

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Tillson House is a residential care home providing accommodation and personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 40 people across two floors.

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

People's individual risks were managed in a safe way and environmental risk assessments were completed appropriately.

People were supported by a staff group who had been trained in safeguarding and understood how to safeguard vulnerable adults from abuse and neglect.

The provider had enough staff with the right skills deployed to provide people with their commissioned care.

Medicines were safely managed. Medicines administration record (MAR) charts were accurately completed, medicines were safely administered and when people received their medicines 'as and when required' the correct protocols were in place.

The provider demonstrated they learnt lessons when things went wrong and they encouraged continuous improvements.

Effective infection prevention and control (IPC) policies and procedures were in place and the service was following best practice and Government guidance in relation to the management of COVID-19 and other infections.

Quality control systems were effective in identifying issues within the service. When issues were identified during audits, the provider developed effective action plans to improve care and drive continuous learning.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

People and their relatives were involved in developing and reviewing their care plans and risk assessments. People's relatives and staff felt they were able to contribute to the development of the service.

The provider and management team had good links with the local communities within which people lived.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 (and update)

The last rating for this service was requires improvement (published 4 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received concerns in relation to staffing, staff culture and neglect of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tillson House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Tillson House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Tillson 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 service did not have a manager registered with the Care Quality Commission. A manager had been appointed and had applied to be registered with the Care Quality Commission. This meant that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and nine relatives of people who used the service about their experience of the care provided. We spoke with eleven members of staff including the manager, deputy manager, seven care and support staff and two housekeeping staff.

We reviewed a range of records. This included five people's care records and seven people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured risks in relation to people's care were properly managed to prevent avoidable harm. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk was managed effectively and people's safety was monitored and managed. We saw care plans and risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to mitigate risks to people. For example, for risks related to using hoisting equipment the care plans and risk assessments advised staff what type of hoist and straps to use and to communicate with people to reassure them during hoisting manoeuvres. Staff were able to accurately describe how different people should be safely hoisted.
- All staff had undertaken practical moving and handling training since our previous inspection in April 2021. We saw supervisions contained a good level of detail and were held regularly as a matter of course as well as when issues arose. Staff competencies, including moving and handling, were regularly checked by the manager and care team leaders. One staff member told us, "Moving and handling training was done face-to-face with an external trainer in April 2021. Our practice is checked by management".
- Systems were in place to monitor the safety of the service. We saw regular checks of the environment had been completed in line with the provider's policies and best practice guidelines. For example, health and safety, moving and handling equipment, fire safety and water safety audits were completed monthly, as well as other environmental audits which were completed monthly, quarterly, half-yearly or yearly as required.

### Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy and knew where this was kept. One staff member told us, "Any kind of potential harm or abuse would be reported straight to the manager".
- People and their relatives told us they felt people who used the service were safe. One person told us, "I feel very safe and happy here. The staff all have the right training and know me very well". One relative said, "It is safe at Tillson House. They have assistive technology to keep [name] safe. They do a lot to make sure [name] is safe".
- The manager understood their role and responsibility in relation to safeguarding and had managed

safeguarding concerns appropriately and promptly.

#### Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.
- Whilst some relatives raised minor concerns around staffing levels, we found there were enough experienced and qualified staff deployed to safely meet people's needs. The service's staff dependency tool showed there were regularly more staff on shift than the tool required and the electronic monitoring system showed response times to call bells was good.

#### Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.
- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

#### Learning lessons when things go wrong

- The provider demonstrated they learnt lessons when things went wrong. At our last inspection premises audits had failed to identify three upstairs bathroom doors had gaps around them, so it was possible to see inside. This compromised people's privacy and dignity. At this inspection seals had been put around the doors to address this issue.
- Accidents and incidents were recorded and reviewed by the manager. This information was collated and analysed to inform measures to prevent incidents reoccurring.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended that the service's audit system was reviewed and improved to ensure it was effective in identifying shortfalls in the service. The provider had made improvements.

- The manager's role and responsibilities were clearly defined and well understood by the staff team. The manager was supported by a deputy manager, a trainee manager, several care team leaders and the provider, who visited the service regularly.
- The provider and manager performed quality monitoring of the service. There were regular audits of care plans, daily notes, handovers, medicines, and accidents and incidents. When issues were identified, effective action plans with clearly set ownership and timescales were developed to drive improvement within the service. For example, medicines audits showed an external issue had been identified which the manager subsequently addressed in a timely manner.
- The provider and manager had implemented effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. The manager regularly audited and reviewed these documents to ensure they were accurate and up to date.
- The service employed a key worker system whereby people had a dedicated staff member who was responsible for things such as the oversight of their wellbeing, their personal shopping and keeping them in contact with their relatives. One staff member told us, "The key worker system works well. People are well cared for and handovers are really good, giving carers reliable oversight of up-to-date needs."
- Staff performance was monitored by supervisions and competency assessments. Staff felt supported and told us the management team were approachable and fair. One staff member told us, "The manager and other senior staff are supportive, as are other colleagues. I have been well supported with training". Another staff member said, "I'm well supported by management. The manager and the deputy manager are both approachable."

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

- People were not always encouraged to develop and maintain meaningful relationships. Throughout our inspection we saw people sat in lounges and bedrooms who had little to no interaction with staff or other people other than when staff were completing care tasks. We spoke with the manager who advised us they are waiting for a new activities co-ordinator to start, but in the meantime staff would be supported to

encourage more meaningful interactions between themselves and people who use the service.

- Information within care plans and risk assessments was person-centred and included relevant information around people's needs, their likes and dislikes, their life history and family relationships. One person told us, "Staff know me really well and are able to have conversations with me about topics I enjoy". One relative told us, "The staff are all kind and caring, they know what [name] likes".
- Staff were knowledgeable about people who used the service and demonstrated they took a person-centred approach to providing care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives told us they felt involved with decisions about Tillson House. One person told us, "We have resident's meetings where we discuss things like the food choices". One relative told us, "[Staff] keep us well informed. During lockdown they would ring every weekend to let us know how [name] was doing and to ask our permission for vaccinations or other medical intervention".
- The management team regularly met with staff on a monthly to identify improvements and address any issues they may have. The management team also implemented an open-door policy whereby staff could raise issues with them as and when required. One member of staff told us, "We have monthly staff meetings. We are always asked whether we have any concerns. The meetings are documented, and the issues are either dealt with there and then or action plans are developed."
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw that picture cards were used at mealtimes to allow people to make choices. The manager was able to tell us how they would cater to people of different cultures and religions. One person's relative told us, "[Name] has specific dietary requirements and staff support [name] really well with this."
- The provider had a refurbishment plan in place to improve some of the décor and environmental aspects of the service.

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 manager were aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment
- The manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented a complaints policy and had made all people, relatives and staff aware of it. There were posters in the communal areas advising people of who to contact if they had concerns. People, their relatives and staff were able to tell us about the complaint process and who they should contact if they had concerns.

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, diabetes nurses, speech and language therapists, dentists and social work teams.