

Tilford Care Home Limited

# Tilford Care & Nursing Home

## Inspection report

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Date of inspection visit:  
15 July 2020

Date of publication:  
17 August 2020

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Tilford Care & Nursing Home is a nursing home that provides care to older people, people with physical disabilities and complex health needs. A number of people in the home lived with dementia. The home is registered to support up to 50 people and there were 41 people living at the service at the time of our inspection.

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

People were protected from the risk of abuse. Previous concerns had been fully investigated by the registered manager and improvements were made to keep people safe. The registered manager communicated with the safeguarding team well and had been open and honest when investigating any concerns.

People were observed to have positive and supportive interactions with staff. There was a happy atmosphere within the home with people smiling and laughing with staff. People seemed to have developed good relationships with staff and did not appear to be cautious or uneasy in the presence of staff including managers. People who were able to speak with us said they were happy at the home and did not shy away from speaking to inspectors.

People could access healthcare professionals when needed. When accidents and incidents happened, staff responded to these effectively which protected people from risk of harm. The registered manager reviewed all incidents to identify any triggers or underlying causes which helped to reduce the risk of reoccurrence.

We found that the home was clean and tidy in all areas which included communal areas and people's bedrooms. The provider had a Covid-19 policy in place and had increased cleaning schedules in the home to ensure the risk of any contamination was minimised. The registered manager has agreed to seek some additional support from the local authority to ensure staff are supported and updated around the use of personal protective equipment (PPE) as guidance changes.

Staff said they were happy working at Tilford Care & Nursing Home. Staff displayed a caring attitude towards the people they were supporting. Staff had developed close bonds with people and were able to describe people's individual needs, likes and dislikes in detail.

The registered manager was fully aware of their responsibilities and kept staff motivated to ensure good retention of staff. The registered manager had made improvements in the home culture and staff reported a change in atmosphere since the registered manager had been in place. The registered manager was open and honest about improvements required in relation to recording of daily notes and was implementing support and training to develop this area with staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 01 December 2019).

### Why we inspected

We undertook a focused inspection due to concerns we received relating to incidents of alleged abuse, lack of effective infection control and unsatisfactory overall cleanliness of the communal areas and people's rooms. This report only covers findings in relation to care which people received, safe care and treatment, safeguarding people from abuse, treating people with dignity and respect and management of the service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Caring and Well-Led sections of this full report.

The overall rating for the service has now changed following this focused inspection to good.

### 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?**

Inspected but not rated.

Details are in our Safe findings below.

**Good** ●

### **Is the service caring?**

Inspected but not rated.

Details are in our Caring findings below.

**Good** ●

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

Inspected but not rated.

Details are in our Well-Led findings below.

**Good** ●

# Tilford Care & Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a 24hours notice of the inspection. This supported the home and us to manage any potential risks associated with Covid-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider had not been asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We reviewed

notifications and safeguarding concerns we had received from the service. Services are required to send these through to CQC as part of their requirements of registration. We used all of this information to plan our inspection.

We spoke with the operations manager prior to the inspection to go through the providers procedures around infection control and personal protective equipment (PPE). We also discussed if there were any concerns around anyone with Covid-19 or symptoms which we were told there was not.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the chief operating manager, operations manager, registered manager and care workers. We conducted a walk around the home to check for infection control and cleanliness in both communal areas and people's rooms. We received feedback from three relatives via the phone and email.

We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, policies and procedures, incidents and accidents, infection control and cleaning audits were reviewed.

After the inspection

We continued to seek additional information from the registered manager with regards to the supporting evidence provided. This included care plans for two more people.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I feel safe here." A second person told us, "Yes, they keep me safe. I have no problems." A relative told us, "They keep [relative] safe and well, the staff always talk to me about how [relative] has been."
- People were appropriately protected from the risk of abuse. The registered manager had acted following whistle-blower concerns and had developed a robust process for reporting safeguarding concerns to the local authority and CQC. Feedback had been received from the local authority around the registered managers actions which stated, "[Registered manager] has always responded in a timely way with clear responses and actions in place."
- Staff displayed a good level of understanding and knowledge around safeguarding procedures. All staff we spoke with knew how to report a concern and said they would do so if they needed to. One staff member said, "I would go to my line manager and tell them what I suspect or have seen. If it wasn't dealt with, I would go through chain of command. I know they would do something though. I wouldn't doubt it for a second."
- The provider had a safeguarding and whistle-blower policy in place. These policies set out the actions required in the event of a safeguarding concern. We found from speaking to staff they had received training in relation to these policies and staff knew how to raise a concern to the local authority or the CQC.
- Our observations of people throughout the inspection indicated people felt comfortable with staff engagement. We observed people acting in a very natural manner and no one appeared to be cautious of any staff members.

Assessing risk, safety monitoring and management

- Risks to people were well managed at the home. Staff knew people well and they responded quickly when people's needs changed. Staff told us about one person who had difficulties since arriving at Tilford which included having difficulties to recognise and respect other people's private space. Staff told us there was clear direction on how to deescalate and provide assurances to this person which combined with team communication enabled them to understand this person's needs and support them to reduce their level of behaviour.
- People had detailed risk assessments built into their care plans to mitigate risks. These covered a wide range of areas such as communication, mental health and wellbeing, medicines, continence needs, skin care, personal care, mobility and nutrition and hydration.
- Health and safety checks and maintenance of the building and equipment were completed. Safety checks were carried out on the gas supply, fire alarm, water supply and electrical equipment. This helped to minimise risks associated with safety issues. Management carried out a monthly premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.

### Preventing and controlling infection

- The home was clean and tidy. The registered manager had implemented enhanced daily cleaning in response to Covid-19 pandemic and concerns raised through a whistle-blower complaint. We observed people's rooms to be clean and tidy and free from any bad odours. This included hard to reach areas such as behind the bed or behind the curtains.
- Spot checks were completed throughout the home to monitor cleanliness. Records were completed and identified additional areas requiring cleaning. We saw these had been actioned on the same day. This included spillages on the carpet, cleaning required in people's bathrooms or toilets and individual rooms.
- Staff were wearing the correct personal protective equipment (PPE) throughout the inspection. However, on a few occasions we had to raise with the registered manager that some facemasks were being worn either under the chin or pulled down, so the nose was exposed. The registered manager spoke with staff on the day and reminded them of the guidance and appropriate use of facemasks. In addition, the registered manager will explore additional training opportunities with the local authority to further educate and support staff around the correct use of PPE.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Where people had accidents, involvement from health care professionals was sought when required. The registered manager responded to incidents by reviewing the underlying causes and taking action based on their findings to prevent recurrence. For example, for one person who had regular falls, a behavioural support issue was identified as they would occasionally put themselves on the floor. This allowed staff to speak to the person about the behaviour and put strategies in place to support them to reduce the associated risks.
- The provider supported consistency of reporting with incidents and accidents. The registered manager explained to us how incidents and accidents were reported and reviewed in their absence. The provider worked with them to implement a structured network of support to ensure consistency with regards to reporting and recording of incidents and accidents. The operations manager supported the service when the registered manager was away from the home. This was overseen by the chief operations manager who was also available to support on an ongoing basis.

### Staffing and recruitment

- There were enough staff deployed at the service to keep people safe. We observed a consistent number of staff on duty throughout the inspection who responded to people in a timely manner. A staff member told us, "As we're getting more people in, they're getting more staff and there's enough. We needed a further staff on nights which were getting now."
- The registered manager stated that they used a dependency tool to calculate people's level of need and staff accordingly. Rotas reviewed evidenced that staffing was provided as planned. The manager said they were actively recruiting and had staff who had just started.
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

### Using medicines safely

- We found that medicines administration was safe. We found medication care plans were detailed, there were no gaps in recording of medicines administration records. There were clear 'as required' medicines protocols in place and controlled drugs were safely managed.
- Medicines were safely stored. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy and were treated with kindness. One person told us, "If you can't be at home this is the best place to be. Really can't grumble about anything here." Another person told us, "I am happy here, it feels like my home and everyone is kind and they talk to me about my family when they know I have missed them."
- Visits to people had been fully risk assessed and followed government guidance. Relatives had been able to book a visit which took place in the garden area which allowed them to see their loved ones. This had been risk assessed and appropriate personal protective equipment provided to maintain infection control. A relative told us, "It has been well managed [the visit]. I feel they are making it as safe as can be for everyone."
- People had been supported to maintain contact with relatives throughout the Covid-19 pandemic. People had utilised video calls and phone calls with the support of staff to enable them to maintain contact with people important in their life.
- We observed kind and caring interactions throughout our inspection. Staff were observed to treat people in a warm and friendly manner which people responded to in a positive way. We observed a staff member having a conversation with a person about their family and their reunion after lockdown and getting to see their grandchildren. The person responded with a smile.
- Staff knew people well and had a good understanding of their needs. We observed one person become distressed and staff attended to them right away and sat with this person chatting. When this didn't work staff discreetly asked the person if they would like a lay down to which the person agreed. Staff explained this person has a medical issue which can become painful so when they lie down it alleviates the pressure and is much more comfortable for them.
- Staff were keen to ensure people's rights were respected. Staff spoke to us about how they had provided support to meet the diverse needs of people, including those related to disability, gender, ethnicity, faith and sexual orientation.

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

- People were supported by staff to make decisions about their care. A staff member told us, "Everyone has their own routine. They can do what they want when they want. No one has set times. [Resident] likes everything really organised. I've written out a schedule with them which they really enjoy."
- The registered manager had been working on updating all care plans for people. Care plans we reviewed were person centred and captured the needs and wishes of people. This included detailed information on how people like to be supported with their personal care or a specific medical condition. Care plans also captured personalised information on what food people liked and their interests and hobbies.

## Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People were encouraged to live their life the way they wanted and make their own choices. One person told us, "I like to walk about, and staff know to let me do as I please." We observed this person freely walking about different parts of the home as they pleased.
- People were treated with dignity and respect when receiving personal care. We observed staff knocking on doors prior to entering a room and when delivering personal care staff ensured doors were closed. When assisting people to leave communal areas to use the toilet, this was done discreetly and in a caring manner.
- People's privacy had been maintained. Records were stored securely to protect personal and private information.

# 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 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.

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

- Staff and healthcare professionals told us the culture within the service had improved since the registered manager had been in place. A staff member told us, "We have an amazing team here. I could talk to anyone right through to area manager level. I wouldn't worry about going to any of the leaders." Another staff member told us, "They'll [managers] come out and help. I've often seen them help out. [Deputy manager] will support people with personal care. They'll support people with drinks and visit people to talk to them." A healthcare professional told us, "There has certainly been a positive change in atmosphere recently, the registered manager and operations manager have been very engaging and supportive."
- The provider was supportive of driving change within the home. A care manager was allocated by the provider to work with the registered manager specifically to support staff and to observe interactions. The care manager worked with staff around previously identified culture concerns within the service. This was done by conducting observations and instilling a support network to raise awareness and further educate staff. The registered manager told us, "We are making positive changes to change the culture and increase awareness of how attitudes can change the way people live their lives."

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 the registered manager shared a clear vision for the development of the service. However, although some improvements had been made, there had not been enough time for these to be fully embedded across the service and to establish a consistent level of quality recording. However, the registered manager and provider had recognised the areas for development and were taking immediate action to implement positive changes.
- Daily notes for people were inconsistent in their detail and quality. For example, one person's daily notes contained no personalised information around what they had enjoyed doing or any conversations they had engaged in during the selected day. We spoke to registered manager about the lack of consistency who stated they were aware of this and they are continuing to support staff to record more personalised information for people and to capture more detail in what each person has been engaged in throughout the day.
- The registered manager was open and honest throughout the inspection. The registered manager was approachable and answered all queries in a timely manner displaying a good level of knowledge about the service and their responsibilities as a registered manager. Improvements were made to the referral process

to external bodies such as the local authority safeguarding team and the CQC to ensure all concerns and incidents were notified appropriately.

- The provider had a process in place to undertake quality audits. For example, through Covid-19 the registered manager had improved and implemented quality checks on infection control. This enabled robust management of cleaning within the home and had identified areas which required additional cleaning on a daily basis.
- Alongside the quality checks being completed the operational manager talked to us about a new quality check process that had started within the home. This will allow for specific areas such as care plans, health and safety, incidents and accidents to be further targeted and audited within the service and has only recently been implemented. This system will need time to be embedded across the home and we will check on the progress at the next comprehensive inspection.

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

- Staff supervisions had been completed. The registered manager stated they identified staff supervisions had previously not been completed consistently prior to them joining. The registered manager told us they were now up to date with all staff supervisions. A staff member told us, "I have regular supervisions and I also do supervisions with staff, so I know they are up to date."
- The registered manager had put in place measures during the Covid-19 pandemic to ensure staff and relatives were kept updated. This involved the use of video calls with relatives where suitable to enable contact and for updates to be provided.
- Satisfaction surveys were due to be sent out to relatives in the coming weeks to obtain feedback. We spoke with the registered manager who identified the need to ensure feedback is obtained from staff, relatives and people. This was a work in progress and will need more time to send out and obtain feedback and is something we will review at the next inspection.

Continuous learning and improving care; Working in partnership with others

- The registered manager had sought learning opportunities to drive improvements. The registered manager had acquired assistance from a peripatetic manager who will visit different sites for short periods of time to help with development. The registered manager told us this allowed a fresh pair of eyes to help look at delivery of care and people's experiences which the registered manager stated had helped the service to grow.
- The registered manager had worked closely with other external professionals to seek continued support. External professional spoke positively of the changes made by the registered manager. A social care professional told us, "From our involvement with [registered manager] and good support from [provider] that [registered manager] has clearly understood what is required and been upfront about this and has been timely in her responses."