

Care UK Community Partnerships Ltd

Tiltwood

Inspection report

Hogshill Lane
Cobham
Surrey
KT11 2AQ

Tel: 01932866498

Website: www.tiltwoodcobham.co.uk

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27 June 2023

30 June 2023

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Tiltwood is a residential care home providing personal care for up to 50 people. The service provides support to older people who are living with dementia. At the time of our inspection there were 42 people using the service. Accommodation is arranged into 5 individual suites, each with their own communal dining and sitting areas. During the day, people also have access to a range of internal and external activity spaces.

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

We identified that the physical environment was not wholly suitable for people living with dementia and have recommended that the provider consider best practice as they undertake their planned changes to the design and decoration of the service.

There were systems in place to keep people safe. People were safeguarded from the risk of abuse or avoidable harm. The management team had appropriately assessed risks and staff took action to protect people.

People were supported by a team of staff who knew them well. Appropriate steps were taken to ensure staff were suitably vetted prior to appointment. Staff completed regular training and coaching was ongoing to ensure staff had the skills and experience to support people effectively.

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

The provider's governance systems had improved and were being continuously used to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 7 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management, staffing and safety of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found that the provider needs to make improvements as outlined in the Effective key question. However, the provider was aware of the areas requiring improvement and had already taken significant action against these. We therefore found no evidence during this inspection that people were at risk of continued harm

from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tiltwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tiltwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tiltwood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tiltwood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was not available during the inspection and the service was being overseen by an interim management team.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on 30 June 2023. We visited the service on 27 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the course of our inspection activity, we spoke with 10 people and received feedback from 2 relatives about their experiences of using the service. We interviewed 18 members of staff which included the management team, team leaders, care staff, domestic and kitchen staff. Feedback was also received from 2 visiting professionals.

We looked at a range of documentation relating to people's care and the management of the service. These included the medicine records and support plans for 10 people. We also reviewed the recruitment information of 4 members of staff and documents relating to the training and supervision staff. A variety of records relating to the management of the service, including incidents, accidents and audits were also reviewed.

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 we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Before our inspection the provider had identified risks were not always been managed safely and incidents and accidents were not sufficiently analysed to mitigate future risk. As a result, an improvement plan had been developed and an interim management team assigned to support the service.
- Staff confirmed the changes made as a result of the provider's improvement plan had enabled them to care for people safely. For example, where people had high or complex needs, there was now the right support in place to manage this. Records also showed the recent shift towards the more reflective management of incidents had led to a reduction in incidents resulting from known risks.
- People told us that the care they received kept them safe. One person said, "I definitely feel safe here." Similarly, relatives reflected that people were safe at Tiltwood. One family member commented, "He's safe because he has people watching over him and making sure he's not going out on his own."
- Staff understood the risks associated with people and were able to describe the things they did to support them safely. For example, staff were clear which people were at risk of choking or falls, and we observed care being provided in accordance with their care plans for safe management of these needs.
- Appropriate analysis of incidents and accidents was now being completed to identify any themes and trends. Steps to mitigate new risks were then shared with staff at handover and staff meetings to ensure a consistency of approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Tiltwood. One person said, "I'm not in fear of anything. I'm so lucky. I go to bed at night with an unlocked door and don't worry about anything." Likewise, another person commented, "Oh yes I love it here, absolutely happy and safe."
- Relatives also echoed they felt confident their loved ones were being cared for safely. One family member told us, "Definitely, yes. [he's safe]"
- The management team had recently supported staff to refresh their safeguarding training and both individual staff and team meetings had been used to reinforce the provider's expectations around safeguarding.
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. They were able to explain the different types of abuse and how they would report any concerns. One staff member told us, "Abuse can happen to anyone when there's an inappropriate use of power. I've not seen anything that has worried me, but if I did, I would report any concerns to a team leader or a manager." Likewise, another staff member said if they suspected abuse, "I would report to the team leaders. We are told to always report."
- The interim management team had ensured safeguarding concerns or incidents were now appropriately

reported to relevant agencies openly and without delay.

Staffing and recruitment

- People told us that they felt there was enough staff to support them when they needed care. One person said, "I think there is enough staff ...there's always someone around." Likewise, another person commented, "I don't wait long for help."
- Relatives' feedback highlighted that family members had observed occasions when they felt the service was short staffed. Further discussion identified that staffing shortages had been more often noticed at weekends when they had been told staff had called in sick. A family member reflected that things had recently begun to improve and told us that they felt more staff were now being recruited.
- Staff feedback about staffing levels was also mixed, but the consensus was that since the interim management team had been in place this area was improving. One staff member told us, "There is more structure now. Management is strict and the agency staff are better and work well."
- We observed that the home was calm, and people received support in a timely way. Where people were funded for additional 1-1 support this was provided, and staff confirmed this was always the case.
- Whilst there were sufficient staff across the service, we noticed that there were certain times in the day when staff could be better deployed. For example, at lunchtime we noticed that there were 3 staff with 4 people who required minimum support on 1 suite. At the same time, there was only 2 staff supporting 10 people with higher needs in another unit. This was highlighted to the management team who stated they were aware of this issue and were in the process of implementing changes to the team leader role to address this issue. Team leaders confirmed that their office was being relocated to provide a greater oversight of the suites.
- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks, and other relevant recruitment checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "I take loads of medicines and they give them to me." Likewise, a family member commented, "I've seen the medicine trolley go round and it's well organised."
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff took their time to give people their medicines, checking the medicine against the records before administering it. Staff completed electronic Medication Administration Records (MAR charts) following the administration of people's medicines.
- People prescribed 'as required' (PRN) medicines had protocols in place which guided staff on what condition or symptoms the medicines were prescribed for and the circumstances for which they could be administered. Staff recorded when these medicines were given and whether they had been effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The care home's approach for visitors was in line with current government guidance. Relatives were seen freely visiting during both inspection days and relatives consistently told us there were no restrictions on their visits.

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 we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were observed to be comfortable and relaxed in their surroundings, and the level access and secure outdoor areas provided people with a range of communal spaces to spend their time.
- Despite some attempts to personalise people's rooms and create places of interest around the service, we found the overall design and decoration at Tiltwood did not facilitate easy navigation for people living with cognitive or visual impairments. For example, all the corridors were painted the same colour and doors were not always instantly identifiable as to what was behind them.
- The decoration and soft furnishings in many suites needed attention. Decorators were however on site and the management team explained the redecoration and programme of replacing furniture was already in progress.

We recommend the provider consider current guidance in respect of services for people living with dementia as they implement their planned changes to the design and decoration of the service.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff who supported them and felt safe in their hands. One person said, "Yes, I think they're very good here." Likewise, a relative said, "Yes, they just seem very good with the patients, and they seem very caring. No criticism at all."
- Staff told us that they had access to a range of relevant training that enabled them to undertake their role. In particular staff told us the dementia training had helped them understand the specialist needs of the people they support.
- Whilst it was evident that the management team had heavily promoted training over recent months, the next step was the coaching of staff to incorporate best practice in the way they delivered their roles. We observed that the confidence and skill in managing complex needs was variable across the staff team. For example, we noticed that some staff were unable to effectively deliver personal care to people who initially declined support. Likewise, a relative told us, "Some staff don't encourage people enough. They ask them if they want to go in the garden. They say no, then they just walk away. They need to think of alternative ways to ask and encourage them." The management team were aware of this issue, committed to being visible across the service and continuing to role model best practice.
- New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff until they felt confident in their roles. New staff

told us they had been assigned a buddy who provided them with ongoing support.

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

- In response to previous concerns about the assessment process, the interim management team were now reviewing the pre-admission assessment and ensuring people's needs could be met before a placement at Tiltwood being offered.
- People told us that they received support that met their needs and respected their choices. We saw examples of people having the opportunity to visit and spend time at the service before coming to live at Tiltwood.
- People's health needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks, and a Waterlow assessment was used to understand people's skin integrity. Assessments were now kept under regular review.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food they received. One person told us, "It's good, I like it. They always give you a nice lot." Similarly, another person said, "I like the food. It's always on the list so you know what you can have."
- Main meals were provided by an independent catering company and relatives expressed a mixed view as to the quality of the food supplied. One family member told us, "The food is very good, and he gets a choice," Whilst another commented, "It's not horrendous, but it always seems to look sloppy. It's like plane food in the foil trays." □
- Our observation of the lunchtime meal highlighted that whilst people's dietary and support needs were met, the dining experience across most suites was task led. For example, we noticed that staff had limited engagement with people and the focus was on serving and clearing away plates, rather than creating a social occasion. This feedback was shared with the management team who advised that further training in respect of dining with dignity was being rolled out.
- People were supported to maintain adequate levels of nutrition and hydration. Staff had a good knowledge of people's dietary needs and preferences and ensured these were respected. Where people required their food texture to be modified or drinks thickened, this was seen to be provided in accordance with the specialist advice given.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had choice and control over their lives, and we saw that staff routinely sought people's permission before providing support. One relative told us, "Some of the carers are brilliant. They are really good at helping her make a choice [like what to wear]."

- Appropriate DoLS applications had been made and where authorised, the conditions were recorded in care plans and understood by staff.
- Whilst staff understood the importance of providing care in the least restrictive way, their understanding of people's capacity and the principles of the MCA were variable. As such, some people who lacked capacity to consent to personal care were not always sensitively supported to receive support that was in their best interests. The management team had identified this issue and were working hard to improve staff understanding to ensure MCA learning was better reflected in their practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access the healthcare services they needed. One person told us, "I've had the [doctor] a few times." Another person said, "I went yesterday to get my eyes checked." A relative also commented, "The GP comes on a Tuesday, and he has seen him. The chiropodist comes in too."
- The feedback about people's support with their oral health was mixed and we have asked the provider to review this and ensure all support is appropriately documented.
- The interim management team had worked hard to promote and develop positive working relationships with other professionals and the service had a good working relationship with the doctors and community nursing staff that supported them.
- A district nurse told us, "They follow advice. I ask them to do something, and I can see the next time I come in, that they have been doing it. They always send referrals in time. Staff are brilliant. They know people really well and go into good detail." Likewise, a GP commented, "I'd put my own relative in here. It is very good. We carry out a weekly ward round. It's well managed and highly appropriate in terms of their referrals. Staff do observations first, so it helps when we visit."
- Records showed that people received input from other health professionals, including GPs, district nurses and occupational therapists.

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 we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Before the inspection, the provider's own internal governance systems had identified that the quality of services at Tiltwood had slipped. As a result, they devised an improvement plan and allocated additional support to the service.
- At this inspection we found that whilst some areas for improvement were still ongoing, as highlighted in the Effective domain, significant progress had been made against this action plan.
- People and relatives were positive about the service they had received, and staff had confidence in the provider and management team to do the right thing.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider and interim management team understood their responsibilities in respect of this and had created a culture of transparency and openness. Staff told us that they were reminded at every handover and meeting to report concerns and record incidents and accidents accurately and completely.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had ensured that notifications of this nature were submitted in a timely way which meant we could check that appropriate action had been taken.

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

- The leadership team promoted a commitment to high-quality care and had a clear direction for continuing to develop the service.
- Staff said expectations of their roles were now clear and they felt that their contributions were valued.
- At both provider and management levels, an open and inclusive approach was promoted which ensured people were treated with respect and honesty. All feedback was viewed constructively as a way of driving forward continuous improvements.

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

- People and their representatives had regular opportunities to both formally and informally share their

views with staff and managers in a way that enabled them to influence the running of the service. One person told us, "If you've got a problem, you know they listen." Likewise, a relative commented, "Whenever I've spoken about anything, it's dealt with." Another family member said, "I'm called once a month to ask how everything is and if there are any issues,

- There were processes in place to monitor incidents and events that occurred within the service. Where mistakes had occurred, these were openly accepted, and plans put in place to make improvements going forward.
- During our inspection, a member of staff highlighted that the rotation of working across the different suites meant that it could be difficult to keep up to date with everyone's changing needs. We shared this feedback with the management team. By the conclusion of our inspection they had introduced a new tool to capture this information and share this with staff on a daily basis.
- The management team had fostered positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people.
- Since the inspection, the provider has continued to send us updates against their action plan which has highlighted their ongoing commitment to making the improvements stated.