Tiddington Court Limited

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Inspection report

Knights Lane
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Tel: 01789204200

Date of inspection visit:
10 October 2018

Date of publication:
28 November 2018

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

An announced inspection visit took place on 10 October 2018.

Tiddington Court is registered to provide personal care to older people. Care and support was provided to people at prearranged times in a specialist 'extra care' housing service. Tiddington Court consists of 30 apartments and 12 bungalows. People living at Tiddington Court share on site facilities such as a passenger lift, lounge, dining room and the use of an onsite restaurant.

Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. At Tiddington Court, each person exclusively owns their own home and the building is designed to enable and facilitate the delivery of care and housing related support to people now, or in the future. The provider is based at Tiddington Court and provides emergency support to everyone living there. Planned day to day personal care can be provided by staff based at this site or from other agencies who provide personal care and support packages. Not everyone living in extra care housing receives regulated personal care.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service provided by Tiddington Court.

At the time of this inspection visit, Tiddington Court staff supported six people. Therefore, for this inspection, we only looked at the care and support for those six people receiving personal care from this provider. All six people continued to be independent and did not have any complex care needs.

The service had a registered manager. 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.

At our last inspection we rated the service Good overall and found the service continued to be Good. However, in well led, we found this had changed to requires improvement because there were limited and effective quality assurance checks recorded that assured the provider, people received good care outcomes.

People were pleased and satisfied with the quality of care provided by a consistent, kind and caring staff team. People and relatives were complimentary of the service and staff and people said there were enough staff to provide them with the care and support they needed, at the times they preferred. There was flexibility in the rota to enable people to change their times if needed and any emergency calls, could be responded to.

People said the service was well managed and changes in management since our last inspection had positive results on the care provision. Staff echoed people's comments. Staff were complimentary of the management and said the changes had meant people and staff were more settled and enjoyed living and working at Tiddington Court.

The provider promoted independent living and people were supported to remain as independent as possible so they could live their lives as they wanted. People made day to day choices about what they wanted to do for themselves and how they lived their lives. People were encouraged to maintain important relationships with family and people built friendships with others living at Tiddington Court.

Care plans needed more specific information for staff to provide consistent and individualised care. For people assessed as being at risk, care records did not include sufficient information for staff to help minimise those risks, although we saw, this did not have a negative impact on people who received care.

Staff knew how to keep people safe from the risk of abuse. Staff and the management team understood what actions they needed to take if they had any concerns for people's wellbeing or safety. People told us they felt safe, comfortable and at ease when staff provided their support.

Training records showed staff training was up to date and staff were equipped with the skills and knowledge to look after those in their care.

Staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). All six-people had capacity to make their own decisions and staff sought people's consent before any care and support was provided. Staff recognised this was an important part of their role in promoting choice and continuing to promote people's independence.

People or their families made their own healthcare appointments. Some people received regular support from district nurses and people continued to be registered with their own GP practice. If people required healthcare support in an emergency, staff were available 24 hours a day to seek that help.

Most people took responsibility for their own medicines management while staff supported others by administering their medicines and recording what was given.

There were limited examples of completed audits and checks that gave the registered manager and the provider confidence people received a safe, responsive and effective service. We asked to look at audits for incident and accidents, analysis of falls, care plan audits, complaints, medicines and survey questionnaires to see how actions had been taken to drive improvements. Records were available in some cases, however analysis or records of what was checked were not always completed, so we could not be confident actions were taken when improvements were identified.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service was not always well led. The systems used to monitor the effectiveness of the service were not effective and a lack of managerial scrutiny and oversight and adequate records meant we could not be confident actions were taken or improvements had been identified. Fire safety and health and safety checks were completed and people and staff were complimentary about the leadership of the service following changes in the registered manager. The registered manager agreed to improve their systems and audits to demonstrate people received a good quality service.	**Requires Improvement**

Tiddington Court Limited

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 announced comprehensive inspection took place on 10 October 2018. We told the provider we were coming so we could speak with people using the service, with their consent, and to speak with staff. This inspection visit was carried out by one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was not sufficiently detailed and it had not identified the areas for improvement we found during this inspection. We gave the registered manager an opportunity during our inspection visit to tell us what they had recognised worked well for people and what they had achieved since becoming registered manager, and any improvements or plans they had for the future.

We looked at information received from statutory notifications the provider had sent to us and from commissioners of the service. Commissioners are representatives from the local authority who work to find appropriate care and support services, which are paid for by the local authority. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit we spoke with five people living at Tiddington Court who received personal care so we could get a first-hand account of their experiences of the service they received. We spoke with one visiting relative. We spoke with the registered manager who was responsible for the day to day management of the service. We spoke with two deputy managers responsible for how the care shifts and care records were managed, but who also provided personal care to people when needed. We spoke with one care staff member who was responsible for providing care and support.

We reviewed two people's care plans, daily logs and medicines records to see how their support was planned and delivered. We reviewed some records of quality assurance although due to a lack of

completion, we were limited in what we could review.

Good

Is the service safe?

Our findings

At our last inspection, we rated this area as 'Good' because people felt safe living at Tiddington Court and they were supported by enough staff to meet their needs. At this inspection visit people continued to feel safe, especially when staff came into their home to support them with personal care. One person said they felt safe, "Because I have a key and can lock my door. We all get on very well so there is no problem." People said staff knocked and waited before they entered, so people knew who was coming into their home.

Staff continued to protect people from abuse and poor practice because they knew the actions they should take if they had any concerns about people's welfare or safety. One staff member described what they would do, "I would report it to the police, you (CQC) or social services." The registered manager knew the actions they would take to safeguard people.

People and a relative said there were enough staff to meet their individual needs and in recent months, continuity of care staff had improved. People said staff knew what help and support they needed, but they also knew their abilities and encouraged them to be as independent as possible. People told us they did not feel rushed when care was provided and if they needed additional help or had an emergency outside of their care calls, they pressed their call alarm bell and support was on hand with minimal delay.

Staff said there were enough staff to help people and the timing of their care calls meant they were able to stay longer if people needed more time with their personal care. The registered manager was confident staffing levels were right because they were able to cover all care calls at the scheduled times, plus, they and both duty managers could also provide support. The registered manager said they had flexibility to increase staffing levels if needed so they could continue to support people's needs.

People living at Tiddington Court received minimal support and no one had complex or high care needs. Basic risk assessments were completed for people who needed support with showering, walking or mobilising. However, the provider did not use recognised risk assessment tools which would help to consistently identify the level of risk. The duty manager who completed risk assessments said they recorded levels of risk based on their own experience. We recommended to the registered manager they explored the use of recognised risk assessment tools to identify the levels of risk consistently, so they could continue to support people safely with their daily living.

The registered manager recorded incidents and accidents for everyone living at Tiddington Court, but they did not complete any formal analysis of those incidents. However, there had been no incidents or falls involving any of the people who received personal care, so there was no impact through the lack of analysis. We recommended the registered manager improved their system so they had an overall picture of all incidents and a record of what measures they had introduced to ensure the risk of further similar incidents were minimised. They agreed to do this.

People raised no concerns to us regarding the administration of their medicines and said they received them regularly from staff when required. However, staff and the registered manager's understanding of

prompting and administering medicines was not always consistent so we recommended they refreshed their knowledge so they were clear what was required. Staff completed medicine administration records (MAR) and we saw, all medicines were administered in line with the prescriber. Staff applied prescribed creams to some people and completed body maps and signed the MAR to show where and when the cream was applied. The registered manager had identified one medicine error and taken steps to ensure this did not happen again. Medicines were checked, however there was no formal audit to record what was checked and any actions taken when issues were found.

Staff were trained in medicines administration however the registered manager told us there were no checks or records made on staff competency, or checks on their practice so they could be assured, people received their medicines safely. Whilst we had no evidence to show people had come to harm and that people were able to make informed decisions about their medicines, we raised these concerns with the registered manager. They assured us they would speak with the provider and implement safe practices to ensure staff were competent to administer medicines safely.

The registered manager ensured regular fire tests were completed at the necessary intervals. Records showed fire tests, fire drills and emergency lighting were checked to ensure staff knew what to do and equipment was fit for use.

People told us staff helped them with cleaning tasks within their own home and schedules showed people had 1.5 hours cleaning per week. People said their home was kept clean and well presented. Care was provided in people's own homes so we could not see staff apply their infection control practice. However, staff we spoke with knew how and what to do to limit the risk of infection.

Good

Is the service effective?

Our findings

At our last inspection, we rated this area as 'Good' because people told us staff knew how to support them effectively. At this inspection we found staff continued to know how to meet people's needs and people continued to be involved in their care decisions and daily choices. Therefore, the rating continued to be Good.

People felt staff knew what to do, how to do it and when to offer help and assistance. A typical comment was, "I love it here, the staff are brilliant…they know what to do."

The registered manager completed a training schedule to ensure staff had the skills and knowledge to provide effective care. Staff were trained in essential areas such as moving and handling, food hygiene, safeguarding and medication. Refresher training was completed and staff told us the training they had equipped them to support people effectively. We spoke with staff about certain topic areas such as safeguarding, moving and handling and staff's understanding showed they put their knowledge to use.

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 provider had not referred any people for a community DoLS because people had no restrictions on their freedoms. People had 'key' access to their homes 24 hours a day and could leave Tiddington Court without any restrictions or direct supervision from staff. People told us everyone they supported had capacity to make their own informed decisions. People told us staff asked them for permission, before they were provided with care. Staff told us they continued to promote options and choices, even if people did not always understand, but they always asked people for consent before any support was given. Some people's records showed they had agreed for family members to have lasting power of attorney for more complex decisions. We spoke with one relative who told us the staff kept them informed about any changes or decisions.

People's individual apartments and bungalows had their own kitchen area and they were encouraged to prepare their own meals and drinks where possible, to promote independence. Where people could not do this, staff helped with meal preparation and encouraged people to eat a balanced diet. During our visit, we saw some people visited the communal restaurant and they told us the quality of food was very good. We saw people sat next to 'friends' and they enjoyed the social occasion. Photos of summer fayres and summer BBQs showed how people participated in events that provided food and drink.

People had access to other healthcare organisations and people told us they or their family would make any healthcare appointments. People said they could make their own decisions and appointments with

healthcare professionals such as the dentist, opticians, district nurses and GPs.

Good

Is the service caring?

Our findings

At our last inspection, we rated this area as 'Good' and we continued to find people received a service from staff that were patient, considerate of people's needs and choices and kind in their interactions with people. People said they felt relaxed in the company of staff and staff were polite and caring towards them. People said they enjoyed living at Tiddington Court. One person said, "It's very nice, the setting is great and the people here are all of the same mind." Another person said staff were, "Respectful and they had good manners." One person told us how they had one staff member they were not pleased with. They told the registered manager and this staff member did not support them again. They said, "I am private, and they were a bit nosey. At my age you don't want them prying." They said they were now very pleased with those staff who supported them.

Care and support was delivered personally to each person in their own home, so we could not see first-hand, how staff engaged with people. However, when we spoke with staff and the registered manager about those people in their care, they spoke about people in a caring and respectful way, referring to people as Mr or Mrs, then surname. We asked care staff what qualities they had and what delivering a 'caring' service meant to them. One staff member responded, "Patience." They said, there was no rush, they worked at people's own pace and ultimately, "I have loads of patience for elderly people – I have a soft heart for people who can't help themselves."

Staff told us they had time to support people and if they needed extra time to finish supporting people, the provider enabled them to have it. The staff rotas gave flexibility to allow for calls running over. The registered manager said they or the duty managers could backfill so people did not wait. All staff and management told us there was a good, calm and friendly atmosphere at Tiddington Court. This was supported by people we spoke with.

People told us they were supported to be as independent as possible and maintaining their independence was important to them. People told us they continued to want to do things for themselves, but where help was needed, the right amount of help was given. Staff recognised some people valued their independence so they knew their role was to provide gentle reminders rather than to take control or tell people what to do. For example, one person needed staff to be close by when they took a shower, just in case they fell. This person said they were fiercely independent and wanted to continue showering themselves whilst they could, and staff recognised and respected this.

People told us they continued to feel comfortable when care staff supported them with personal care. We asked people if they had expressed a choice of gender of staff. People told us they had not, but were comfortable with those staff who assisted them. People said although they had not been asked, they did not mind and this was not a concern to them.

Good

Is the service responsive?

Our findings

At our last inspection we rated this area as 'Good' because people received a service that was responsive to their needs and continued to promote their social inclusion. At this inspection we found the service continued to respond to people's health, emotional and social needs, however care records required more personal information to ensure staff continued to provide a responsive but consistent service.

People had capacity so they could direct care staff to the help they needed so we were confident, based on what people told us, staff responded to their wishes and requests for support. People were pleased with the help they received. One person said, "Staff are tremendous." People told us and records showed, calls were completed at similar times and staff stayed for the agreed amount of time. People said they did not need much help, but more support and confidence so they could continue to do some things for themselves.

Staff told us for most of the time, they were consistent in who they supported which meant they got to know the person, what they needed, and if there were changes in their health and moods, they would notice. One staff member said it was good to support everyone at some time because, "That way if there was an unplanned absence, staff would know what to do." One relative said there had been a number of different staff, but continuity of staff had begun to improve. Staff said if there were changes in people's support needs or they needed longer calls, they were informed by the registered manager and deputy manager at a handover. Staff said communication was good and referred to a communication book to read important messages. People told us care staff were always asking them if there was anything else they needed and they would tell staff if they needed additional support. A relative said staff always completed a care plan and care log in their relative's home, but had felt no need to look at it.

Whilst from what people told us we were confident people received the right support, we reviewed two care plans and found care planning was limited in detail and not person-centred example, one care plan said, 'will have assistance with washing and dressing'. However, there was no other information. We would expect records to show how people wanted to be washed, what they could do for themselves and what products and items they preferred. There was limited personal information about people such as their life history, likes, dislikes, preferences and their overall health. Care plans did not always record people's diagnosis and what was specifically required on each care call. One person had a catheter and there was no care plan in place to tell staff what to do and what to look out for l, such as blockages and leaks. However, speaking with this person, they knew what to do and how to manage the situation so if there was a concern, they knew what action to take and how to ask for support. This assured us the person was not at risk. We told the registered manager and they agreed to update this person's care plan with the relevant information to support their care needs.

People told us they had made positive relationships with others living at Tiddington Court. We saw people sat together in the communal lounge, enjoying coffee and a game of bingo in the afternoon. Photographs displayed in communal areas showed people had come together for certain events and people's expressions showed they enjoyed this.

People used the communal areas of the service to sit, relax and chat with each other. People said having meals in the dining room made a pleasant and social occasion and they got to see others and engage in conversation. People said they enjoyed meeting others which reduced their chance of becoming isolated, but could retire to their rooms if they wanted privacy or quiet time.

The registered manager said there had not been any complaints. People and relatives were complimentary to us about the service and felt no need to raise any issues. If they did, they knew who to speak with and were confident their concerns would be addressed now a new registered manager was in place.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we rated this area as 'Good' because a programme of audits and continuous feedback from people helped ensure the service met people's expected needs. At this inspection we found the systems of audit and governance were not robust or effective to demonstrate people received a good service and that the service learnt from experiences to drive and sustain improvement. Therefore, we have changed the rating to requires improvement.

People and relatives were complimentary about the management of the service. People said the recent change of registered manager had made a positive impact on the service. People said the registered manager was approachable, listened and acted upon any feedback.

The registered manager was registered with us in July 2018 and staff told us how the atmosphere and culture of the service had improved since then and was more open, friendly and supported feedback. Staff told us the registered manager had made improvements, so staff now felt able to share opinions and concerns and had supervisions to discuss any issues they had. Staff said communication was improved and the level of care provided was better.

The registered manager said they were, "80% there" in terms of their knowledge. However, we found the registered manager needed a clearer understanding of what personal care, medicine administration and the health and social care regulations meant to them and their team and what their responsibilities were. Since their appointment, the registered manager had received limited support from their senior manager because of unplanned absence. This meant here had been a limited handover, so the registered manager was learning day to day, without planned support and action plans.

This had impacted on the registered manager's knowledge of what was required to demonstrate how they quality assured the service they provided. For example, we found staff who administered medicines were not assessed as competent. A provider audit of the service had not been completed since May 2016 and the results of that visit had not been analysed so it was not possible to see trends or patterns or what improvements if any, were needed. Where people showed their dissatisfaction in the past, no action had been taken. Further feedback had been obtained more recently from people, but again, this had not been analysed. Other provider visits had not been recorded.

The registered manager said they had completed a medicines audit but this had not been recorded in writing. Care plan reviews were recorded in each care plan, yet there was no record of what had been checked. The issues we found from reviewing care records had not been identified. However, because people were very independent and had minimal care needs, there was no impact on those people receiving personal care. There was no formal process to record accidents and incidents so trends could be identified promptly so actions could be taken. However, we were satisfied no one receiving a regulated activity was at risk.

Following an inspection at another of the provider's services close by, there was no learning or sharing of

information from that inspection. There were similar issues found at that inspection, yet the registered manager was unaware of those findings. They told us although the home was close by, there was limited contact with them so there was no opportunity to discuss or share important information. This meant the provider did not have an effective system in place to learn and take actions to sustain and drive improvement.

The registered manager saw the inspection process as a learning opportunity and assured us they would take action to improve their audit systems. They told us they had begun to make improvements with the support of their senior manager, however the senior manager's absence had halted progress. Prior to this absence, they had begun to redesign and improve the care plans and from our conversations and findings, they agreed to make them more person centred and to review them regularly, with people's involvement.

Health and safety checks of the communal areas were completed. The provider displayed a copy of the report in the communal area from their last rating inspection.

We had not received any statutory notifications from the registered manager. From our discussion we found they understood when and what to refer to us in line with their legal requirements. We advised them of the regulations and gave typical examples of what we would expect them to notify us about. We did not find any examples where we should have received a statutory notification at this inspection visit.

The registered manager displayed a copy of their previous rating.