

Solomon Care Limited

Tilsley House Care 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

The inspection took place on the 11 August 2016 and was unannounced.

The service was previously inspected on 11 and 15 June 2015. At that time, it was found to be in breach of Regulation 11 because the provider had failed to ensure that care and treatment was only provided with the consent of the relevant person and did not take regard of the Mental Capacity Act 2005.

We asked the provider to draw up an action plan setting out how they would address the concerns. At this inspection, we found the provider had made the necessary improvements and the service was no longer in breach of this regulation.

Tilsley House Care Home is registered to provide accommodation for 31 older people who require personal care. On the day of inspection there were 28 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as the service had systems in place for monitoring and managing risks to promote people's health and wellbeing.

There were suitable arrangements in place for medicines to be stored and administered safely.

There were sufficient numbers of staff, who were recruited safely, who had training to gain the relevant skills and knowledge to effectively meet people's needs.

People were encouraged to exercise choice and control in their daily lives and were involved in making decisions about the care and support they received.

People had access to food and drinks when they wanted them and they were able to make choices about this. A selection of food and drink was available that reflected people's nutritional needs and took into account their preferences and any health requirements.

People's rights being protected because the correct procedures were being followed where people lacked capacity to make decisions for themselves.

People were supported to maintain their health and had regular access to a wide range of healthcare professionals.

People's privacy and dignity was respected.

People were treated with kindness and respect by staff who knew them well and who listened to them, respecting their views and preferences. Staff were caring and had good relationships with people and were attentive to their needs.

People were encouraged to follow their interests including religious practices and beliefs and were supported to keep in contact with their family and friends.

Staff enjoyed working at the service and were included in the running of the home.

The registered manager had systems in place to ensure the quality and safety of the service and to drive improvements and respond appropriately to complaints and feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

.People's care and support needs were met by sufficient numbers of staff.

People were protected by effective recruitment practices, which helped ensure their safety.

People had their medicines stored and administered safely and accurate records were maintained.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because the correct procedures were followed when people lacked capacity to make decisions for themselves.

Staff were provided with a range training to help them support people who used the service and this was updated on regular basis.

People were supported to make informed choices and decisions about their lives.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Is the service caring?

Good ●

The service was caring.

People and their relatives were involved in decisions about their care.

People's privacy and dignity was respected.

People's choices and preferences were respected.

Is the service responsive?

The service was responsive.

People were happy with the activities within the service which were planned after consultation with people who lived at the home.

People were encouraged by staff to participate in activities in the service.

People were encouraged to maintain relationships with their families and friends.

People were encouraged to express their views about the management of the service.

When suggestions were made, they were listened to and implemented when possible.

Good ●

Is the service well-led?

The service was well led.

The home had an open and approachable management team.

The registered manager had a clear set of vision and values, which were used in practice when caring for people.

There were systems in place to monitor and improve the quality of the service provided to people.

Good ●

Tilsley House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 11 August 2016 and was unannounced.

The inspection was completed by an adult social care inspector and an expert by experience. An expert by experience is someone who has used this type of service or knows about this because their relatives have received this type of care or support.

As part of the inspection, we reviewed various information including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

On the day of inspection, we spoke with the registered manager and four members of staff. We spoke with nine people who used the service and three relatives. We also spoke to one health care professional for feedback. Prior to the inspection, we contacted the local authority's safeguarding Team, Contracts and Compliance Team, four health professionals and an independent training provider.

We reviewed six care records, seven staff files as well as looking at other relevant documentation such as training records, quality audits and minutes of meetings.

Is the service safe?

Our findings

The service was safe.

When we last inspected this service on 11 and 15 June 2015, there were not sufficient numbers of staff to support people safely, especially during mealtimes. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. The action plan stated more staff would be recruited and the provider would ensure there were sufficient staff... to support people.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with generally thought there was sufficient staff to attend to their needs. However, on the day of inspection, people and their relatives expressed concerns that there had not been enough staff recently, although there were no examples given to us of how this had impacted on care. We spoke with the registered manager about this and they confirmed their minimum staffing levels. We then looked at the rotas for the past four weeks and saw that there were no occasions where the staffing numbers had gone below the minimum levels. The registered manager told us that when staff had been absent due to staff sickness and holidays, other staff had covered the gaps., This meant some staff had worked more hours than normal, and explained why people thought the same staff were working all the time. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected people's current needs. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was confirmed by duty rotas we were shown.

People also said they had no concerns and staff always came readily when they were asked for help. A relative we spoke with said they had moved their family member to Tilsley House from another care home (which had been closer to their family home). They told us, "There are enough staff here and it's much better. They're sometimes very busy but they always do their best to prevent falls." They described the safety arrangements in place, as their family member was no longer able to walk without one person to support them. They told us, "They [staff] now ensure they are alerted if [family member] needs to get out of bed or their chair." During the inspection, we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available and were quick to ensure, where required, people had their walking aids to hand, so they were able to move safely. We saw staff were always available in the lounge to help people throughout the day. If a member of staff needed to help anyone to move to another part of the building, they ensured there was always a colleague available to stay with the other people in the lounge. People we spoke with said they felt staff were attentive and there were enough staff around to help and support them as and when required. One person told us, "I am safe because I am cautious as I walk; I can ring for help if I need it." Another person said, "I am safe because there are plenty of staff around to help me if I need them." This demonstrated that people felt safe. One person said, "I think this is a pleasant home, nice and bright and clean. Happy with the care my loved one receives. I don't think there are any changes needed. No complaints". People were protected from avoidable harm and potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately

managed

People said they felt safe and very comfortable at Tilsley House. They told us they were safe with the staff and there no one we spoke with had had any concerns about their safety. One person said, "I have not been here long but I have a gut feeling I am safe, and all my possessions are safe too." Another person told us, "Yes I'm safe, I like it here very much." Relatives told us, "The security is good; there is a constant staff presence." Throughout the day, we observed friendly, relaxed and good-natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required.

People and their relatives were content with the way medicines were managed. One person told us, "You get all your medicine alright." A relative was confident their family member always received their medicine at the correct time in the correct manner. They explained their family member could, "Sometimes be difficult to manage but the care staff here are very good at adapting to their differing moods. So we don't need to worry."

Tilsley House used a specialist medicines system, which meant all medicines that people required were already in sealed capsules, so staff did not have to pop out individual medicines. This system helped to lower the risk of medicine errors. The registered manager told us all staff involved in administering medicine had received appropriate training. We spoke with a senior staff member regarding the policies and procedures for the safe storage, administration and recording of medicines. They confirmed that, "Only seniors deal with medication" and said everyone with responsibility for dealing with medicines had received the necessary training and their competency was regularly assessed. Competency assessments were when staff were observed to ensure they gave people their medicines safely. This was supported by training records we were shown. During lunchtime, we observed medicines being administered. We saw medicines being given, and heard the member of staff telling the person what it was before offering it from a spoon and gaining the person's consent before it was administered, followed by a drink. We saw the medication administration records (MAR) had been accurately completed. This demonstrated that medicines were managed safely and consistently.

Some medicines were required to be stored in a fridge, as they had to be kept at optimal temperatures. We found the medicines fridge temperatures had not been taken for a month. This omission had implications for the safety of medicines stored in the fridge, as they have to be kept at optimal temperatures, for example Insulin, which needs to remain cool in order for it to be effective. This meant the provider could not guarantee medicines had been stored safely. After discussions with the registered manager, they ensured that fridge temperatures would be taken and recorded consistently and supervision would take place with the staff involved. We received evidence of this following the inspection. Medicines that required additional security were being recorded and stored safely.

Staff had completed relevant training in safeguarding adults and received regular refresher training, as necessary. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon by the registered manager.

Everyone living at Tilsley House had a Personal Emergency Evacuation plan (PEEP) should there be an emergency. A PEEP provides guidance for staff about how to support the person safely in the event of an emergency. There was also a major incident plan in place, which provided guidance for example about what action needed to be taken in the event of a power failure. We also discussed with the registered manager

potential contents of a 'grab' bag that could be used in an emergency situation. The bag could include items such as torches with spare batteries, high visibility vests, a mobile phone containing emergency phone numbers etc. They confirmed they would implement an emergency bag. There were arrangements in place for foreseeable emergencies.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including the completion of application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People and their relatives said they thought the home was clean and well maintained. One person told us, "It's always kept clean." This was supported by a relative, who said, "It's always clean and well decorated." During our inspection, we observed domestic staff around throughout the day. All areas of the premises were well maintained, very clean and readily accessible throughout. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

Is the service effective?

Our findings

The service was effective.

At the last inspection, the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to obtain the consent of people for their care and treatment at Tilsley House. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

Since our previous inspection, the registered manager told us they had prioritised training about the Mental Capacity Act 2005 (MCA) to ensure all staff were aware of their professional responsibilities in this regard. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Throughout our inspection, we observed staff engaging and communicating sensitively with people to ensure they agreed and consented to care interventions carried out. There were assessments of people's capacity to make informed decisions as part of their care planning process, before any decisions were made on their behalf. This ensured people's legal rights were protected and promoted. Where people lacked capacity to make informed decisions for themselves, best interest meetings were held involving relevant healthcare professionals and people with an interest in their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of their liberty lawfully and in line with current legislation.

Tilsley House had previously used written care files, had changed to one electronic system of recording, and then changed to another. The registered manager explained that since they had begun to use the current system, records had improved. This was because staff recorded events such as, incidents, re-positioning, food and fluid intake straight away without waiting to hand write in care files. Staff told us the system was "Great" and a "A real benefit as you can record yourself and it will write for you if your English isn't great – like mine!" The care files on the system contained information about people's individual medical needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their well-being was promoted. We saw regular evaluations of people's support, together with updates and details where changes in their health status had been noted. We found people's files were organised well to enable information to be easily found. A visiting health care professional told us, "Staff are very approachable and most definitely follow our advice. If there

are any concerns or issues they get on the phone to us straight away, I have no concerns." Other health professionals told us there was, "Good engagement to our service – training, follow our referral, take action, listening" and "Listening and implementation advice from the team to help with plans for care".

People who used the service said staff performed their roles very well. One relative commented, "Staff must have excellent training because they have the right skills for care for the many different physical and mental needs of my loved one." We found staff were provided with a range of training to ensure they were equipped with the skills needed to carry out their roles and were able to effectively perform their work. A training and development plan was in place, which was monitored by both the registered manager and administration manager. We saw these included courses on moving and handling, first aid, infection control, safeguarding vulnerable adults from harm, food and fire safety and issues relating to the specialist needs of people who used the service, such as dementia and diabetes. We found that training comprised of practice-based sessions to enable staff to develop their skills and have their competencies assessed. The independent trainer told us "Staff are more open to change."

We observed care staff appeared confident and knowledgeable in their role. They told us the registered manager placed a high importance on the development of their skills and they received reminders to renew their training when this was required. Staff spoke very positively about the quality of the training they received. One told us, "I had an excellent induction and was absolutely amazed at the level of training provided." They went on to say, "Our learning is constantly monitored and we are warned or fined if it's not done." Staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF). The registered manager told us new staff, who had not previously worked in the sector would be expected to complete the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.

Records showed staff received supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us, "Supervisions are good, they are constructive and we are encouraged to learn". Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. The registered manager told us they carried out supervisions with senior members of staff and senior members of staff carried out supervisions with care staff.

On the day of our visit, we observed people having their lunch. Although people were encouraged to eat their meals in the dining room, they could choose to eat in their rooms or lounge if they wished. One person said "I choose to eat in my room and I find all meals good, I get plenty of food and drinks throughout the day, and staff bring me a mug of tea at 10pm at my request." There was a light-hearted and positive atmosphere throughout mealtimes with people chatting happily together, enjoying opportunities to socialise and enjoy their food. We saw tables were laid out with tablecloths and cutlery, together with condiments, serviettes and glasses for drinks. The meals were served in the dining room by a kitchen assistant from a heated trolley, freeing the care staff to support people if required. People had pre-selected their meal, which looked appetising and was well presented and the portion size appropriate. People told us they enjoyed their meal, "Food is pretty good, there is always something I like" and "Food is lovely, I get a choice and there is plenty", and "The standard of food served is very good and I enjoy having a cooked breakfast, which I never had before." Another person told us, "They know my likes and preferences and accommodate them and the food is good." Relatives commented, "From what I see the food is always good and a fantastic variety of sandwiches for tea" and "My loved one can be very awkward about food, but

whenever I see the meals I think they look lovely", and "The quality of the food is very good, they are always giving food and drinks out through the day."

We observed staff changing a meal for one person who had decided they did not like what they were eating. Plate guards and adapted cutlery were available in order that people could maintain their independence. We saw a member of staff supporting a person with their meal, this was done with sensitivity and patience, allowing the person time and a drink before the next spoonful was offered. We also saw a member of staff discreetly asking a person if they wished to have a clothes protector before putting it on. This ensured their personal dignity was maintained. We witnessed staff offering support and reassurance using touch and getting down to people's eye level in order to ensure they were understood. We saw both care staff and catering staff were aware of people's food preferences, dislikes and allergies and that special diets were catered for.

People's personal case files contained evidence of nutritional assessments about their dietary needs and regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dietitians when this was required. We were told and saw evidence in resident's meeting minutes, that the chef spent time with people and asked them about their choices and preferences, to ensure they were happy with the meals that were served. The registered manager told us that the service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities on their last inspection, which is the highest score that can be achieved.

People who used the service and their relatives were very positive about the care and support provided and said staff promoted their quality of life. One person told us, "I have made some nice friends and enjoy it here."

Environmental tools and aids were in use, such as signage and pictures to help people orientate themselves around the building and maximise their independence. A refurbishment plan was available to ensure the equipment and fittings were replaced when required and we were told this included development of a specialist sensory garden for people living with dementia.

Is the service caring?

Our findings

The service was caring.

People we spoke with told us how caring and compassionate the staff were. One person said, "Staff are very kind and try their absolute best for me." Another person said, "Staff are most willing, they are nice people and are polite." Relatives said, "Staff are kind and caring, respectful and good humoured." We saw that staff showed patience and gave encouragement when supporting people. Another person said, "I was upset one night and the carer made me a cup of tea and came and sat on the bed and held my hand. They really do care." People told us they were able to make choices about how they lived including what they ate, where they spend their time and when they got up and went to bed. One person said, "I go to bed and get up when I am ready." Another person said, "I choose what I like to wear and how I spend my day." People felt that staff knew them well including their preferences and personal histories.

We saw there was a good interaction between staff and people, and spoke with staff who knew and understood the people they were providing care to. The conversations we heard between people and staff were polite and caring. The atmosphere throughout was calm and relaxed. People were complimentary about the staff providing their care and support. One member of staff said, "What people really like is to chat and tell us about their lives. I have time to listen and this is a very important part of caring for people."

People and their relatives told us they were involved in making decisions about their care and support needs. Some of them told us they had been involved in planning their care and that staff took account of their individual choices and preferences. One person said, "I make my own decisions. I talk to staff and they support me the way I like." Another person said, "My relative is also involved. They are very helpful here."

People's privacy and dignity was respected. One person said, "They always knock on the door and wait before they come in." Another person said, "When they give me a wash, they close the curtain and cover me up." Staff understood the importance of respecting people's dignity and privacy and they promoted their independence and human rights. A member of staff said, "We respect people's privacy and dignity. I had my training in dignity and respect. Everybody deserves that." Another member of staff said, "We always ask people how they would like to be supported with their personal care and we try to make sure that people continue to do as much as possible for themselves." We noted that staff knew the names of people who used the service and addressed them with their preferred names. Staff were aware of their responsibility to maintain confidentiality by not discussing information about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the home.

We observed a person who was receiving end of life care. They appeared to be comfortably positioned and were asleep, a bag of soft sweets opened on top of their bedside cabinet where the person could reach them. Their room was calm but had none of the sensory elements recommended for end of life care. When we asked the registered manager about this, they said that having cared for the person for six years, staff knew this was how the person would want it and was confirmed in their care plan.

Is the service responsive?

Our findings

The service was responsive.

When we last inspected this service on 11 and 15 June 2015, we found people had not always been supported to make everyday choices and were not always engaged in their personal interests and hobbies. People were also not involved in planning their care and support and records were not always up to date and relevant. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. The action plan stated activities provided within the home would be personalised to people and relevant to their needs. It also stated that people and their loved ones would be involved in their care planning and a new system would be put in place to ensure all recording would be up to date and accurate.

People who used the service told us they could make choices about aspects of their daily lives. They said they could choose how to spend their time, what activities to participate in and if they wanted to go into the community, when to get up and go to bed. One person told us, "I make all the decisions about my care. Sometimes [The manager's name] will come and explain things to me and we talk about what options I have, but I make all the decisions in the end." Relatives confirmed they were involved in their family member's initial assessment and on-going reviews of their care. One relative said they were kept informed of any changes as they occurred, and were contacted by phone if their loved one became unwell.

The registered manager told us, "Myself or the deputy manager will complete a pre-admission assessment before we offer someone a place [In the service]" and "We always try and get as many professionals and family members to contribute so we can get the best understanding of people's needs." We saw the initial assessment along with any information provided by people's families, the placing authority or social services were used to develop individualised plans of care. Detailed information such as important memories, where people lived, grew up, went to school, their employment history, how they communicated and what worried them were all recorded to enable staff to understand the people they were supporting.

The care plans we saw covered all aspects of people's care and support needs including medication, mobility, nutrition, hydration, elimination, personal care, tissue viability, skin integrity, falls, communication, sleep and mental health. Staff told us they knew what was contained within the care plans. Each plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. We noted that care plans had been written in a person centred way and re-enforced the need to involve people in decisions about their care and to promote their independent living skills.

The activities co-ordinator was on annual leave on the day of our visit and one of the care staff was nominated to do an activity every afternoon in their absence. During the afternoon of our visit there was a sing-a-long led by one of the care team. People told us they were satisfied with the level of activities and while encouraged to join in were able to choose if they wished to do so. There was a piano in the lounge; this was being played by a person during our visit. There was also a computer with a large keyboard, which made it easier for people with limited eyesight to use, in the lounge. We were told some people used this to

communicate with family who lived abroad. There was also a large screen TV set, music centre, a variety of DVDs and CDs to suit all tastes, plus a collection of games, puzzles, quizzes and large sized floor skittles and games.

People and their relatives told us they knew how to raise concerns and make complaints. One person said, "I would go straight to the office if I had something to say; I would not be worried about complaining, I would want to get it off my chest even if they thought I was an old moaner." Another person told us they had concerns about the timings of their medication, after speaking to the manager this had been changed. A relative we spoke with told us, "The manager and the assistant manager are always around if I want to talk to them but I have never wanted to complain about anything." Another relative commented, "I know how to complain but have never had the need."

We saw complaints and compliments were used to develop the service whenever possible. A relative said, "If I ever have to raise anything [Name of the registered manager] always listens, she turns negatives into positives." The registered manager explained, "I am often working on the floor and I speak to people when they are visiting. If anyone seems unhappy about anything I will ask them and try and help in any way I can."

People were supported to maintain relationships with important people in their lives and to develop new relationships. The deputy manager told us, "We try to have as much family involvement as we can". Both staff and relatives told us they could visit whenever they wanted to or take their loved ones out.

Is the service well-led?

Our findings

The service was well led.

When we last inspected this service on 11 and 15 June 2015, there was no registered manager in post and quality assurance systems were in place but had not identified some of the shortfalls we found. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. The action plan stated a registered manager would be in place by the next inspection and quality assurance systems would be vigorous enough to identify consistently, all shortfalls within the service.

People told us they regularly saw the registered manager and thought they were approachable and they could talk to them. One person told us, "I speak with [name of registered manager] all the time, they are lovely." Relatives told us the management team in the home were "Fine" and they were happy to work with them. Comments included, "Everywhere is spotless. The vibe, the feeling and nose test tells us that this is well managed home", "Well organised home, food on time, lots of drinks and residents always looking well groomed" and "The staff always there for me, very nice people. Can say what I am feeling, they are very reassuring cannot speak highly enough of management". Both the registered manager and deputy manager knew each resident by name and people knew them and were comfortable talking with them.

We found the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager had effective systems in place for monitoring the home, which they had implemented. They completed monthly audits of all aspects of the home, such as medicine, care plans, nutrition and learning and development for staff. They used these audits to review the home. Audits routinely identified areas they could be improved upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager told us whilst they were well supported by the provider who provided all the resources necessary to ensure the effective operation of the service. The provider did not carry out a monthly audit as written in the homes' policy. Again, we have asked for this to happen and the registered manager will provide written evidence of this.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager and administrative manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to the Health and Social Care regulations.

Staff told us, "Management are very helpful, fair, and eager to listen to new ideas. I get on well with them", "Very helpful. Do receive supervision. Approachable" and "Management is very helpful and fulfilling. They have time for staff and residents. They are approachable. People here are safe. We meet their needs here".

The registered manager had a clear set of vision and values. They stated they 'Believe every one of the individuals we support deserves dignity, choice and independence'. Our observations showed us these values had been successfully cascaded to the staff who worked in the home. The provider had a clear vision for the home, which was echoed by all the staff we spoke to. They all said that they wanted to build a "Cathedral of Care".

The registered manager told us the provider visited the home at on a regular basis. This showed that the registered manager and staff were supported by the provider. However, the provider had not formally provided supervision to the registered manager, which the registered manager felt would support their efforts in managing the home and we have asked for this to begin. The provider has given us copies of the paperwork they will use.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Communication within the home was facilitated through monthly management and staff meetings. This provided a forum where clinical, maintenance, catering, and activities staff shared information and reviewed events across the home. Staff told us there was good communication between staff and the management team.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Healthcare professionals we contacted told us the home always liaised with them. We asked healthcare professionals to tell us what the service does well. One healthcare professional said, "I find Tilsley House does acknowledge and to monitor their clients well as they are aware of any physical or mental health concerns". We also saw referrals had been made appropriately to health care professionals when needed. This showed that the management worked in a joined up way with external agencies in order to ensure that people's needs were met.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.