

Pressbeau Limited

Tithe Farm Nursing Home

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

About the service:

- The service is based on acreage in the Stoke Poges area; a rural setting with expansive grounds.
- The service provided accommodation and personal or nursing care to older adults with dementia. People lived in their own bedrooms. Some rooms had ensuite facilities. There were communal bathroom facilities, lounges and a dining room.
- At the time of our inspection, 24 people used the service and there were 40 staff.

People's experience of using this service:

- The service had made improvements to the safety of people's care.
- People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
- People's risks were assessed and strategies put in place to mitigate the risks.
- Risks from the premises were satisfactorily assessed and managed. We made a recommendation about reviewing the suitability of the environment for dementia care.
- Staff received improved supervision and training since our last inspection, which provided them with the knowledge and skills to perform the roles they were employed to do.
- People and relatives provided consistently positive feedback about the care, staff and management. They said the service was safe, caring and well-led.
- People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
- People were involved in their care planning. End of life care planning and documentation required further improvement.
- There were positive changes to the management team. Improved audits and checks were put in place to ensure the service was well-governed.
- There was a happy workplace culture and staff we spoke with provided positive feedback.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- More information is in our full report.

Rating at last inspection:

- The service was rated "requires improvement".
- Our previous inspection report was published on 27 December 2017.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality

care. Further inspections will be planned for future dates.

- We made recommendations in our inspection report. We will check any actions taken by the provider at our next inspection.

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Tithe Farm Nursing Home

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by two 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. Our expert by experience had knowledge about the support of older adults within residential care settings.

Service and service type:

- Tithe Farm 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 is required to have 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 the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Food Standards Agency and the Information Commissioner's Office.
- We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We spoke with five people who used the service and seven relatives. We observed the care of six other people who were not able to speak with us.
- We spoke with the provider's nominated individual, assistant operations manager and the home manager. We also spoke with three registered nurses, five care workers, the cook, activities coordinators, two maintenance workers and the cleaning staff.
- We reviewed five people's care records, two staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection on 24 October and 25 October 2017, this key question was rated "requires improvement". We found the risks to people and others from Legionella were not adequately managed, people's care risks were not always documented, the service did not deploy sufficient staff to always ensure people's safety and recruitment processes were not robust. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the service had taken some steps to improve the safety of people's care. Therefore, the rating has changed to "good".

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and relatives confirmed they felt the service was safe. They told us they felt reassured people were protected against harm and abuse.
- When new staff members commenced employment, safeguarding was covered as part of the induction training.
- The management team ensured that staff were aware of the different types of abuse and how to report any allegations.
- Existing staff were required to repeat their safeguarding training every year, using e-learning.
- The home manager was in post for approximately six weeks at the time of our inspection and planned to complete an advanced level of safeguarding training.
- The staff training matrix showed that most staff had completed refresher training within the prior 12 months.
- Staff had access to policies and procedures related to whistleblowing and discrimination.
- The home manager reported abuse or neglect allegations to the local authority as required. The home manager knew which forms to use and who to contact.
- The service maintained a 'tracking list' of any safeguarding referrals made and reported the findings to the provider's head office each month.
- The home manager explained that notifications to us were required upon completion of any safeguarding referrals.

Assessing risk, safety monitoring and management:

- Prior to a person moving into the service, a pre-admission assessment was completed to check what kind of care was required.
- The comprehensive assessment covered several areas of a person's activities of daily living. For example, the management team assessed a person's moving and handling needs, nutrition and hydration, medicines management and skin integrity.
- The care package was planned once information from the person, their family, the hospital and, if relevant, social workers were gathered.

- The person's care dependency was calculated using scores for each activity of daily living. For example, someone's score for moving and handling would be higher if the person required two staff and a hoist for mobilising.
- The pre-admission assessment also indicated to staff which nursing risk assessments to complete prior to and when a person moved into the service. Nursing staff were expected to complete the risk assessments for the person within the first 72 hours of admission. The highest risk needs were completed first and people or their relatives assisted with more detailed and complex information.
- Bed rails and floor sensor mats were used when it was identified that there was a risk of a person falling. This ensured that risks of avoidable injuries were mitigated and better protected people.
- Risks arising from diseases such as dementia, were assessed so that the service knew whether the person might exhibit behaviours that challenged staff and others.
- People's religious and cultural needs were also assessed and recorded.
- The provider had taken actions to mitigate the risks associated with the premises we found at our last inspection. For example, window restrictors (where they were not in place) were installed. A weekly check of the window restrictors was completed. A Legionella risk assessment and prevention scheme was implemented and reviewed.
- We checked compliance with fire safety regulations. A contractor completed a fire risk assessment on 1 June 2018. Although there were multiple remedial actions required, the provider had taken the necessary steps to act on the risks. Evidence was provided to us following our site visit.
- A report of the statutory check of the passenger lift was not available. The provider organised a contractor to visit during our inspection and provided evidence of the lift safety.

Staffing and recruitment:

- Staffing was calculated based on people's needs. This was tallied together to provide a total dependency score of people's care requirements. A ratio system was used to determine safe staffing.
- The staffing deployment was staggered to ensure the most efficient use of the staff on shift. This included refocusing the registered nurses' roles to ensure they were completing more clinical tasks and less time was spent on administration.
- The service had improved the registered nurses' focus during a shift. For example, less time was spent on medicines administration as the nurse was not disturbed or interrupted. This ensured people received their medicines at the right times.
- Care workers were expected to take responsibility for the people they supported during their shift. The registered nurses provided indirect supervision of care workers. Care workers were observed to be very autonomous in their roles.
- Recruitment practices were strengthened since our last inspection. This included checking information in the staff personnel files was complete and setting out the files properly to enable finding documents quicker.
- Checks included asking for a full employment history, checking the reasons why staff had left their previous roles, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references from prior employers.
- Nurses' registration was verified and the home manager ensured that checks of the register were completed and evidence obtained.
- The service required staff to check people's welfare at night every two hours. This was logged via the nurse call system when the staff member entered the room, checked the welfare of the person and left the room. Electronic records confirmed staff had checked people in their bedrooms.
- The home manager completed an analysis of the call bell response times every fortnight. The service's expectation was that people's call bells were answered within five minutes after a request for help.
- The analysis showed that people's requests for help were attended to promptly. This was an improvement in the response rates by staff since our last inspection.

- Regular drills of the emergency call system were completed, with staff responding on all occasions within approximately 30 seconds.

Using medicines safely:

- A strength of the service was the improvement to the medicines management systems since our last inspection. Staff were proud of the compliance achieved to ensure safe use of medicines.
- A relative said, "it was hard to get [the person] into any home due to the meds (medicines) he was on. I'm glad that they [the service] have given him a chance, and we are happy with the service."
- Registered nurses completed medicines management training during induction. This included a period of shadowing an experienced staff member, being introduced to people and learning about people's individual requirements.
- At the time of our inspection, the service had not completed any staff medicines competency assessments for registered nurses. However, the home manager had recently obtained a competency tool and explained how they would commence checking nursing practice using the form.
- We recommend that the service assesses registered nurses' competency in safe medicines management.
- Nursing staff also completed face-to-face and online training in medicines administration and safety.
- The medicines room was clean and tidy. The room and refrigerator were kept at safe temperatures and staff measured and recorded the results.
- There was a 'hypo' kit in the medicines room. This was a set of foods and drinks used for people with insulin-dependent diabetes in emergency situations if the person experienced very low blood glucose levels. The service had followed local best practice guidance by having the kits ready.
- Sharps (needles) were handled and disposed of correctly.
- Controlled drugs (those subject to misuse) were managed correctly. There were regular audits by the management team to check the stock counts were accurate.
- 'Homely remedies' (over the counter medicines) were managed correctly. This included purchasing the medicines, counting the stock, having a safe protocol in place and ensuring staff compliance with administration.
- The clinical commissioning group care home pharmacist visited in June 2018 with a geriatrician. They completed a full review of all people's medicines, blood testing and medicines reviews. Medicines that people did not require were removed by the geriatrician to save the NHS the cost of unnecessary medicines. A projected annual total cost saving of £7,100 within this service was apparent when the review was completed.
- The community pharmacist visited annually and last completed an audit in October 2018. The comprehensive check of the medicines safety found there were no concerns that required remedial actions.
- Both pharmacists were complimentary of the medicines management at the service,

Preventing and controlling infection:

- Staff received training in infection prevention and control.
- There was adequate access to handwashing facilities and the use of alcohol-based hand sanitiser.
- The building was clean and tidy. This included communal areas, people's bedrooms and toilets and showers.
- Staff used personal protective equipment such as disposable gloves and aprons. We observed staff washed their hands when necessary.
- Records of cleaning were maintained. Hazardous chemicals were stored away correctly.

Learning lessons when things go wrong:

- Staff reported incident and accidents by completing a relevant form.
- The home manager completed an analysis each month of all reported incidents and accidents.
- There were no serious injuries (such as fractures) since our last inspection. Since September 2018, the

service had reduced the rate of falls to have no reported falls.

- The home manager received all incident and accident reports. We reviewed these and noted they had recorded any remedial actions and nursing plans to address the risk of recurrence of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection on 24 October and 25 October 2017, this key question was rated "requires improvement". We found staff had not received appropriate amounts of training and supervision to enhance their skills and knowledge. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective to at least "good". At this inspection, we found the service had taken some steps to improve the effectiveness of people's care. Therefore, the rating has changed to "good".

People's outcomes were consistently good and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's preferences, likes and dislikes were assessed and recorded in some documentation.
- People's past life histories and social life were listed in the care documentation under a section called "about me". However, this documentation was not carried out for everyone and therefore preferences, likes and dislikes were not known to all staff.
- We provided this finding to the home manager at our inspection. They were receptive of our feedback and noted this as an action to fully complete in the electronic care documentation system.

Staff support: induction, training, skills and experience:

- People felt the staff were knowledgeable and experienced. One person said, "Yes, they are professionals."
- Staff told us they were well-supported by the deputy manager, home manager and provider's management team.
- Staff had regular training and supervision sessions with managers to ensure they had the right knowledge and skills to carry out their roles.
- The service had made improvements to the support staff received. This included increasing the frequency of training and one-to-one meetings.
- Staff training included safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA), dementia awareness, medicines, health and safety, infection prevention.
- The service looked after people with complex needs and conditions, for example diabetes, epilepsy, mental health disorders and people who were at risk of choking. There was no focused training in these areas to support staff.
- The management team were receptive of our feedback about the need for specialist training. They were keen to connect with the clinical commissioning group's "quality in care team" to explore training about food textures for people with swallowing problems.
 - There was a combination of e-learning and face-to-face training. This ensured staff gained knowledge in different ways.
- The home manager and provider also attended training. This ensured they could provide advice to other staff in the relevant topics.

- There was annual repetition of training, or more frequently when the staff member's personal development plan warranted it.
- Staff training records reflected the information provided by the home manager.

Supporting people to eat and drink enough with choice in a balanced diet:

- There were appropriate risk assessments and care plans in place for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) were made when necessary.
- People had correctly modified texture diets where there were risks of choking. This included soft, pureed or fork-mashed meals. Appropriate plans were in place to use high calorie ingredients to fortify meals. This prevented weight loss.
- People's drinks were thickened when needed, to prevent the risk of choking on fluids.
- The home manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input.

Staff working with other agencies to provide consistent, effective, timely care:

- There was continued evidence that the staff and management worked with community organisations.
- The service ensured joined up working with other agencies and professionals such as the local authority and clinical commissioning group to ensure people received effective care.

Adapting service, design, decoration to meet people's needs:

- The service was a converted building not originally designed as a care home. There were several floors which could be accessed by stairs and a passenger lift
- The premises were homely, and pleasantly decorated. People enjoyed sitting in the communal lounge at the front of the building.
- There was a lack of appropriate signage in all areas of the service. This included for bedrooms, communal areas and bathrooms. As the service catered for people with dementia we saw little evidence that the environment reflected the needs of this specialised group.
- The communal areas have been kept up-to-date and suitable for people. Other areas such as corridors, bedrooms and bathrooms will require ongoing investment to ensure they are modern and meet the needs of people with dementia.
- We recommend that the service reviews national best practice guidance for dementia-friendly environments.

Supporting people to live healthier lives, access healthcare services and support:

- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment. This was clear from the record of appointments in the care documentation.
- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed.
- Professionals that visited people at the service included GPs, district nurses, dietitians, SALTs, podiatrists, physiotherapists, and social workers.

Ensuring consent to care and treatment in line with law and guidance:

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to local authorities as needed.
- Two people had independent mental capacity advocates (IMCAs) that represented them and checked on their welfare. Full details were in people's care documentation.
- In the approved DoLS applications we reviewed, there were no conditions set by the local authority.
- Where necessary, documentation for enduring or lasting power of attorney was sought and kept on file. This ensured only parties legally authorised to provide consent to care and treatment were involved in such decisions.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people continued to receive kind and compassionate support from staff.
- Throughout our inspection, people and families provided consistently positive feedback about staff and the service.
- People were treated equally and fairly. They were supported with respect by staff.
- Relatives and visitors were not restricted from seeing people in the service. They were free to come and go when it suited the person. This included late at night, especially in the downstairs communal areas where people liked to sit.
- Relatives also confirmed how care workers would work to people's personal instructions and cared for them in the way they chose.
- We observed multiple instances of thoughtful care. We saw how a person being hoisted was instructed what was happening and made to feel comfortable throughout and after the process.
- Another person was distressed in their room. When a registered nurse arrived, we saw how gentle the staff member's interaction with the person was. This resulted in the person becoming calm and the nurse could provide the care the person needed.
- The cook was very dedicated. When we spoke with them about the catering they told us they, "...prepare the food to the standard that I would like to receive it." We noted food served on both days of our inspection appeared appetising and people enjoyed it.
- People and relatives spoke highly of the activities coordinator. They told us they "loved" her and that the staff member often came in on their days off to visit people. We observed their good rapport with people; they provided positive encouragement in all their interactions.
- People's and relatives' comments were complimentary. One relative said the best thing about the service was, "The care and attention [the person] gets. The staff are very genuine."
- Another relative said, "I do not have to worry. I can completely trust that they will look after my mum."

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

- People and families confirmed they were involved in care planning and review, although not all could recall the full details.
- Access to care plans and changes to them was available to people and relatives if they asked to see it.
- There was evidence in the electronic documentation that registered nurses had updated people's risk assessments and care plans regularly. Daily notes were also required which indicated how a person was supported throughout each shift.
- Care notes were holistic; they recorded tasks the person was supported with, such as eating and drinking, but also the person's communication, emotion, social activities and health or social care professionals' visits.

- Information about changes in people's health was appropriately communicated between the staff members.
- We observed a person's health deteriorated during our inspection, and how the nurses and care workers managed the situation appropriately and discretely.
- One person told us, "I am happy here with my care. I am because people (staff) are inclined to listen and they give you time."

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

- Staff we spoke with knew people well and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People stated that staff were caring and treated them with dignity.
- Doors were closed during people's personal care. We observed staff knocked on people's bedroom doors before they entered.
- Staff introduced themselves to people, especially if the person displayed any confusion.
- Even in instances when people could not speak with care workers, staff still spoke with the person and included them in their description of any tasks they were completing.
- Staff encouraged people to laugh and smile. We noted staff often used humour to encourage people's positive emotional state.
- The activities coordinator attempted to promote and maintain people's independence through exercises and social stimulation. Staff assisted when there were planned outings into the community.
- Relatives said people were treated with dignity and respect. One told us staff provided respect, "Every time we are here." Another relative said, "They [staff] always treat her [the person] with respect. I only have kind words for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At our last inspection on 24 October and 25 October 2017, this key question was rated "requires improvement". We found peoples' and relatives' complaints were not satisfactorily investigated and recorded. At this inspection, we found the service had taken steps to improve the management of complaints. Therefore, the rating has changed to "good".

People's needs were met through good organisation and delivery of care.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken some steps to meet the AIS requirements however it was not embedded in practice.

- The care notes documented that the service identified and recorded communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it. For, example one person who had a hearing loss was supported by a wipe board to help him communicate.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- Menus were in a restaurant style presentation folder in the dining room. People with dementia and cognition problems could benefit from menus that included pictures of the meals.
- The use of pictures was not widely adopted throughout the building. There were some important documents pinned to walls where versions were not provided in an easy-read format.
- For example, the complaints process was not presented in a pictorial format or with large font.
- We recommend that the service reviews all the requirements set out by the AIS.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive personalised care.
- One relative said, "My mum's just landed on her feet being here. She was in hospital for six months before she got here. I'm happy with the level of care; it's amazing."
- The service gathered all the information from the pre-admission assessment, likes and dislikes forms, past hobbies, interests, church or religious information. Then a care plan was formulated from the information gathered.
- Key workers assigned to a set of people formulated and reviewed the care plans. Key workers are care workers appointed to take responsibility for a small group of people who use a service.
- People were unable to express all their views and care plans were updated by the keyworkers as needed; in some cases, care documentation was reviewed with the help of family members.
- Changes to care plans were also informed by any information from health and social care professionals.

- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their bedrooms.
- There was an activities coordinator. Pictures and information about past events and planned activities were displayed throughout the service.
- At the time of our inspection, there was an afternoon quiz and singing session in the lounge.
- People who did not wish to take part in the activities in the lounge had one to one sessions in their room. Most of these sessions involved hand massage and "holding hands".

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place. Improvements were made since our last inspection. We noted complaints occasionally took a long period of time to resolve. This had improved with the change in the management team.
- There was a complaints form. Complaints could be logged and the resolution written down within the system in place.
- Complaints signage was in place. There was a satisfactory complaints policy. No complaints were received by the service leading up to our inspection.

End of life care and support:

- There were plans in place for people's end of life care. However, there was sometimes no person-centred detail in these plans. In many cases the plans stated that a person was not ready to plan and the service would speak to the family at a later stage.
- The service had not always recorded end of life preferences or wishes.
- Some people had long-term conditions or life-limiting diagnoses which would shorten their life expectancy. People's preferences for end of life care were not assessed or recorded and there was no advanced care plan.
- Some people had anticipatory medicines in place. These are medicines for use when a person is in the final stages of life, and used to ensure a dignified, pain-free death.
- Some people had 'do not resuscitate' orders in their care documentation. Staff knew what to do in the event of an emergency, and which people would be resuscitated.
- The home manager recognised the need to improve the documentation of people's end of life preferences. They explained the plans they had in place to improve this detail in people's care plans. This included asking for the information at the point of admission, so that it was recorded promptly.

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 our last inspection on 24 October and 25 October 2017, this key question was rated "requires improvement". We found that people's accidents and incidents were not satisfactorily reviewed by the management team and the workplace culture for staff was not always positive. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question well-led to at least "good". At this inspection, we found the service had taken some steps to ensure a well-led service. Therefore, the rating has changed to "good".

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility:

- The organisational aims and objectives were revised with the introduction of the new management team. The assistant operations manager sent us a revised statement of purpose after our inspection. A statement of purpose is a document required by law which contains important information about a service, including the ethos of the care provided.
- Since our last inspection, audits and checks of the service continued and improved. Areas of the service audited included bed rails, mattresses, catering, health and safety and medicines.
- Existing key performance indicators were used in 2018. These included data collected but not always reported in a meaningful way to the provider. Data collected included the number of safeguarding concerns, deaths, hospital admissions any pressure ulcers or accidents and incidents.
- The introduction of the new management team ensured a review of the governance of the quality management systems.
- The assistant operations manager explained that although there was an existing audit suite in place and they were completed, there were shortfalls in some areas. For example, care documentation was audited, but the practical delivery of the care was identified as an area which required more scrutiny.
- The management team reviewed the audit suite and decided which audits were effective in gathering safety and governance information and added additional audits and revised other tools.
- All the newer style audits provided an outcome which could be tracked from month to month, to check whether there were improvements in the safety and quality. The management team could also quickly identify whether a change in the service was required.
- The previous compliance visit summary reports from the nominated individual were not fit for purpose or aligned with the current set of regulations. The new management team quickly identified that items flagged as those requiring action were not followed up at subsequent visits.
- The management team overhauled the compliance visits scheme. This provided more detailed scrutiny and ensured that items which required attention from previous visits were checked at every subsequent visit. They required evidence of completion prior to being 'signed off' by managers.

- The management team introduced a 185-point compliance audit in September 2018. Several measures were included which ensured more detailed information about quality and safety were assessed and recorded. The team explained this was a new tool and would be regularly reviewed to ensure usability.
- The nominated individual stated they, "...wanted to gauge how the service performed and we were very aware of the areas that required improvement." They stated it enabled 'quick fixes', education of managers to bring up-to-date ways of working and helped embed best practice.
- At the time of our inspection, three audits using the new system were completed. In November 2018, the top areas identified that required improvement were recruitment documentation, staff training compliance and staff supervisions.
- In the January 2019 result, the audit noted that successful improvements were implemented to deal with the issues identified in the November 2018 audit.
- The audit also identified that positive areas of the service included the engagement of staff with the people who used the service and medicines management.
- Any actions required for improvement were noted in the audit tool. The findings were discussed at the site visit with the home manager, deputy manager or other senior team members.
- Systems and process were implemented, or planned, to ensure successful change. For example, the home manager and deputy manager were booked to attend specialist training in how to complete staff supervision and performance appraisals. The management team would also be upskilled in how to conduct investigations and staff disciplinary processes.
- At the last audit, the management of medicines by nursing staff was identified as "outstanding". This aligned with the previous findings of audits by the community and clinical commissioning group pharmacists.
- The results from the management team's new governance checks ensured that the provider received more detailed information about the safety, governance and performance of the service. The team could flag risks and areas where the service performed well.
- In January 2019, an ongoing service improvement plan was being introduced to the service. This would ensure that any actions which may take a longer time to implement could be tracked and measured over time for progress.
- The service improvement plan items would be risk-rated on a red to green basis, to demonstrate the order or priority. Issues addressed over time could be separated in the document, to demonstrate improvements previously completed.

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

- Since our last inspection, there was a significant change in the management structure.
- In a stakeholders meeting prior to our inspection, the company director explained the reasons for the changes in the management. This included a new nominated individual, the introduction of an assistant operations manager and a change to the home manager.
- Changes in the management structure had led to a small number of staff leaving their roles. However, the management team and provider embraced the changes to continue to ensure a positive workplace culture.
- Although there was a manager registered with us at the time of our inspection, they finished in their post in December 2018 and had applied to cancel their registration. Our registration team were processing the registered manager's application at the time of our inspection.
- The deputy manager, who was a registered nurse, was promoted to the role of home manager in December 2018. Although they were new to the home manager role, they had quickly embraced the aspects required to lead the service and bring changes that were needed to improve the governance.
- The home manager demonstrated they employed both their clinical knowledge and operational skills in the role, as they had worked in the deputy manager role for two years .
- They knew people, staff, relatives and health and social care professionals well and had an existing rapport

with them.

- One relative said, "The home manager is very good. She was the nurse who helped him with [a medical condition]. She kept on going until it was better. She is very good and caring."
- The home manager was actively supported by the nominated individual and the assistant operations manager during their induction to the role. The assistant operations manager explained the home manager was supported at least two days every week to effectively transition into their role.
- We observed the home manager was enthusiastic and keen in their new role. They were approachable, friendly, knowledgeable and actively engaged with all aspects of the service. The home manager explained they were keen to learn and actively embraced suggestions and areas for improvement.
- The head office of the provider was located on site at Tithe Farm Nursing Home. Staff included human resources, payroll and the company representatives. The home manager explained there was ready access to the head office staff and they often came into the service to assist with various matters.

Engaging and involving people using the service, the public and staff:

- Since our last inspection, there was an improvement in the engagement with people, their relatives and friends. The home manager explained that staff received positive feedback and this had boosted the staff confidence.
- A meeting was held in December 2018 with people and relatives to explain the changes to the management structure. The service confirmed that the caring nature of the service would not be affected and that the changes to the management structure would focus on bringing more positive improvements to the care people received. People and relatives were again invited to contribute to the content of the care plans.
- The management team recorded all feedback, whether it was provided verbally or in other ways (for example by e-mail). The service aimed to collect as much feedback as possible to assist with continuous improvement of care.
- Relatives and others provided regular feedback via a well-known care home review website. There were several comments provided in 2018. These included, "It is very lovely to see my mum and other residents cared for in a lovely, warm and respectful atmosphere. I am always made welcome whilst visiting mum in this kind ambience."
- The service had implemented an 'employee of the month' scheme to recognise positive contribution and hard work by staff. All staff could complete a simple slip and post it anonymously in a box. The nominations were collected and tallied at the end of each month.
- We noted the employee of the month's name and photo was displayed in reception. The employee of the month received a voucher as a sign of recognition by the management team.
- The staff comments for the employee of the month for December 2018 included, "The most reliable carer" and "Very hard worker and [they] are very keen". When we spoke with the care worker, they were proud that they had received the acknowledgement for their work.
- Staff meetings were held on a regular basis. The previous staff meeting was held in October 2018. Topics included changes in the management team, reporting of incidents and accidents, nominations for staff 'champions' for infection control, dementia and dignity, cleaning and health and safety.
- Staff could provide feedback to the management team at the meetings.
- A 'residents' meeting was held in November 2018. Topics included care, where people were reminded of their key worker and that the picture of the designated staff member was in their bedroom. Feedback was sought about the management of meals and activities, and people provided positive comments. For example, one person stated that the food was, "...good and well balanced."
- A relatives' meeting was completed in October 2018. Relatives were encouraged to express any concerns, but they were satisfied with the service. The management explained about an upcoming trip to Uxbridge for Christmas shopping. Relatives were also invited to the service's Christmas party; the home manager explained that all people, relatives and staff who attended had a good experience at the event.

- Surveys for staff and relatives were not completed, although relatives were provided with a survey form in November 2018. The home manager explained that they would commence a new round of staff and relative surveys to gather their feedback.

Continuous learning and improving care:

- The service was involved in networking in the wider adult social care sector. This was to ensure that information was gained from other organisations, such as the local provider forum.
- Increased engagement with external stakeholders meant information from other agencies could be cascaded from the provider level to the management team.
- The provider's management team could learn from other experiences in their prior roles. They intended to bring the ideas into the service which would make an impact on the lives of people who used the service. For example, the provider planned to purchase their own vehicle so they could increase people's social inclusion in the community and reduce social isolation.
- The service had examined the care practitioner role, which was an advanced level qualification for care workers. This would upskill the care workers to reduce the workload of registered nurses and be more inclusive with the staff that provided hands on care.
- The service had considered peer auditing of other nursing homes within their own group. This would involve home managers auditing their colleagues' services and providing feedback; to recognise good practice and share information for improvement.
- The provider was introducing shorter audits and spot checks which were user friendly for the staff members completing them.
- These would provide scores which would feed into the overall compliance management scheme. The management team could then compare the scores with other nursing homes within their own group and look for themes or trends.
- New audits would include people's dining experience, so that the impact of the care and support provided could be examined and if necessary improved.
- Additional training for staff in mental health conditions and dementia awareness were planned.

Working in partnership with others:

- There was satisfactory engagement with the local authority and clinical commissioning group. Where necessary, the service was responsive to any issues raised and provided relevant information upon request.
- The service was proactive in involvement with best practice, such as the local medicines optimisation team and the GP surgery.
- The service worked well with other regulators, such as environmental health and the fire and rescue service.