

Leicestershire County Care Limited

Tillson House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 5 March and was unannounced. We returned on 28 March, unannounced, because we had received information of concern about staffing levels at the home.

Tillson House provides care and support for up to 40 older adults, including people with dementia care needs. At the time of our inspection there were 38 people using the service. The home is a two storey purpose built building with a number of communal areas and gardens.

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.

Our previous inspection of 13 March 2014 found the provider had met all the regulations we inspected.

People we spoke with told us they were satisfied with the care and support provided and all felt their needs were being met. People had developed good relationships with their care workers and told us they were treated with

Summary of findings

kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. People told us staff took the time to interact with them and had a good understanding of their individual needs.

Staff were knowledgeable, friendly and accommodating. They understood people's care and support needs and had taken the time to get to know people's personal preferences, likes and dislikes. We observed that staff were friendly, kind and treated people with respect.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular support through the use of staff meetings and supervisions. Staff had confidence in the registered manager.

There were sufficient numbers of staff available to meet the needs of people who lived at the home. Staff responded to people promptly and call bells were answered without delay. People, their relatives and the vast majority of the staff team told us that staffing levels were appropriate at the home. The registered manager was clear that staffing levels were flexible and dependent on people's needs.

Staff had received training on how to keep people safe from harm and we observed care being provided in a safe way. The registered manager had a good understanding of the local procedures in responding to and reporting allegations of abuse and had ensured that these processes had been followed when required.

The premises and equipment were well-maintained and safe for people who lived there.

Medication was safely stored and administered by trained staff. We found that one person's pain relief medication had been missed on the first day of our inspection but appropriate action was taken by the staff team to respond to this.

People's needs were assessed and plans were in place to meet those needs. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The registered manager was clear about the values and aims of the home and was committed to improving the quality of service provided. We saw evidence of improvements they had already made to develop the service. Staff, relatives and people who used the service told us the registered manager was approachable and were confident that any concerns or issues they raised would be dealt with appropriately.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

Requirements of the Mental Capacity Act 2005 had been met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and there were systems in place to protect people from the risks associated with medicines and to respond to allegations of abuse. Staff had been properly recruited and the premises were well-maintained.

There were sufficient numbers of staff available to meet the needs of people who lived there.

Good



Is the service effective?

The service was effective.

People received effective care and their health had been monitored and responded to. People were provided with a balanced diet which met their individual needs. Staff had the skills and experience they needed to meet the needs of those in their care.

The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful. Our observations showed staff considered people's individual needs and provided care and support in a way that promoted people's dignity. People were not always familiar with their care plan but had been involved in decisions about their support needs.

Good



Is the service responsive?

The service was responsive.

People were encouraged to make their views known about the service and these were acted on. Staff were aware of people's individual needs and supported people to engage in activities, hobbies and interests that were important or relevant to them.

Complaints and concerns had been appropriately responded to.

Good



Is the service well-led?

The service was well-led.

People and staff had confidence in the management of the service.

Staff were clear about their roles and responsibilities.

There were robust quality assurance systems in place to assess and monitor the quality of service provision.

Good



Tillson House

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 was 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.

One inspector carried out an unannounced inspection of home on 5 March 2015. Two inspectors returned to the home on 28 March 2015 to look at specific concerns that had been raised with us following our first visit. We spoke with six people who used the service, two relatives and nine members of care staff working at the service, including senior staff. We also spoke with the registered manager and regional manager. We carried out observations in two of the communal lounges and also observed lunchtime.

We reviewed a range of records about people's care and how the home was managed. This included three people's plans of care, four staff records and records in relation to the management of the service such as audits, checks and policies and procedures.

Before the inspection the provider was asked to complete 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. The provider did not send us the information we requested. However during our inspection we established that the registered manager had completed the PIR but due to miscommunication at their head office, this had not been returned to us. We were provided with a copy of the completed PIR during our inspection which we have taken into account.

Is the service safe?

Our findings

We spoke with people using the service and asked them if they felt safe at the home. None of the people we talked with had any concerns about their safety. They were happy with the home and told us that the staff were respectful and treated them with dignity. One person told us, "I'm never made to feel uncomfy by anyone." Relatives were also confident that their family member was safe living at the home.

The registered manager and staff team were aware of local procedures for reporting allegations of abuse. We saw examples of where appropriate action had been taken by the registered manager in the reporting of concerns about people's safety and welfare. This meant that people were protected from the risk of abuse because the manager had taken appropriate action to safeguard those they supported. Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this.

We looked at people's care records and found they included individual risk assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way.

We found examples of where people had been encouraged to take positive risks. For example, one person enjoyed cooking and preparing their own meals. Their access to the kitchen had been risk assessed and action was in place to protect them from risk whilst ensuring they continued to carry out activities they enjoyed.

Any accidents or incidents that had occurred, such as falls, had been recorded by staff. These were then reviewed and analysed by the registered manager to see if any changes or action should be taken to prevent future occurrences.

The home had specialist equipment available, such as hoists and wheelchairs, to keep people using the service safe. We found that equipment had been appropriately

maintained and staff had received training in how to use the equipment. We observed staff using this equipment to transfer people. We found this was done safely and people were communicated with throughout.

The home had been well maintained and the premises were safe for the people who lived there. Records showed that the registered manager regularly undertook checks and audits in relation to health and safety which ensured the premises were safe.

People we spoke with were confident staff were available to help them when they required assistance. Throughout our visit we found that call bells were answered without delay and staff responded to people promptly when required. People's relatives were happy with the staffing levels at the home and told us their family members were always well cared for. Staff we spoke with felt staffing levels were appropriate for the people living at the home, although one staff member felt an additional care worker was required but they were unable to give a clear explanation why this was.

Following our initial inspection on 5 March 2015 we received follow up information of concern that the home was short staffed and an allegation that this was placing people at risk. We subsequently returned to the home on a weekend to review the staffing levels. We found there were sufficient staff on duty to meet the needs of people who lived there and all staff we spoke with on this day considered the staffing levels to be appropriate. We again found that call bells were being answered without delay and people's needs were being met. We looked at the rotas and found that sufficient numbers of staff had been allocated to work each shift which was in line with the staffing levels the registered manager had told us about. Staff told us that when staff members were unwell or unable to work, the registered manager and senior staff took action to cover these shifts. We were told that this occasionally meant staff had to work flexibly in order to meet people's needs, but all staff we spoke with were happy to do this when it was necessary. The registered manager was clear that staffing levels were flexible and dependent on people's needs.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the

Is the service safe?

home. Records showed pre-employment checks had been carried out as required. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

We observed a medication round during our inspection and reviewed people's medicine records. We found that people's medication was being safely managed, administered and recorded at the service. Medication records were accurate and completed as people's medication was given to them. We looked at how medication was received and stored at the service and found that robust systems were in place to ensure that medication was stored and handled safely by staff who were trained to do so. There was a dedicated room for the storage of medication and we checked levels of stock against the recorded quantities. We found that all medication, including controlled drugs, were being managed safely and securely at the service.

However, we found one person's medicine for pain relief had not been given on the morning of our inspection. The senior care worker investigated this and found a staff member had attended to an emergency and this was why it had been missed. The person using the service was spoken with and told staff they were not in any pain. Staff made a record of this incident and discussed with the registered manager how a similar error could be avoided in the future.

People had a medication care plan and the proper procedures for giving medicines covertly had been followed. Staff that were responsible for the administration of medication had completed training in the safe handling and administration of medication. There were also regular audits of the medication stored at the home to ensure it was managed and administered in the safest way.

Is the service effective?

Our findings

People we spoke with told us they received the care and support they required. They were complimentary about the service and felt staff understood their individual needs. People's comments included, "It's a very good home, I'm satisfied with it", "I'm happy here, I have visitors and go out with family", and "It's all been very good. My room's nice and clean and they all help in the right way".

Relatives told us their family members were well-supported and cared for by staff at the home and that they had no concerns about the service. One relative told us their family member was, "Always clean and well cared for. You're always made to feel welcome whenever you visit".

Care plans were individual to each person and contained sections about people's health and support needs. We found that people's medical conditions had been taken into account in the way their care was delivered. These records gave staff clear and detailed guidance about how people's care should be delivered to ensure their health and well-being.

Records showed that staff monitored and responded to people's changing health needs when required. For example, when appropriate we found that referrals had been made to relevant health professionals; records were kept of their advice and incorporated into people's care plans. Other records showed that people had been supported to see health professionals such as dentists, opticians and chiropodists. People we spoke with and their relatives were confident their health needs were being met by staff at the home. This demonstrated to us that people's health needs were effectively monitored by staff at the home.

The registered manager had a good understanding of the principles of the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Some records we looked at showed that where people lacked capacity to make a decision about their care or support, appropriate mental capacity assessments had been completed and people's best interests established. Staff had some understanding of the requirements of the MCA and the importance of acting in people's best interests.

The Deprivation of Liberty Safeguards (DoLS) had been used appropriately and the proper procedures had been followed. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty.

We look at the food and drink people were offered during our inspection and observed the lunchtime meal. People had been supported to choose their meal and we saw the meal was freshly prepared, nutritious and nicely presented. Staff provided appropriate support to people who needed assistance with their meal whilst encouraging people to be as independent as possible.

People were offered a choice of hot or cold drinks regularly throughout the day. We spoke with a member of kitchen staff who showed us the menu in place at the service. We found that there was a nutritious choice of food offered to people each day. People were given sufficient quantities of fresh fruit and vegetables and we found that food was made fresh on the premises wherever possible. People told us they were happy with the food at the service and enjoyed their meal. One relative we spoke with told us "The meals always look nice and it's appropriate food. There's always a choice".

All staff we spoke with showed a good understanding of people's nutritional needs and preferences. Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. Kitchen staff had an excellent understanding of people's dietary needs and preferences and ensured they cooked meals that catered to these needs. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff at the home. This meant that people had effective support in relation to their nutritional needs.

The majority of staff told us that they felt supported and that they received sufficient training in key areas of delivering safe care. One staff member, who had taken on an additional role at the home, told us about supplementary training they had been given. Another staff member said, "We have training all the time". Another member of staff told us about the induction they received. They said, "My induction covered everything...moving and handling, food hygiene...everything you'd need. It was

Is the service effective?

really good". One staff member felt the training on offer was not as good as it used to be and was concerned that newer staff members may not have been properly trained. However, all staff told us they felt competent in their roles and that they could go to the manager if they had any issues.

Records we looked at confirmed that staff had access to a variety of training and received support through the use of supervisions, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

Is the service caring?

Our findings

All of the people we spoke to told us that staff were kind and that they treated them with respect. Comments included, “They’re all very nice”, “[the carers] are always polite and friendly”, and “The people are very kind”.

Relatives were positive about the care delivered by staff. One relative commented, “Carers are very nice...they’re lovely. I’m always notified if they’re concerned. We’ve been made very welcome”.

We found that the home had a positive and calm atmosphere and that staff were friendly and approachable. We observed staff delivering care which met people’s individual needs and which supported them in a respectful and appropriate way. People were encouraged to do the things they were still able to in order to maintain and encourage their independence.

People we spoke with and their relatives were not familiar with the contents of their care plans. However, people were consulted on a day to day basis about the delivery of their care and we observed this happening during our inspection. Many people we spoke with described being asked about their preferences by the staff team. For example we were told, “They asked me just yesterday, what time do you want to go to bed?”.

We observed a staff member welcoming a new resident to the home. They spent some time talking with them and introduced other people living at the home. This helped the person feel at ease in their new environment and showed staff had considered the persons’ well-being.

Staff we spoke with told us about the importance of giving choices to people. One staff member said, “I always ask what they want help with and try to accommodate people in every way.” We saw that people lived in a relaxed atmosphere and staff provided care when and where they wanted it. One person told us, “They leave me alone and let me read when I want”.

People’s privacy was respected at the service and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people’s personal possessions. We were told that people were able to choose how they spent their time and how they had their rooms decorated.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. Staff had received training in these areas and there were ‘dignity champions’ within the home. This gave named staff the role of promoting dignity and improving practice within the home. We found people were cared for by staff who treated them with respect and maintained their dignity.

Is the service responsive?

Our findings

People told us they were able to make choices about their care and how they spent their time. Relatives felt they contributed to the delivery of people's care and felt communication with staff at the home was good. One relative told us, "They do quite a few things, [family member] is doing a lot more and they've listened and encouraged her". A relative also told us, "They've asked me what she likes and enjoys and now always have books and magazines in".

Some people and their relatives were aware that they had a care plan in place but no one told us they had seen their care plan. However, people we spoke with told us they had been asked about their preferences and choices and felt the care and support they experienced met their individual needs. Records we looked at detailed decision people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account.

The staff we spoke with were knowledgeable about the people in the home. They knew their care and medical needs, and what was significant to them in their lives and we observed them responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

People told us about the activities offered by the home. They said there were games, music and that staff often came and had a chat with them. There was an activity co-ordinator employed by the home and the activities offered were on display in the communal areas so people could see what was taking place each day. During our inspection we observed people participating in crafts and

other people enjoying music in a different communal area. We also found the activity co-ordinator spent some time reminiscing with people on an individual basis in their bedrooms.

We found that people had been involved in making decisions about what activities they would like to take place during regular meetings held for people who used the service. For example, one suggestion was baking and we could see that this had been incorporated into the activity schedule. The activity co-ordinator had also spoken with people and their relatives on an individual basis about their hobbies and interests and had tried to accommodate these.

Staff at the home had considered how to meet people's dementia care needs. For example, we found that a small sensory lounge had been designed to provide a calm environment for people when they may have been experiencing increased confusion or anxiety. The registered manager had also introduced sensory cushions to provide visual and tactile stimulation for people and a sensory apron for one person which we observed being used with good effect.

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the service and referred to speaking with the manager or senior staff. People and their relatives were confident the registered manager would listen to any concerns they may have.

The provider had a complaints procedure which was displayed in communal areas. We looked at

the log of complaints and concerns that had been made and found the registered manager had taken prompt action to investigate and respond to the issues raised.

Is the service well-led?

Our findings

People we spoke with were satisfied with the home and the care they had received and told us the home was well managed. People's relatives were also confident with the management of the service. One relative told us the registered manager was, "Very good...very helpful. You can ask her anything".

Staff felt the registered manager and senior staff were approachable and were confident in raising any issues or concerns they had. One staff member said, "She's an absolutely brilliant manager. She's made positive changes and you can go to her for anything". Another staff member told us about the improvements the registered manager had made and said, "We've come on in leaps and bounds".

Staff were all clear about their roles and responsibilities and were positive about their job role and the home. One staff member said, "I'd be happy for my family members to be in this home. We all try to make everyone as happy and comfy as we can – to make it everything you'd want for your parents". Our observations and conversations with the staff team showed that staff understood the provider's vision and values for the home.

There were regular staff meetings and staff were encouraged to share their views and opinions to help improve the quality of service provided. People using the

service also had regular opportunities to be involved in decisions being made about the service and their care, for example through the use of meetings held for people who used the service.

We spoke with the registered manager and were told about the improvements they had to the quality of care being provided. We saw evidence of this throughout our inspection. For example, we found that senior staff had been given individual responsibilities in certain areas and had received training. We found there had been the implementation of the sensory lounge and re-design of the 'dining room experience' to improve people's quality of life. The registered manager had a commitment to driving further improvements within the home.

We found the provider had an effective quality assurance system in place to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews and audits of people's care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. In addition the manager and senior staff carried out regular audits. These included health and safety audits, incident and accident audits and medication audits. Wherever issues or problems were identified it was clear what action had been taken to resolve issues. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to.