk of developing chest infections. The signs and symptoms were described, the actions to take if they arose and the subsequent management needed to care safely for this person. Another person was at risk of developing pressure ulcers. The appropriate pressure relieving equipment was in place. Their mattress was checked daily to ensure the correct pressure was maintained. We saw the mattress settings were correct for the weight of the person as per their care plan. The staff member had good knowledge and understood the importance of mattress settings to reduce the risk of pressure ulcers developing. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

We attended a handover between staff shifts. We saw a communication book was used by the clinical lead to record any health changes of people. Visits by GPs were recorded in a 'surgery' folder at the home. These details along with people's health changes were communicated to care staff and nurses at these handovers. Staff were reminded of people's individual needs, for example, when they needed to be repositioned in their bed. This demonstrated good team work and communication for people to keep them safe.

Arrangements for emergencies were in place. People had their own personal emergency evacuation plan (PEEP) in place. These detailed the person's individual needs in case of an emergency, for example, their mobility needs. We noticed that people's medication details were not completed on these forms. We discussed this with the manager who agreed to review these records to ensure all the relevant information was available in case of an emergency.

Relatives and staff told us there were enough staff to look after people safely at Tithe Farm Nursing Home. They said that since the last inspection staff numbers had increased. Comments included; "Over the last eight months they (the provider) have 'upped their game'. There has been improvement in staff numbers and this has been a real bonus for people"; "My relative is never left waiting for support"; "Staff to people ratio is very good. Staff are not rushing around" and "I think on the whole they have doubled the number of staff". This was confirmed when we viewed staff rotas.

Staff told us improvements to staff numbers was so much better since the last inspection. One staff member said "Things are now much better with the new clinical lead nurse and we work well as a team to give good care and could raise concerns with the team". We spoke with the lead nurse and they told us staff numbers had improved and there was good team working as staff were allocated to 'zones' within the home. This meant there was improved continuity of care for people and more clear responsibility for staff members. Relatives confirmed this when we spoke with them and said the key worker system had also helped with continuity of care.

Records related to recruitment of staff contained relevant checks that were completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Safe systems were in place to manage people's medicines. We observed the medication round with one of the nurses at Tithe Farm Nursing Home. The registered nurse was diligent and approached people in a calm manner. For example, some people who required their medication were still eating their lunch. The nurse planned to return to people after they had finished their meal. People's medication administration records and 'medication as required' records were completed appropriately. Specific medication management was in place. For example, one person's warfarin drug had been safely recorded with notation of when the next blood test was due. The system was clear and well understood by the registered nurse. We saw another person had their medicine administered covertly. This is when the person's medicine is put in their food or drink using a best interest decision. The pharmacist's instructions were followed on how to administer this medicine and staff were aware of this person's requirements. The medication trolley was stored in a locked room and was secured to a wall. The medication room had a temperature check and a secure controlled drugs (CD) cupboard. We looked at two people's records who were prescribed a CD. Both were recorded in detail. We saw daily temperature checks were undertaken of the medication room and the fridge to ensure people's medication were stored at the right temperature to keep these effective. This meant the provider had robust systems in place to manage people's medicine.

People's relatives told us they felt their family member received their medication when required. One relative commented; "[Name] gets their pain relief when needed". During our observation of the medication round we saw people received their medication promptly, including those who required 'as required' medicines. The registered nurse had a good understanding of pain management and documented this well in people's care records.

## Is the service effective?

### Our findings

At our comprehensive inspection on 5, 6 and 9 November 2015 we found concerns related to training, support and supervision of staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The lunch time experience for people was rushed as staff were not always available to support people. This was a breach of Regulation 14 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the induction process had been improved, supervisions were in place to ensure staff were supported and staff received the appropriate training. We observed the lunch time experience for people and found that there were enough staff to assist people with their meal.

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, nutrition and diet, pressure care, end of life care, how to measure blood glucose levels and dementia care. Staff had put their training into practice, for example dementia training. Staff managed people with dementia in a kind manner and applied recognised good practice approaches, for example, 'Contented Dementia Trust' which is a person-centred method of managing dementia. Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. One staff member we spoke with told us the training they had received in manual handling had given them pride, confidence and the skills to move people safely. Other comments received were; "There is loads of training" and "Our competence is checked by the manager as they come and observe our practice when assisting people". The clinical lead told us they were arranging more training for staff, for example, diabetes and wound care. This meant the clinical lead recognised the need to enhance staff training and to ensure they had the right skills to meet people's needs.

Relatives we spoke with told us they felt staff had the necessary experience and training to look after people. Comments included; "I have seen no problems when I have visited my relative or other people"; "Staff know what to do"; "I have not seen any issues which would indicate they (staff) need more training" and "Everyone (staff) know what they should be doing, they help each other and all pull together". One person we spoke to said "I think they (staff) know how to look after me".

New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. Staff told us "My induction was very good. The provider now uses the same induction process for agency staff as well". This meant the provider ensured all staff received the correct support before working with people independently and as part of the wider team.

Staff felt well-supported by the management at Tithe Farm Nursing Home. Most of the staff told us they had regular supervision sessions. They said it was an opportunity to discuss any concerns and development needs. If staff needed additional support then supervisions would take place more frequently. One staff member commented "I feel well supported, I have regular supervisions and these meetings are recorded".

We looked at staff files which confirmed what staff had told us. There were records of the appointment process, induction, supervision and training details for staff members.

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 are 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 were being met.

Staff we spoke with demonstrated a good knowledge of the MCA and DoLS. They said "The MCA is when people cannot make choices as they don't have the mental capacity. We need to respect this and still give them choices" and another staff member told us "It's when people do not have the capacity to make a specific decision, an assessment needs to be done to find out what they can and cannot make a decision about. We then need to consider if a DoLS is relevant, for example, if they want to go out alone".

We saw people were referred to the local authority for standard DoLS authorisation applications, and best interest meetings were recorded and had involved the appropriate people.

Although people were mainly supported in line with the MCA, we found further improvements were required. One relative we spoke with told us how their husband had a lasting power of attorney (LPA) for health and welfare. The provider should have obtained a copy of the LPA. This would ensure consent was legally given by the authorised attorney. When we checked the records, we found there was no copy of the LPA for this person. This meant consent decisions risked being made without the provider having the correct documentation in place. We discussed this with the registered manager and clinical lead. They agreed to contact the family and obtain a copy of the LPA. We found another person who did not have capacity to make decisions about the way in which they received their food. The speech and language therapy team assessed this person as being at risk of dysphagia (swallowing problems) if they did not receive food which had been pureed. We found despite this risk being identified the person had access to food from their family which was not pureed and so put the person at risk. We checked to see if a best interest decision had been made and if a meeting had taken place to safeguard the person. This had not taken place. We discussed this with the registered manager and the clinical lead who agreed to arrange a meeting with the appropriate parties. This was because the person lacked capacity to make this decision themselves and the principals of the MCA were not followed by the home. Following our inspection we were told by the registered manager that they made arrangements for this meeting.

We recommend that the service reviews and ensures compliance with the Mental Capacity Act 2005 and the associated Codes of Practice.

People had enough to eat and drink. Comments from people and their relatives included "I am very happy with the food, including the choices available"; "Food is ok, sometimes there is a choice"; "Food is nice here"; "Food is very good, my relative always has a drink at all times, a jug of juice, water or cup of tea. They even have wine with their meal if they wish. He enjoys the food which is really nice to see. If dad does not like

the lunch they will offer something else and give him two puddings if that's what he chooses. I also know that they will make him a sandwich in the afternoon if hungry". Another relative told us how their family member does not like pasta, they said the staff have acted on this to ensure their family member does not have this and are given a different choice.

We observed the lunchtime experience for people. There were menus on the table, napkins, plants and table cloths. The tables were nicely set out and people were seated at a table of their choice. We saw people were given napkins or appropriate protective clothing when they ate their meal. Staff wore protective gloves and aprons to minimise infection control. People were offered a choice from the menu and were also visually offered the choice of meal. This meant the provider understood that some people had problems in making a choice of their food. People were offered the choice of wine or a cold drink with their meal. People were supported by staff to eat their meal. Staff spoke with the person throughout the meal and encouraged them to eat. There were enough staff to support people and where required, people had appropriate equipment to enable them to eat independently, for example, plate guards. This stops the food from falling from the plate. The food was well presented and where people needed pureed food, this was presented individually to retain the colour and to keep it as appetising as possible. We saw one person who was reluctant to eat their meal. The staff member was patient and respectful and took their time with the person explaining the food and encouraging them. This person then continued to eat their meal. We saw staff demonstrated dignity for people as when they were assisting them with their food the staff member made sure a napkin was used to clear any spillage.

We saw that people who were in their bedrooms had regular drinks brought to them throughout the day. They had a choice of water or fruit juice. This meant people's hydration was supported.

Where people were assessed as being at risk of malnutrition, they were given the opportunity to eat more frequent meals and were offered an earlier breakfast by the night staff before the usual breakfast time in the morning.

We spoke with the chef. They knew which people needed specific dietary requirements and explained how their fortified food for people who were at risk of malnutrition. We saw they had details displayed in the kitchen area for quick reference. This information correlated with the details in people's care records. The chef told us they attended relative and resident meetings to obtain feedback. We saw the food was an agenda item and feedback was sourced. They also told us they would visit people who were not able to leave their bedrooms to obtain feedback. This meant people's choices were considered to ensure they had food which was of their choice.

People had access to health professionals when required. People's care plans showed people were supported to see health professionals, for example their GP. Staff told us they knew they could contact specialist services if needed, for example tissue viability, SALT or diabetes specialist nurses for advice. Visitors told us they were kept informed of any health concerns regarding their relative. Comments included, "If there are any health concerns with [name] they always contact me, including any medication concerns"; "Yes they are very good at keeping me informed"; "My relative is seen by the GP when needed, the GP is very good and the home are 'on the ball' with the medication" and "The GP comes every Monday, the home always let me know if there are any concerns and how [name] general health is". Another relative told us how the provider had managed their family member's health concern very well. They said the provider was proactive and arranged blood tests immediately. Their medication was reviewed quickly. This gave me reassurance that [name] was well looked after".

Relatives told us people were supported to maintain good health. For example, podiatrists regularly visited

to support people's health needs.

## Is the service caring?

### Our findings

At our comprehensive inspection on 5, 6 and 9 November 2015 we found concerns related to the management of people's end of life needs. Training had not been delivered to staff and records did not clearly show details of people's wishes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. People's care plans were clear and detailed people's end of life wishes. Training had also been delivered to staff.

During our visit, the staff treated people with kindness and compassion. Staff were happy and were able to give time to care for people. We saw cleaners ensured cleanliness and hygiene was maintained. They also demonstrated caring interactions with people. They would attend if someone needed assistance and called a staff member. During our observation of the medication round we saw one person who became upset and felt 'people were ganging up against her'. The nurse listened to this person's worries and kindly reassured her that this was not the case. The person appeared to be calmed by this reassurance. The nurse later told us "This person often gets anxious and just needs some kind words to reassurance".

Staff were attentive to people's needs. During the handover, one person came in to the room and said they were looking for a newspaper. One staff member quickly accompanied the person to the lounge and found a magazine for them.

People told us staff were caring. They said; "Staff are very friendly" and "Staff are really nice to me". Relatives comments included; "[name] always looks comfortable, so I have no worries"; "They (staff) recognise [name] preferences, for example, that she is happy in bed as finds going down to the lounge stressful sometimes"; "Staff are very caring"; "Staff provide very good care, my family member is comfortable with the staff"; "[name] is fantastically looked after"; "Staff are so good with her"; "Mum loves the all (staff)"; "They have been fantastic, we looked everywhere for a good home. Staff know people individually and I believe this is because it's a small home"; "I have visited at different times and they are always attentive to his needs"; "They (staff) are brilliant!"; "They don't leave people just sitting there, they talk with people, hold their hands and are caring" and "Staff are very calm, even when being spoken to inappropriately by people, they are very patient and understanding".

Staff knew the people very well. We saw caring interactions between staff and people. For example, at lunchtime staff were patient with people when assisting them. Staff also recognised people's individual needs. They knew how to manage people's behaviour. We saw staff stroked people's arm when giving them assurance when they became upset. Relatives told us how staff would leave the person and then return later if they had refused personal care. This showed knowledge and respect of people's wishes.

People and their relatives were involved in their care and reviews of their care. We saw care plans were written with the involvement of the person and their relatives who told us they were mainly involved in these reviews. Where people had communication difficulties, options were available. For example, one person

used communication cards due to their lack of speech. This person had capacity to make choices and their relative told us how they would sometimes refuse their medication or refuse to wear their health supports. They said the staff managed the person very well and would return to encourage them later to take their medicine. On the day of our visit we saw this person was unwell. Staff were very attentive and supportive to the person and administered medication to ease their pain. Another family member told us how the registered manager had ensured their 'key worker' (an allocated member of care staff) suited the personality of their relative. They said "He (the staff member) is really nice and my relative really likes him". They also said that "[name] moods are well managed. If he does not respond to a carer, another will come and try to assist him. Care staff are so patient and nice". Another relative told us they chose the home due to its size, they felt it had a 'homely' atmosphere. They said "Everyone I have taken there to see him have said how settled [name] is. It's nice and staff are very good and they have commented 'it's nice to have the old [name] back'. This relative added "They (the staff) make every effort to choose his clothes so that they match. He is always smartly dressed and clean".

Staff told us they recognised the importance of confidentiality. One staff member said, "I always ask for people's consent, I will knock on their bedroom door, introduce myself and discuss with them what care we will be supporting them with". The same staff member told us of the importance of recognising people's choice, they said "It's about explaining to them what you are doing, DoLS – liberty and choice of movement for people".

People's dignity and privacy were respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. We saw one person who was bed-bound. They liked their door to be open, but their room screened from the main corridor for their privacy. This was in place and their choice respected. We saw people's rooms were very clean, organised and personalised. People's choices were respected as staff ensured that their room was organised as they wished, but kept any hazards to a minimum. This meant their care was personalised and not institutionalised. People's independence was maximised where possible. People who could walk independently did so during the day and those that could not, had the choice of their location changed, for example from the lounge to the television lounge.

Relatives comments included; "They are respectful of my relative's wishes and will go back to try and assist them again"; "Staff know people inside out and respect them"; "Staff are inclusive with everyone"; "It's a personal service here, staff are very respectful, people's needs are a priority, treat people as individuals, staff are great" and "Care is dignified and staff put in a lot of effort to get to know people". One relative told us how when they once visited, their family member only had one sock on. They queried this with a staff member. The staff member told them that they encouraged the person to put their socks on themselves to maintain their independence and would be prompting them again.

Staff recognised people's dignity. One staff member said "I always draw the curtains, use two towels when assisting them with personal care and give them the choice. For example, I let them choose what they want to wear".

People's personal information was kept in a cupboard in the reception area. We noted this cupboard, although had a key to lock the cupboard, was left unattended and insecure at times during the day. We discussed this with the provider, registered manager and clinical lead. They agreed to ensure that the cupboard was locked at all times to maintain confidentiality of people's details.

The home supported people to remain in the home at the end of their life, if this was their choice. Relatives told us they were involved in the discussion and decisions about their family member's preferences for their

end of life care. We saw details of people's wishes were recorded in people's care records. We saw one person who was in the final stage of dementia, and was on an 'end of life' pathway. This person's risks were identified and instructions and guidance was adequately detailed in this person's care plan for staff to follow. Staff had received training in end of life care and had a good understanding and showed caring attitude when dealing with people and their families.

## Is the service responsive?

### Our findings

At our comprehensive inspection on 5, 6 and 9 November 2015 we found concerns relating to activities available for people. People told us they were 'bored' and there was few options available to them to follow their interests and hobbies. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were made. There were two activity co-ordinators in place and we saw people were engaged in activities throughout the day.

People were assessed prior to moving to the home and assessments were used to develop personalised care plans. One relative told us how the registered manager worked with other professionals to quickly meet their family member's needs. An assessment took place and an admission date was arranged promptly as the person was at risk. They said, "They (the home) were very supportive, and now he is settled and sleeps really well". Another relative told us, "They keep dad involved. They think ahead about his needs. They are looking at changing the flooring in dad's room due to his health needs changing"

Care plans included detailed information related to people's life histories, what and who was important to them, their likes and dislikes. There were accurate, detailed records related to health conditions and ongoing treatment plans, for example how to minimise infections, as staff wore gloves and aprons. The information in people's care records enabled staff to know about people's pasts and tailor people's care to meet their specific needs. Relatives told us they were involved in people's care planning. One relative said "I am given the care plan to look through. I fill in my comments and give it back to the home." Staff members told us they used the care plans to check on people's individual needs.

People were supported to spend their day as they chose. Relatives told us the activity choices had improved, for example, a regular singer performed at the home and people enjoyed this. One relative said "[name] loves watching television. They will take her to bed at 3 o'clock for a rest and this is her choice. Staff will do her nails for her, and sit and have a chat. The home got to know her needs and make a point of ensuring she moves throughout to day due to her condition" and "[name] gets the support they need". We saw staff had the time to spend with people on a one to one basis.

We spoke with one of the activity co-ordinators. They told us that they undertook different types of activities with people, for example, hand massage and an organ player performed twice a month. On the day of the inspection we saw people were encouraged to reminisce by answering quiz questions, for example, 'where was I when John Lennon died'? We saw another person doing a 'word search' game. Some people in their rooms had soothing music played. Staff told us this was their choice. The co-ordinator told us about the festive plans. There was a pantomime arranged and a Christmas party. We spoke with relatives following our visit and they confirmed these events went ahead. They said there were lots of people there, including relatives and both events were good and people thoroughly enjoyed them. We saw one staff member drew a Christmas tree on a white board in view of people in the lounge. They decorated the tree by drawing baubles, presents, the star and talked to people during the activity. This was a positive way of reminding and

engaging people about the seasonal time of year.

Relatives told us the provider was responsive to people's needs. Comments included; "They cope with cleanliness well. It's always clean and tidy and the right temperature for people". One relative told us how the home arranged for her to meet her relative at a local garden centre when there was a pre-planned trip out for people. The staff recognised the person became anxious and that if their daughter was there, this helped the person's anxiety. The daughter and staff told us this worked effectively. We were told the person settled and were able to enjoy the visit even when the daughter had left. The daughter said, "They (the provider) are doing as much as they can to support [name]". Other examples and comments were; "[name] had a catheter when they came out of hospital. The home worked with him to get him off this. We were so pleased"; "[name] moves around and staff support him to do this. It's healthy for him. He is happy and eats really well. They understand his condition".

We saw people and relatives were asked for their feedback at meetings. Comments were received from relatives that they would like more paving outside so that they can take their family members for a walk. The manager told us how they were working with the provider to look at options of extending the paving area and also possibly a conservatory so that people could sit and look out into the garden and still have the option to go outside.

There was a complaints policy in place and the procedure to follow was displayed in the home. People and relatives we spoke with told us when they had raised concerns, these were dealt with appropriately by the registered manager. They said if they had any complaints they would raise them with the manager and were confident they would be addressed promptly. Relatives told us; "There is nothing untoward. I have no complaints or concerns"; "I have no concerns what so ever"; "There have been 'little hiccups' and I met with the manager and these were sorted"; "Give them their due, they always sort things out"; "Concerns never used to be sorted, but so much better now"; "I have faith the manager would take action, she is on the ball!"; "Just lately they have upped their game, in the last six to eight months there have been a vast improvement" and, "They are very upfront. I can raise issues and they are rectified."

We saw systems were in place to record any complaints. We looked at how a complaint was managed from July 2016. We saw details were fully recorded and the registered manager had investigated the concerns and responded to the family member with the outcome. We saw the family member was satisfied with the response.

Feedback was obtained from relatives and people about the service. We saw survey results from June 2016. People had commented on the food positively. One person however, said they had to wait for their breakfast. We discussed this with the registered manager. They told us this was because the person had diabetes and staff had to wait for the blood sugar results before the person was given their breakfast. The registered manager said they had addressed this as they now ask the night staff to check this person's blood sugar level. This meant the person no longer had to wait for their breakfast and could have it at the same time as other people.

# Is the service well-led?

## Our findings

At our comprehensive inspection on 5, 6 and 9 November 2015 we found concerns as systems in place were not effective in assessing, monitoring or improving the quality and safety of services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider had failed to protect the confidentiality of agency staff as their personal details were available to visitors to Tithe Farm Nursing Home.

At this inspection we found some improvements had been made but there were still areas which required improvement to ensure robust quality control processes were in place.

There were systems in place to monitor the quality of the service. Audits had been carried out by the manager on a monthly basis. These included accidents and incidents, bedrail safety, hazardous substances, health and safety, mealtime experiences and infection control. However, some of these monitoring systems were not always effective. For example, we found a number of areas which required further monitoring. The resuscitation statuses of people were recorded in the electronic care management system. However, when we checked the paper records to ensure the correct details were recorded, we found these records were not synchronised. There was a front sheet in the care folders that contained people's individual preferences for resuscitation attempts. However, this record showed that two people had the wrong decision recorded. The record showed that the two people who had do not attempt cardiopulmonary resuscitation (DNACPR) decisions in place were marked as 'for resuscitation'. There was one person who was recorded as not for resuscitation, but the document was missing that confirmed this. We discussed this with the registered manager and clinical lead. They took action to correct the records and said they would contact the family to obtain a copy of the decision.

We found improvements to recording was required. One younger adult had recorded in their care plan 'he is dying of old age'. We spoke with the clinical lead about this person and they agreed this was not appropriate, as his health condition would be the cause for end of life. We found on the electronic care recording system that some people did not have their mental capacity assessments fully recorded, that entries were generic and not always person-centred. We also found that although people's individual fluid intake was recorded, the volumes were not totalled. This meant that it was difficult to see if the person had received an appropriate amount of hydration for the day. We discussed this with the registered manager, clinical lead and provider. They told us this was a recognised flaw in the system and that they were working with the developers to make the necessary changes. We did not see anyone dehydrated on the day or at risk due to the inaccuracy of fluid intake totals.

Although recording errors were identified, we did not see any impact for people. Good communication, teamwork and strong relationships with GP surgeries existed between staff and professionals and people were still in receipt of good care.

We were told by the registered manager and staff that they carried out observational supervisions on staff to

check their competence and to identify areas for training. However, this was not always recorded. Recording of such observations would ensure records existed to enable the registered manager to monitor performance.

As part of the provider's action plan following our inspection in November 2015, they committed to the operations manager carrying out monthly audits. We saw these were recorded up to August 2016. We found there were none recorded for September, October or November 2016. We queried this with the registered manager. Following the inspection they sent us copies of these audits.

We looked at staff records and found that although supervision notes were present, these were neither dated nor signed. This meant it was difficult to check the progress of any staff member's development or that a robust system was in place to monitor staff progress.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

The leadership and management that we saw on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit. The clinical lead told us how they were developing their knowledge to improve working partnerships with the local authority and safeguarding teams. This meant they recognised the importance of joint working for the best outcome for people.

Relatives' comments on the workplace culture included; "The manager is proactive, not reactive and this has 'lightened the mood' in the home"; "No bad points re management"; "Could not think of anything they could do better. Needs are met for my relative"; "Transparency, yes, I have visited at different times and always very good. Very welcoming"; "Always open to change" and "Everyone seems happy, including people. It's so homely".

Staff commented; "The manager is supportive of the staff and lets us know when there has been a mistake and how to learn from it"; "Manager is very nice and supportive"; "I like the work here. Very happy, nice people and good support"; "Very good team work, even with the agency staff, we all support each other"; "The owner is also very supportive and good to us"; "I can approach the manager at any time. Quite approachable and her door is always open"; "The manager works with me to devise a plan for activities, is supportive and gives me ideas to support people with their interests".

We saw minutes of staff meetings which were transparent following our last inspection. The registered manager voiced their disappointment in the outcome of the last inspection, but recognised changes needed to be made to improve the service. For example, it was recorded in the meeting minutes that staff must be seated whilst assisting people with nutrition. Staff were also encouraged to raise any concerns with management regarding the care delivery. We saw an example was to remind other staff of the need to contemporaneously record the support given to people on the electronic care system. We also saw a letter which was sent to relatives following our previous inspection. It encouraged them to look at the report and to provide feedback and comment on its content.

We saw there were good systems in place for staff and management to communicate effectively about people's care. There was a communication book at the entrance to the lounge, which was completed daily with updates about changes to people's care needs. This was used to form part of the staff handover which took place between shifts. This ensured staff members had up-to-date information about people before they started their shift.

People and relatives were positive about the leadership of the home. Comments included; "I am very pleased at the moment the way things are being handled"; "Well managed, no surprises, we get the minutes of meetings sent to us, but I always raise anything when I visit"; "[The manager] is lovely and the staff are very good"; "It's a good team and they all pull together"; "The manager and staff are always accessible. They listen and are always checking up on mum to make sure she is well looked after" and "Managed very well. We have all got to know each other so well. It's like a family here".

We saw the home ran an 'employee of the month' scheme. People and relatives would nominate a staff member and they would be rewarded with a gift voucher. This showed appreciation of staff member's hard work.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured robust systems were in place to identify where quality and or safety had been compromised.