

Key inspection report

CARE HOME ADULTS 18-65

Tithe Barn

**Tithe Barn
Upper Moraston
Sellack
Ross-On-Wye
Herefordshire
HR9 6RE**

Lead Inspector
Christina Lavelle

DRAFT REPORT - *Key Unannounced Inspection*
15th July 2009 **10:10am–**

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Tithe Barn
Address	Tithe Barn Upper Moraston Sellack Ross-On-Wye Herefordshire HR9 6RE
Telephone number	01989 730 491
Fax number	01989 730 391
Email address	tithe.Barn@craegmoor.co.uk
Provider Web address	www.craegmoor.co.uk
Name of registered provider(s)/company (if applicable)	Parkcare Homes (No2) Ltd
Name of registered manager (if applicable)	Ms Andrea Creed
Type of registration	Care Home
No. of places registered (if applicable)	13
Category(ies) of registration, with number of places	Learning disability (13)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home only (PC)

to service users on the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Learning Disability (LD) 13
2. The maximum number of service users to be accommodated is 13.

Date of last key inspection

31st July and 1st August 2008

Brief Description of the Service:

Tithe Barn was first set up as a care home in 1999. The provider is a subsidiary company of a much larger organisation Craegmoor Healthcare, which took over its management in March 2004. The manager Andrea Creed was appointed in August 2006. Ms Creed is also the registered manager of another care home (Stable Cottage), which is next door to Tithe Barn and has the same provider, although the two homes operate as separate services. Tithe Barn can provide accommodation with personal care for up to 13 adults. People living there must require care due to learning disabilities and may also have physical disabilities associated with their learning disability and use behaviours that can challenge a care service. They have medium to high dependency on staff for their care.

Tithe Barn has a lovely rural location in the village of Sellack, which is about four miles from the market town of Ross-on-Wye. Whilst there are not many local facilities the home has three vehicles for staff to enable people who live there to go out into the wider community. The home is set in seven acres of grounds, which includes a woodland trail, patios and secure garden areas.

The property consists of several converted barns. One two-storey building is divided into four separate flats, one flat for two, one for three and two for four people. Bedrooms are all single and have wash hand basins, although none have en-suite facilities. The home does not have a lift and therefore the three upstairs flats would not be suitable for anyone with limited mobility. Each flat has a sitting/dining room, a kitchen and bathrooms for everyone to use. Another building has two offices, a meeting room, a heated swimming pool and laundry facilities and there is also an activities building with a sensory room.

Information about the service is provided in a statement of purpose and service users' guide, which are available from the home and Craegmoor's website. The weekly fee for the service depends on the assessed needs of individuals, as is agreed with their funding authorities. Extra costs include for personal clothing and toiletries, electrical items, day trips not covered by the home's activities budget, holidays, specialist activities such as aromatherapy and horse riding, college course fees and a contribution towards staff expenses on day outings.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means that people using the service experience **good** quality outcomes.

This is a key inspection of the service provided by Tithe Barn. This means all the standards that can be most important to people who use care services are assessed. As part of this inspection we, the Commission, visited the home for about seven hours on one day without telling staff or people living there before we went. Staff and other people involved with Tithe Barn call people who are living there residents and so we will refer to them as residents in our report.

We used a range of evidence to make judgements about the quality of the service. We discussed how the home is being run and plans to develop the service with the manager. It is difficult to ask most of the residents directly about their lives and experience of Tithe Barn because their learning disabilities limit their communication. We therefore spent time with residents observing their activities and interactions with staff and each other.

We spoke with five care staff on duty during our visit about their role, training, support and residents' care and lifestyles. Surveys had also been completed by five of the staff, two residents (with staff help), six residents' relatives and one health care professional. Their feedback is referred to in this report.

The manager had completed an annual quality assurance assessment (AQAA) before our visit. The AQAA asks managers to say what their service does well; could do better; what has improved in the last 12 months and their plans for future improvements. All other information about the home since the last key inspection is also considered. This includes a random inspection we carried out at the home in January 2009; events that had affected the health, safety and welfare of residents (we call these notifications), complaints and allegations.

What the service does well:

The home carefully ensures staff know about the needs and wishes of possible residents and that the home could meet them. People can also visit the home and have a trial stay to check if it is suitable and they would like to live there.

Residents have plans showing their needs, wishes and goals. Plans help staff know the care people need and want so they can give them the right support.

Residents are enabled to take part in a variety of activities they like in the home and within the community. Staff also help them to keep in contact with their families and provide meals that are healthy, which residents can choose.

Residents' personal care needs are met and their health is monitored and good health promoted. Staff manage their medicines safely in the home for them.

Tithe Barn offers residents a safe and comfortable home and the separate flats make it more homely. The home has a swimming pool and the grounds are large and pleasant for residents to walk, relax and keep ducks and rabbits in.

The home takes up necessary checks to help to ensure new staff are suitable. Staff have training to help them understand the special needs of residents and to have the knowledge and skills to manage and/or meet them appropriately.

What has improved since the last inspection?

Progress has been made to use a 'person centred' way to plan residents' care. This means there is more focus on their individual needs, preferences and abilities and how they can achieve their goals and develop life and social skills.

Staff are using more effective ways to help residents communicate. This means they can enable them to make more choices about their lifestyle and activities.

Residents have more opportunities to go out into the community and take part in activities they are interested in and that can meet their personal needs.

Meals are healthier and menus are now drawn up as pictures and photographs. This means that residents can understand them better and choose their meals.

Each resident has a health action plan showing how their health and well being are being monitored and their good health and a healthier lifestyle promoted. The plans also give staff more information about their condition and behaviour.

Work has continued to improve the flats by redecoration, new furniture and fitting patio doors. This makes the home nicer and more homely for residents.

The home has a full, more stable staff team and staff have received a lot of training. This has improved the consistency and quality of care residents receive because staff know how to do their job and meet their needs better.

The home's managers are able to spend most of their time on management tasks and ensuring that improvements are made so that the service develops.

What they could do better:

Ensure that when a resident's privacy has to be restricted in any way by staff for the sake of other residents that this has been agreed with relevant people.

Improve bathrooms in some flats to make them nicer and better for residents.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that Tithe Barn would support them appropriately. This is because a full assessment is made of their needs, which they, their family and representatives have been involved in. This means that the home knows about the support they need, their wishes and goals before they move in.

EVIDENCE:

The home's annual quality assurance assessment (AQAA) says that Craegmoor have thorough assessment and admissions procedures in place to use when prospective residents are referred for a placement at the home. We discussed these processes with the manager and staff in relation to one person who had been admitted to the home recently and is currently having a trial stay there.

It is confirmed that a Personal Needs Assessment had been completed by the person's funding authority and the home was given a copy. The manager then visited the person twice at their current residence to meet them and discuss their needs with their staff team. An assessment tool was completed to see if the home could suitably meet their needs. An initial care plan was set up based on this showing their needs, preferences and risk assessments required.

Following this the prospective resident's family visited Tithe Barn and provided more information about them. The person also made three introductory visits to the home. A minimum of a three month settling in period is always offered and when their trial stay was arranged one of the person's carers came with them and stayed locally. They spent two days at the home working with staff to inform them about the person's needs, preferred routines and lifestyle.

The new resident's family say in their survey that "*the time and effort that was made to find out about X and to help them settle was very good*". One health care professional indicates in their survey that assessment arrangements at the home ensure accurate information is gathered and two residents confirm in their surveys they were asked about moving in and given enough information

A formal review of the placement will take place at the end of the trial period involving the prospective resident, their family and care manager and the home to discuss if the placement is working out for everyone including existing residents, before a permanent place is offered and a contract agreed between the service provider and the resident's funding authority.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6. 7. 9.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Each resident has a plan detailing their needs, wishes and goals and staff aim to promote their individuality and choices. Possible risks to people's safety and welfare are assessed so that they can be managed appropriately and reduced.

EVIDENCE:

The home clearly recognises that residents should be involved in planning their own care and make decisions about their daily routines and lifestyle. Progress has been made since the last key inspection to implement a more 'person centred' approach to care planning and enable residents to make choices. This means their plans identify their abilities and personal goals and show how they can be supported to achieve their goals and develop their life and social skills.

We looked at a sample of three residents' care records. They include daily reports made by staff about such as their mood, behaviours, health, events, activities and records of family contact. Each person also has a care plan, risk

assessments and behaviour management plans (when necessary). Their plans cover all relevant areas and had recently been reviewed and updated with the involvement of residents (when possible) and their relatives who had been invited to the home to discuss their needs assessments and plans.

Care staff are assigned to particular residents as their keyworker. They are appropriately now being more involved in drawing up and evaluating people's plans. They also take responsibility for ensuring their allocated residents buy clothes and toiletries, keep their bedrooms nice and tidy and that they attend routine and other health care appointments. Staff we spoke to understand that their keyworker role is to help to personalise support and advocate for people. They have time to offer some one to one support and more opportunity now to help them choose activities they think they would enjoy and/or benefit from.

Plans are now in a format that people with learning disabilities should be able to understand more easily, including pictures, symbols and simple language. Efforts are being made to enable residents to communicate their wishes and choices better. One health care professional indicates in their survey that staff always respond to residents' diverse needs and comments that there is a *"concerted effort to increase the use of visual back up. All residents now have communication dictionaries"*. We saw examples of pictures and photographs of meals, activities and showing how to prepare snacks. The AQAA says it is planned to extend this to other procedures within the home and choosing décor etc. Staff had received training on effective communication techniques.

Risk assessments have been carried out for every resident. These identify any possible safety hazards and how staff can keep people safe when doing such as bathing and going out. There are also specific risk assessments in respect of individual's medical conditions (for example epilepsy) and when they may use behaviours that can challenge a care service. Detailed Behavioural plans have also been set up with the input of a Behavioural Therapist and show how staff can recognise signs of potentially challenging behaviours and use strategies to divert or diffuse and deal with them proactively and consistently. All incidents are recorded, showing strategies used and outcomes, which are analysed and used to review the effectiveness of the management plans.

We saw the home use a 'baby monitor' at night for one resident. This is to alert staff when this person gets up as they go in other residents' bedrooms, which disturbs and upsets them. Although this may be in the other residents' best interests it could be viewed as an infringement of the individual's privacy. It is acknowledged staff could not constantly observe the person who they say does not understand it is unacceptable to go into other peoples' rooms or give their consent to using the monitor. If the monitor is the only way to prevent distress to residents it's use should be agreed with the person's family and a relevant professional, such as a behaviour therapist, and recorded as part of their plan.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12. 13. 15. 16. 17.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents take part in a range of activities they like within the home and out in the community. Each person is treated as an individual and the home aims to enable them to follow their personal interests, develop their life skills and to make choices about their daily lives and routines. Staff also support residents to maintain links with their families and provide healthy meals they choose.

EVIDENCE:

The home understands that residents should be facilitated to participate in a variety of activities so they have interesting, meaningful lives and can develop their social, emotional and independent living skills. Progress has been made since the last inspection to individualise and increase the activities residents take part in and their community involvement. One health care professional comments in their survey that "*one area the service has improved upon*

dramatically is facilitating access to activities. It is now the norm for residents to use the community and access a range of leisure and functional activities”.

We looked at some residents’ plans and spoke with the home’s designated activities co-ordinator. She works on weekdays and has set up individual activities programmes for people and goes out to support them with activities. Part of her role is also working with keyworkers to obtain feedback about the activities people have enjoyed and/or are not suitable and to look for other opportunities. The home’s intent is to review and update activity programmes three monthly. It is good that the manager and activities co-ordinator are to undertake a course called “The provision of activities in a care home setting”

The AQAA states that activity plans have been updated to include how to support individuals to develop practical life skills and that their hobbies and interests are always taken into consideration, for example one person is being supported to attend local football matches. One health care professional comments *“the home is looking at some basic skills teaching to help people maintain existing skills and develop new ones”*. Whilst it is difficult for most residents to have a work placement or take up educational courses some now attend a local college where they participate in courses such as basic cookery, “Discovering the Forest”, fitness and rebound. This enables them to benefit as well from meeting new people and being part of a social network.

Residents are supported to use facilities within the local community such as pubs, cafes, restaurants, shops, cinemas and a bowling alley. They are also encouraged to mix and join people from the home’s other flats for activities should they wish to do so. Everyone now has an annual holiday arranged, which can be just a short break if staff feel this would be better for them. The AQAA and staff report that holidays in 2008/9 have been very successful.

The home supports residents to maintain links with their family and staff make visitors welcome in the home. Keyworkers send greetings cards on residents’ behalf and keep their relatives informed about important events, health issues etc. Staff transport and escort people to visit their relatives’ homes. Families are also invited to participate and contribute to residents’ care reviews and the home’s social events. One relative’s survey says *“the caretaker, housekeeper and staff worked immensely hard to make the fun day a success”*.

Regarding food provided the AQAA states *“the home offers a full and varied diet and new menus have recently been introduced”*. It also says residents were consulted about the new menus during a ‘Your Voice’ meeting and one of their parents who is a nutritional advisor helped to draw them up. Menus are now in a pictorial format so residents can be actively involved in choosing their meals. Information on healthy eating in appropriate formats are also displayed in the home. We saw food stocks included plenty of fresh fruit and vegetables, cereals, yoghurts and wholemeal bread. Staff we spoke with are clear about promoting a healthy diet and say, and menus show, they cook healthy meals.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18. 19. 20

People using the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents receive the personal support they need and prefer. Their health care needs are met and when necessary there are procedures in place for staff to follow. Staff manage residents' medicines safely in the home on their behalf.

EVIDENCE:

Residents' plans include their personal and health care needs and records are also kept about their prescribed medications. Each person now has a health action plan (HAP), which describes their medical condition, physical and mental health care and how self care should be encouraged. Their HAPs are in a user-friendly format so that people can be more involved in managing their own health care if they are able to. The AQAA says the home is "*currently working with keyworkers to ensure that the HAPs are updated as and when required*".

Plans show that most residents need a lot of support from staff with their personal care. They also specify their preferred routines. Staff complete daily hygiene charts showing the actual care each person has been given in all the

relevant areas and by whom. One resident's relative comments in their survey that "*our daughter always looks tidily dressed and clean*". We observed that residents were well presented, clean and appropriately dressed with regard to their disability, age and activities.

Residents' care records contain detailed information about all aspects of their health and conditions, some of which can affect their mood and behaviours. There are guidelines and plans in place for staff about how to manage their challenging behaviours proactively and consistently. They include autism and epilepsy and it is good that staff have received training on these topics and the management of challenging behaviours since the home's last key inspection.

Care records and HAPs also detail input sought and/or treatment residents' receive from health care professionals. This can be routine check ups, annual 'well person' checks, their GPs, as well as preventative and any specialist input from a Psychiatrist and Behaviour Therapist. Staff told us how one person has improved following the input of a continence management nurse.

Whenever necessary staff carry out physical checks as part of monitoring residents' health and promoting their good health. For example they weigh people at least monthly with records kept so that any changes are picked up. Other records we saw cover peoples' food intake, behaviour and mood charts and a nutritional assessment tool. The evidence we obtained confirms that health related issues are being monitored and action taken to address them.

Regarding residents' prescribed medication none of the residents are able to self-administer and consent forms are available for their representatives to sign their agreement for the home's staff to manage them on their behalf. It is confirmed that the home still has appropriate policies and procedures in place. With individual protocols when anyone needs medication as and when required for their epilepsy or to control their anxiety and/or challenging behaviours.

Suitably secure storage is provided for medication in each flat and we found that required records were being maintained appropriately. Regular audits are carried out by the home and a community pharmacist who checks their system for managing medicines. Staff designated to handle and administer medicines have gone through a formal training process. The AQAA says that all staff who administer medication also undergo an annual competency assessment. When a medication error was made by staff this was notified to us, as required and appropriate action was taken to deal with the incident and the staff involved.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

22. 23.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

If people have concerns about the service they would know about ways they can complain and how concerns will be dealt with. The home safeguards people from abuse, neglect or self harm and takes action to follow up any allegations.

EVIDENCE:

The home has a written complaints procedure that is also produced in a user-friendly format. This is displayed in the home and was shared with residents' families when updated recently. The AQAA says staff will support residents to make complaints and that information on local advocacy is available. A record is kept when any complaints are received by the home, which would include details of their investigations and outcomes. Residents confirmed in their surveys that they would know who to speak to if they are not happy and staff in their surveys they would know what to do if concerns are raised with them.

One complaint was received by us since the last key inspection. This related to staffing at the home, in particular high staff turnover and some staff having to work excessive hours just to cover the home. This was allegedly putting a lot of pressure on staff and also having an adverse affect on residents' care and activities. The matter was referred back to the provider, asking for an urgent review of staffing and, if found necessary, they should make arrangements to staff the home appropriately. This was investigated and assurances given that the home had been and would continue to be staffed properly and recruitment of new staff was ongoing and the staff team had become more stable.

Policies and procedures are also provided in relation to indicators of abuse, about protection of vulnerable adults and on whistle blowing. The AQAA states that *"the home will not tolerate abuse in any form (either of service users, employees or anyone connected with the home) and where abuse is suspected, or witnessed, then immediate action is taken"*. Staff receive relevant training as part of their induction and further training has been arranged for all the staff team about safeguarding through Herefordshire Council. Staff we spoke with understand their responsibility for the safety and protection of residents.

The manager is clear about when issues or incidents should be referred under local multi-agency procedures for safeguarding vulnerable adults. One matter has been dealt with under these procedures since the last key inspection. This involved the aggressive behaviour by one resident towards other residents and how the home had managed this. A random inspection was carried out to look at the home's management of residents' challenging behaviours and some staff related issues. Recommendations were made that residents' behaviour management strategies should be reviewed, recorded and followed consistently by staff. The manager said a Behavioural Therapist would review the mental health and behavioural needs of all residents and set up more detailed plans. Our inspection confirms that appropriate action has been taken to do this.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

24. 30.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Tithe Barn have a safe, pleasant and comfortable home. The environment is kept clean and hygienic, which promotes good infection control.

EVIDENCE:

Tithe Barn has a lovely rural location and the accommodation is quite secluded. The home is set in seven acres of grounds including a woodland trail, gardens and patio areas. Whilst the only facilities within walking distance are a village shop and pub the home has several vehicles to facilitate trips into the nearest town of Ross-on-Wye, which is about three miles away, outings and holidays.

The home comprises of several converted barns and residents' accommodation is in one building divided into four separate flats, so providing more homely living units. The offices, laundry and swimming pool are in a separate building and there is also a smaller building used for activities with a sensory room.

We visited all four flats and saw their communal areas and some residents' bedrooms. There has been further improvements made to the environment since the last key inspection and overall the flats are now more comfortable and pleasant, suitably furnished and equipped and are in a good state of repair and decoration. Kitchens have been refitted, furniture replaced, redecoration carried out and patio doors put into one person's bedroom. The main aspect that still needs upgrading is two bathrooms, which look tatty and smell damp. They are also small and consideration should be given to providing new bath/shower facilities to give residents and staff assisting them more space.

The home has a housekeeper who is responsible for cleaning communal areas, residents' laundry and shopping for the home's food and provisions. There is also a maintenance person who does the gardening, minor repairs, decorating. They also carry out required safety checks, such as water temperatures and the fire alarm system and equipment. Cleaning schedules are provided for staff and have to be signed by them when the specified jobs are completed.

All areas we saw were clean, tidy and fresh. The AQAA states that the home has adequate appliances to launder residents' clothes, including a sluice wash facility for soiled laundry. In addition that hand washing facilities, liquid soap and paper towels are provided throughout the home. Disposable gloves and aprons are available for staff and there are appropriate arrangements in place for dealing with soiled waste. We reported in the last key inspection, and the manager reaffirms, that policies and procedures are in place in relation to infection control. Most staff have received training on infection control.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

32. 34. 35.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents receive safe and appropriate support as there are enough competent staff on duty at all times. Their needs are met by suitably trained staff who are supported by their manager. People can have confidence in staff because checks are carried out to ensure new staff are suitable to work in a care home.

EVIDENCE:

The staffing situation at Tithe Barn has significantly improved since the last key inspection. The home has been fully staffed since October resulting in no agency staff being deployed, or staff needing to work excessive hours to cover the home. This has created a more stable staff team, which has promoted the consistency of care residents receive and the competence and effectiveness of staff, particularly in respect of team work and training. The AQAA states "*we have a full staff team, which benefits service users by providing consistency and continuity*". Residents' families are positive about the staff team. Their comments in their surveys include that "*keyworkers are dedicated, friendly and very co-operative*" and "*they do their best in difficult circumstances*".

Rotas we looked at indicate that appropriate staffing levels are being maintained and the AQAA says that *"the home is staffed with numbers that are determined by the needs of individual service users; currently operating with eight staff on an early shift, seven on a late shift and three staff covering the waking nights. There is a minimum of one team leader on each shift with a team leader on-call every night to cover the waking nights"*. Staff in their surveys confirm that there is now always enough staff to cover the home.

The AQAA states that all staff have completed their comprehensive induction programme. Overseas applicants also have an assessment and are given any support they need with language and literacy. Staff in their surveys confirm their induction covered everything they need to know very well and they have done training relevant to their role and residents' needs. New staff complete all the mandatory health and safety training as part of their induction. It is good they now have to work shadow shifts as well as complete a satisfactory probationary period before their appointment is confirmed. One new staff member told us he felt his induction and training were good. He had three training days; worked three shadow shifts with a team leader and given time to go through all the residents' folders and the home's policies and procedures.

Regarding recruitment the AQAA, staff we spoke with and their surveys confirm they had checks taken up before they started working at the home, including a criminal records bureau check (CRB) and two written references. The provider's recruitment and selection procedures are thorough and the two staff records we checked show that they are operated robustly. Both include proof of their identity; their application form details their full employment history; two written references from previous employers and CRBs.

Staff have received a lot of training since the last inspection that also covers specialist topics such as autism, epilepsy and effective communication. Most of the team also had training on equality and diversity. Although only six care staff currently hold a National Vocational Qualification (NVQ in social care) more staff have been enrolled and the plan is for them all to achieve NVQ.

Staff told us and their surveys indicate that they have regular support from their manager and opportunity to discuss how they are working in individual supervision. The AQAA says *"supervisions are formally recorded and are always 1:1 with a senior member of the team who has received training on the supervision of staff"*. Staff comments in their surveys include *"staff work well together and if there are any issues management are easy to talk to and will help resolve any issues"* and *"I feel I am well supported to provide quality care to meet the needs of residents at Tithe Barn"*. Regular staff meetings are held, which are minuted and have to be read and signed by all the staff.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

37. 39. 42.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident residents receive good care because the home is now managed and run appropriately. Practice is developing to individualise support and plans made to improve the service for residents' benefit. The environment is safe for people because staff follow required health and safety procedures.

EVIDENCE:

The manager Andrea Creed has been registered as manager of Tithe Barn and Stable Cottage since August 2007. Ms Creed has 13 years experience working with people with learning disabilities and holds an NVQ 4 in Care, NVQ 5 in Management, other qualifications in Communication Skills, Health and Safety, and Learning and Support, as well as done other core and specialist training. The deputy manager also holds NVQ 4 and the Registered Manager's Award.

Ms Creed understands the manager's role and responsibilities and the management approach appears open and approachable. The deputy manager and designated team leaders can run the home in the manager's absence and they provide appropriate support to and supervision of staff. It is good that the manager and deputy manager now have time to focus on the management task more because staffing has stabilised. Our inspection provides evidence of the home's commitment to the key aims and objectives expected of care services and to the development of 'person centred' care. The progress made since the last inspection and other improvements is commendable.

Residents' relatives are also positive overall about the service provided by Tithe Barn and their comments include *"the home provides a good quality of care and lifestyle for people with learning disabilities"* and *"the home provides care for the individual resident in a caring atmosphere"*.

The AQAA contains clear, detailed information with evidence of how what the home does well results in good outcomes for residents. Areas that still need to be improved are identified such as providing more information and policies in suitable formats; refurbishing bedrooms to meet residents' needs and preferences; promoting effective communication and annual staff appraisals.

There are formal quality assurance and monitoring processes operated by the provider. This includes a Clinical Governance Framework to facilitate continual improvement. Their programme includes measures of structures and outcomes that should ensure residents receive a high quality service. Part of this system is regular audits carried out by the manager and a full annual external audit. A representative of the provider visits the home monthly to check how the home is being run and writes reports on its conduct. This all results in development plans for the service that are also based on the views of people using services and/or their representatives through 'Your Voice' meetings and questionnaires.

Regarding health and safety staff receive training in all mandatory topics and there are required policies and procedures in place for staff to follow. The AQAA confirms that necessary checks are carried out on the fire safety and water systems; the electrical and gas and heating are serviced and/or maintained regularly. Risk assessments are completed including for substances hazardous to health (COSHH) and there were no safety hazards identified during our visit.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	4
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

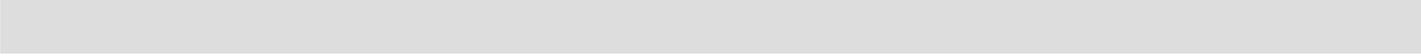
This section sets out the actions, which must be taken so that the registered persons meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered provider must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the registered provider to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA9	The home's use of a "baby monitor" to check if one resident leaves their bedroom at night and upsets other people should be reviewed and agreed with their family and a relevant professional and this be recorded as part of their plan. This is to make sure it is in everyone's best interests and that it does not infringe the individual's right to privacy.
2.	YA27	The bathrooms in some of the flats should be upgraded so that they are more pleasant and provide more suitable bathing or shower facilities for residents.



Care Quality Commission

West Midlands Region

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

National Enquiry Line:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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