Island Healthcare Limited

Tile 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

Summary of findings

Overall summary

Tile House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 19 people, including people living with a cognitive impairment. At the time of our inspection there were 18 people living in the home. The service also provided personal care support to five people in their own home within the local community, known as 'the hub'.

Accommodation was arranged over three floors which could be accessed by stair lifts and a staircase. People had their own private rooms and there were two communal lounge areas, a dining room and a quiet area so people could socialise or spend time alone.

The inspection was conducted on 16 January 2019 and was unannounced.

At the last inspection we rated the service 'Good.' At this inspection, the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

A registered manager was 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 felt safe living at Tile House. Staff knew how to identify, prevent and report abuse. Safeguarding investigations were thorough and identified learning to help prevent a reoccurrence.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

There were enough staff to meet people's needs in a timely way and staff were able to support people in a relaxed and unhurried way. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and staff followed best practice guidance to control the risk and spread of infection.

People's needs were met by staff who were competent, trained and supported appropriately in their role. Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

People had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support when they moved between services.

People were cared for with dignity and respect and were treated in a kind and caring way by staff. Staff knew people well, encouraged people to remain as independent as possible and involved them in decisions about their care.

Staff protected people's privacy and dignity and responded promptly when people's needs or preferences changed.

The service worked well and in collaboration with all relevant agencies; including health and social care professionals to help ensure there was joined-up care provision. Staff worked in partnership with healthcare professionals to support people at the end of their lives to have a comfortable, dignified and pain-free death.

People had access to a range of activities. They knew how to make a complaint and felt any concerns would be listened to and addressed effectively.

People, their family members and external professionals were positive about the running of the service and were confident in the management team.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

People, their families and staff had the opportunity to become involved in developing the service.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Tile 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 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 16 January 2019 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about.

During the inspection we spoke with five people using the service and engaged with six others, who communicated with us verbally in a limited way. We observed care and support being delivered in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four visitors, two health care professionals and two social care professionals. Additionally, we spoke with a company director, the registered manager, the deputy manager, three care staff members and the cook. Following the inspection, we contacted two people, or their family members by telephone.

We looked at care plans and associated records for eight people and records relating to the management of the service. These included staff recruitment files, records of complaints, accidents and incidents and quality assurance records.

The service was last inspected in May 2016 when it was rated as Good. At this inspection we found the service remains Good.

Good

Is the service safe?

Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. People across the whole of the service told us they continued to feel safe. When we asked a person if they felt safe, they said, "Oh yes, definitely." Another person told us, "I'm not so frightened anymore." A family member told us, "I know [person] is safe, it's amazing and I don't have to worry."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member said, "If I was concerned or witnessed inappropriate care I would, firstly check the person was alright and then report it to the manager straight away." They added, "I know the manager would do something; but if not, I would take it further; to the safeguarding team or CQC if I needed to."

There were sufficient numbers of staff available to keep people safe. One person said, "They come quickly when I need them; they are always in and out [of my room]." Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us, "We [staff] are very good at looking at clients' needs and we consider; Are they safe and supported?" They added that recently it was noted there was an increased need for staff in the morning, the registered manager discussed this with a director of the company and an additional staff member was added. Staff members confirmed that there had been a recent increase in the staffing levels. Short term absences were managed through the use of overtime, staff employed by the provider at other homes and agency staff. We observed that staffing levels in the home provided an opportunity for staff to interact with the people they were supporting in a calm, relaxed and unhurried manner.

Safe and effective recruitment practices were followed. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks.

Individual risks to people were managed effectively. Risk assessments had been completed and identified possible triggers and actions staff needed to take to reduce the risks. For example, where people were at risk of falling, this was clearly documented in their care plan, which included information about equipment that was required to prevent falls from occurring; such as chair sensors and pressure mats. People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food and the implementation of food and fluid charts, so that their intake could be closely monitored. Other risks were monitored and managed and risk assessments in place included, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours. Staff we spoke with explained the risks related to individual people and what action was needed to reduce these risks. The registered manager continually reviewed all risks, incidents and accidents and these were clearly recorded. This enabled them to identify any actions necessary to help reduce the risk of further incidents.

People received their medicines safely. Medicines were administered by staff who had received appropriate training and had their competency to safely administer medicines assessed. A medicines profile had been completed for each person. This showed any allergies to medicines and the person's preference in taking their medicines. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

Medicines administration records (MAR) were completed correctly and indicated that people received their medicines appropriately. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. Full stock checks of medicines were completed monthly to help ensure they were always available to people. Controlled drugs were stored in accordance with legal requirements and there were auditing systems in place to ensure that all medicines were given as prescribed and managed safely. Safe systems were in place for people who had been prescribed topical creams.

The home was clean and systems were in place to ensure that all areas and equipment were cleaned on a regular basis. Cleaning schedules were in place for each area of the home and staff completed check sheets to show they had undertaken cleaning in accordance with the schedules, which we saw were up to date.

There were processes in place to manage the risk of infection and personal protective equipment (PPE) was available throughout all areas of the home. Staff were seen to be wearing gloves and aprons when appropriate. The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised. For example, there was a dirty to clean flow for laundry, which helped to prevent cross contamination. We looked at records of infection control audits which were completed regularly by a member of the management team and saw that actions had been taken where required.

Equipment such as hoists and lifts were serviced and checked regularly. Environmental risk assessments and general audit checks of the building were done regularly and health and safety audits were completed. There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Good

Is the service effective?

Our findings

The service continued to provide effective care. A family member told us that their [relative] had "totally changed for the better" since being at Tile House. They added, "They settled in really well and are much happier and relaxed."

New staff were required to complete an induction programme before working on their own. This induction included four days training and shadowing an experienced member of staff. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. A staff member told us, "I think the training is really good; I always learn something." They added, "I am also being supported [by the provider and registered manager] to complete my nurse training." A healthcare professional said, "The staff are clued up; they know what they are doing." The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This helped to ensure that staff remained up to date and that they were knowledgeable of changes in relation to best practice guidance.

Staff continued to be appropriately supported in their role and received one-to-one sessions of supervision with a member of the management team approximately every eight weeks. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions. Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications had been appropriately made to the local authority. Where DoLS had been approved by the local authority, there was a system in place to ensure any individual conditions were known, recorded in people's care plans and complied with. There was also a process to ensure DoLS were reapplied for when necessary.

People told us that staff asked for their consent when they were supporting them. During the inspection, we saw staff were considerate of gaining people's consent, such as asking permission before entering their bedroom.

People were provided with enough to eat and drink and were complimentary about the food provided. One

person said, "The food is good; it's very nice." Throughout the inspection, we saw that people were offered snacks and hot and cold drinks, and staff prompted people to drink regularly. People were given a choice what they wanted to eat and this was supported by the use of pictures to help people make informed choices. People were also encouraged to be involved in formulating the menus to help ensure that they were provided with food they enjoyed. The chef told us, "We offer people choice and try to give them what they like. If some people doesn't like pasta, we would offer them potatoes instead." Where people had been identified as having particular dietary requirements, including diabetic diets, this was clearly documented in people's care plans and understood by staff. Where required, people were assisted to eat in a relaxed and supportive way by staff.

People were supported to access healthcare services when needed and to maintain optimum health. Information relating to people's health needs and how these should be managed was clearly documented within people's care plans. Where people had specific health needs, additional information was available to aid staff understanding about them and how this affected the person's abilities. Staff knew people's individual health needs well and were able to describe the signs they looked for when people who were unable to verbally communicate were feeling unwell. Staff supported people to access additional healthcare services when required, such as chiropodists, opticians and dentists.

A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.

The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. The registered manager told us that all appropriate written information would be sent with the person and they would be accompanied by a staff member. The registered manager said, 'It's all about people having a 'safe journey' and ensuring that they receive the support they need wherever they are."

The environment and been designed and adapted to promote people's safety, independence and social inclusion. The home was calm and homely and people could move around freely. People had their own private rooms and there were two communal lounge areas, a dining room and a quiet area so people could socialise or spend time alone. Decoration throughout the home supported people living with dementia or poor vision, which included picture signs on toilet, bathroom and bedroom doors and hand rails of contrasting colours to the walls. People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.

Staff made appropriate use of technology to keep people safe and maintain their health. For example, Tile House had been chosen through a health initiative to be part of the 'Telehealth monitoring system' pilot project. This system allows information to be shared with other health professionals such as doctors to enable a consistent and well-informed response where required. Additionally, pressure mats were used to alert staff of the need to support people when they moved to unsafe positions. Special pressure-relieving mattresses had been installed to support people at risk of pressure injuries and an electronic call bell system allowed people to call for assistance when needed.

Good

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. When people were asked if they felt the staff had a caring attitude, their comments included; "Oh yes, the staff talk to me kindly", "They [staff] look after me properly, they are very good and look after me very well" and "They [staff] are a really nice crew." A family member said, "They [staff] definitely care, they are absolutely amazing." Another family member told us, I think the carers are excellent, they are very friendly, turn up on time and do what is asked, I can't fault them."

People told us they were treated with dignity and respect. Several people living at the home had a diagnosis of dementia, which had an impact upon their physical and emotional needs. We observed interactions which clearly demonstrated that staff had a good knowledge of how to communicate with people living with dementia, in a caring and empathetic manner. For example, we observed one person became visibly upset, a staff member approached them and the person gave them a hug. The staff member took the person's hand and asked, "Would you like me to sit with you?" The person responded with a smile and they sat together engaging in conversation.

The service had considered people's individual communication needs to ensure they received information in a way that they understood. People had a 'communication care plan' in place to guide staff on the best way to speak with people or present them with information. For example, one person's care plan stated, 'Staff to be mindful of background noise; allow [person] time to respond; keep information simple which will aid with decision making.'

We saw staff and people interacted in a friendly way and heard good natured humour between people and staff. Staff were calm, patient and attentive to people's needs. Staff proactively encouraged people to participate in conversations by talking about things they had a personal interest in and other people were brought into and included in these conversations. For example, a staff member was talking to a person about the football team they supported and asked other people about their team preferences. On another occasion, an old film was on about the local area and a staff member asked people about their memories of childhood.

Staff spoke positively about their work and talked about wanting to make a positive difference to people's lives. A staff member said, "This is my first care job and I definitely chose the right place [to work]; we all really do our best for people." Another staff member told us, "I love the clients, it's so rewarding working here and it really is their home." A third member of staff said, "I love my job, if you don't care about the people you work with, you are in the wrong job."

Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

People were encouraged to be as independent as possible. A staff member told us, "We want people to do things for themselves; it helps them emotionally, as well as physically." During the inspection we saw staff provide support and encouragement to people to help them remain independent. For example, people were given clear instructions; in a kind, patient and respectful way when standing from a chair and people were provided with walking aids and specialist cutlery to aid them to mobilise and eat independently. People's care plans contained information about what people could and couldn't do for themselves.

People were supported to maintain friendships and important relationships; their care records included details of the people who were important to them. People told us how their friends and family visited them at the home and were made to feel welcome. During the inspection we saw family members visiting their loved ones and joining in activities. A family member said, "I am always made to feel welcome." Another family member said, "We join in with quizzes and things going on in the home. We all have a good time together and we feel included."

People's cultural and diversity needs were explored during pre-admission assessments. Where people expressed a preference, they were supported by staff to maintain their faith, culture and life choices. The cook told us that they would order specific food in for people who had religious beliefs which meant they could not eat particular foods.

Good

Is the service responsive?

Our findings

People continued to benefit from person-centred care which was responsive to their needs. A person told us, "They look after me well and know how to make me comfortable." A family member said, "They really do understand him."

Assessments were completed before people moved into the service or before being supported in the community, and the information was used to develop a care plan in consultation with people and their relatives where appropriate. As part of the assessment process, consideration was given to exploring people's personal history, interests and their individual preferences. Information of this type helps to ensure people receive consistent support and maintain their abilities and independence levels.

We looked in detail at the care plans for people and found they contained comprehensive information to enable staff to deliver care and support in a personalised way. Care plans included information in relation to people's likes and dislikes, personal preferences, healthcare needs, social care needs, communication requirements and personal abilities. Daily records showed people's needs were being met according to their assessed needs. Care Plans were reviewed monthly or more frequently if a person's need had changed.

Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions and choices as possible. Throughout the inspection we heard people were offered choices about where they wanted to sit, what they wanted to eat and how they wished to spend their time. Staff comments included, "We offer people clothing choices, for example we say 'would you like the pink or the blue top' and we show them", "We wouldn't ever stop people doing things they wanted to, but we would explain what the activity is, what the risks are, and offer them support" and "Even if I know that person well, I will still always offer things so they can choose what they want."

Staff were responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between shifts. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. A healthcare professional said, "I come here a lot, this is down to the resident's complex needs and the proactive response from staff in getting the right support in."

People continued to be provided with appropriate mental and physical stimulation. The philosophy of care at the home was built around the provider's values of 'Valuing individuals; Inspiring them to keep; Treasured memories; and Active Lives' (VITAL). Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. A VITAL activities co-ordinator was employed, who was responsible for organising events and activities for people both in and out of the home and arrange 'client forums' to help ensure that people's view and wishes were listened to and acted on. During the inspection we saw people were encouraged and supported to do things they enjoyed including participating in a quiz, arts and crafts and helping with preparing meals. A family member said, "They have two activities

people and there is always something going on, quizzes, painting etc. Residents also help doing vegetable preparation which is a good, my [relative] did that at home, everyone joins in, as it is a normal activity." Another family member told us, "The activities people are great, they try to encourage people to join in and spend time together so they are not isolated." Other activities included, visits from animals, visits from a local children's nursery for a 'parent and toddler group' in the home and outings. The activities co-ordinator told us, "I try to get family members involved too, as it helps them to feel part of what we do here."

At the time of the inspection, two people living at Tile House were receiving end of life care. The registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this. People's care plans contained detailed information about people's individual end of life wishes. This included information about where the person wanted to be at the time of their death and how they wished their body to be cared for.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. People and their family members told us they knew how to complain if they needed to and felt that complaints would be listened to and dealt with effectively. The registered manager told us they had not received any complaints during the last year and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

The service continued to be well-led. 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, family members and external professionals were positive about the service and the directors of the company. A family member told us, "I have confidence in the management. I don't need to tell them anything, they just know." Another family member said, "The manager is very competent, pleasant and nice. She gets on so well with the residents." A social care professional told us, "I'm really impressed [with the home and the management]."

All the staff we spoke with told us the service was well-led. One staff member said, "The home is very much 'well-led'. The manager and directors always listen to staff." Another staff member told us, "We see a lot of the directors and the manager is always around. We have team meeting regularly and are always asked our views and for ideas of how things could be done better." A third staff member told us, "Everyone is so supportive, I can talk to [registered manager] at any time, they will always listen."

The providers were fully engaged in running the service and people received care that reflected their vision and values; VITAL (Valuing individuals; Inspiring them to keep; Treasured memories; Active; Lives). These focused on looking after people, their families and each other and placed the people at the heart of the service and underpinned practice. There were posters explaining the VITAL philosophy and reinforcing the provider's expectations with regard to people's experiences of the care displayed in the home. All staff clearly showed confidence in their roles and abilities and worked towards achieving and maintaining these values and vision. One of the directors told us, "We want to do things right the first time. We put the training in and we ask staff to ask themselves; 'What would be right for my mum' and 'do you think you provide the support for the individuals how you would to your loved one?' This helps to ensure that staff to put people first." The director's vision and values were cascaded to staff and monitored through training, staff meetings and staff supervision meetings. The management team were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and spot checks.

Family members told us they continued to be given the opportunity to provide feedback about the culture and development of the home. This was done though regular one to one and group meetings with people and family members, and quality assurance questionnaires which were sent to people, their families, professionals and staff. We found that the feedback from quality assurance questionnaires, which were completed in October 2018 was positive and any individual issues noted were addressed. 'How did we do' comment cards were also available for people and visitors to complete at any time, which were regularly reviewed by the registered manager.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. A healthcare professional told us, "We do a lot of partnership working." The provider and registered manager identified a need within the local community to provide support to people living in their own homes who were at the early stages of living with dementia. They developed the concept of 'hub' working where members of staff from the home go out and provide support and care to people living in the community. This approach reinforces the provider's vision of a 'safe journey' of care for people.

There were robust auditing processes in place and the provider carried out their own quality assurance process and provided feedback of their findings to the registered manager. These included observational checks in line with the fundamental standards of care. Audits were completed by a member of the management team which included, medicine, infection control, training, supervision and care planning and demonstrated that action was taken where concerns were noted in a timely manner. We also saw that where incidents and accidents were logged, these were analysed to see if there were any common themes and if there could be any learning from these events. This helped to ensure that risks to people were mitigated.

Robust and up to date policies and procedures were in place. These included; a whistleblowing policy which contained the contact details of relevant authorities for staff to call if they had concerns and a duty of candour policy outlining the provider's responsibility to act in an open and transparent way when accidents, incidents and near misses had occurred.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The management team had informed the CQC of reportable events.