The Alice Butterworth Charity

Tynwald Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Tynwald Residential Home is providing personal care to 23 older people at the time of the inspection. The service can support up to 26 people.

People's experience of using this service and what we found
People felt safe and secure living at the service. They were supported by staff who understood how to protect people and keep them safe. People and staff knew how to report any concerns and felt confident the right action would be taken. Risks to people's health safety and welfare were assessed, managed and regularly reviewed. Measures were taken to reduce risks whilst keeping restriction to a minimum.

People were supported by a consistent team of staff, many of whom had worked at the service for a long time. Staff worked flexibly to cover any unexpected staff absence. The registered manager followed safe recruitment practices and carried out the necessary checks to ensure new staff were safe to work with people. Staff were skilled, trained and knowledgeable. They had regular meetings to discuss their performance, learning and development.

People told us the staff supported them to have their medicines when they needed them. Medicines were stored, managed and disposed of safely. There were robust systems to check the administration of medicines.

People lived in a service which was kept clean by a team of housekeeping staff. Additional measures were in place, in line with current Government guidelines, to reduce any risks of infection.

People's physical, mental health, emotional and social care needs were assessed and regularly reviewed. Care plans were kept up to date. This enabled staff to follow up to date information to provide the right care and support. Staff worked closely with health care professionals to provide effective, consistent joined-up care.

People told us the meals were very good and there was always plenty of choice. People were supported to eat healthily and to drink plenty. There were snack and drinks stations in the service where people and their family and friends could help themselves. Most people ate together in the dining room and meals were very social occasions. People and staff ate together, chatting and laughing with each other.

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

People told us the staff were all kind and caring. Staff knew people and their families well. Staff spent quality time with people and were not task orientated or rushed. People's privacy and dignity were respected, and

their independence encouraged.

People kept busy throughout the day with plenty of pre-arranged and ad-hoc activity sessions. People told us they enjoyed these. Photos were taken of people having fun and these were sent to families who were unable to regularly visit.

People did not have any complaints about the care and support they received. The registered manager welcomed feedback from people, relatives, health care professionals and staff to help drive improvements.

The registered manager promoted and open and inclusive culture and lead by example. People and staff felt the service was well-led. There were robust and effective quality and safety monitoring processes. The management team and staff understood their roles and responsibilities and worked as a cohesive team to provide people with the care they need.

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 requires improvement (published 13 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Tynwald Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Tynwald Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with seven staff and the deputy manager, registered manager and chief executive officer.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection there were gaps in some people's medicines administration records which could not be fully explained. We identified there was an error with the electronic system. We recommended that the provider implemented an additional system to ensure the reasons for any missed medicines were recorded until the errors with the electronic system were rectified. At this inspection improvements had been made.

Using medicines safely

- People were supported to have their medicines safely and on time. Medicines were stored, managed and disposed of safely. Staff were trained, and competency assessed to make sure they had the skills to administer people's medicines.
- Effective systems had been implemented and medicines records were accurate.
- Staff followed best practice when recording prescribed creams and adhesive pain relief patches. Body maps were used to help make sure they were correctly applied.
- When people needed medicines on a 'when required' basis, such as pain relief, staff recorded the reason it was given and checked to make sure it had been effective.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular training about keeping people safe. Staff knew how to report concerns, including raising concerns outside the service, such as with the local authority safeguarding team.
- Staff spoke with people about safeguarding to make sure they knew who they could speak to if they had any concerns. People confirmed they had discussed this with staff.
- The registered manager followed the provider's safeguarding policy and process to ensure safeguarding concerns were recorded and reported to the relevant authorities in line with guidance.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Tynwald Residential Home. One person said, "I feel very safe. Here is my bell. I only need to press it once and they [staff] are with me quickly".
- Risks to people's health, safety and welfare were assessed, monitored, managed and regularly reviewed. Measures were in place to reduce risks. For example, when people were at risk of falls there was guidance, which staff followed, to make sure people had the right equipment, such as rollators or walking frames.
- When people were living with diabetes there was guidance for staff about the person's normal blood sugar level range and what action to take should it go above or below this.
- Regular checks were completed to make sure the service was safe. For example, water temperature checks and regular servicing of gas, electrical and specialist equipment.

Staffing and recruitment

● People were supported by staff who had been recruited safely. A full employment history was obtained, and any gaps had been explained and recorded. Two references were on each staff file, including one from the most recent employer. A Disclosure and Barring Service (DBS) criminal record check was completed before new staff began to work with people. DBS helps employers make safer recruitment decisions.

● People were involved in the recruitment process. For example, interviewing potential staff.

● People were supported by a consistent staff team. They told us there were enough staff to provide their care.

● The registered manager kept staffing levels under review and adjusted the numbers according to people's changing needs. For example, an additional senior member of staff had been placed on the rota to make sure the morning medicines could be administered without any interruptions. There were contingency plans, such as using agency staff, to cover emergency shortfalls. However, generally staff worked flexibly to provide unexpected shortfalls. Staff told us they preferred to cover an extra shift because people knew and trusted them.

Preventing and controlling infection

● People lived in a service which was very clean and free from unpleasant odours. A team of dedicated housekeeping staff worked together and spoke proudly about their work. They were knowledgeable about the importance of infection control.

● Staff were trained about infection control. There were posters around the service to provide guidance to people, staff and visitors to keep them up to date with the latest Government guidance.

● One staff said, "We are all working to make sure people are as protected as possible from the Coronavirus. We are doing deeper cleaning and more regular cleaning of areas like door handles. We remind any visitors to the service about the importance of hand hygiene".

Learning lessons when things go wrong

● Accidents and incidents were recorded. These were reviewed to check for any patterns to make sure the right action, such as a referral to health care professionals, was taken.

● When lessons could be learned, or things could have been done differently, this was shared with staff to make sure the service continued to learn and make improvements.

● The registered manager understood when they needed to notify the Care Quality Commission of important incidents, such as a serious injury. This was done in line with guidance.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People physical, mental health, social and emotional needs were assessed before they moved to the service. This helped make sure staff would be able to meet their needs and provide their care in the way that suited them best.
- Care plans were detailed and gave staff the information they needed to provide people's care. Care plans were regularly reviewed and updated when there were any changes.
- Care was planned and delivered in line with best practice and evidence-based guidance. For example, the Waterlow scoring system was used to check if people were at risk of developing pressure areas. When people were found to be at risk, special equipment, such as pressure relieving cushions and mattresses were used. A sign located at the bottom of the bed noted the person's current weight and the required setting. These were regularly checked by staff to help protect people's skin.
- People were given opportunities to discuss their lifestyle choices. Protected characteristics, such as sexuality, religion and disability were discussed to make sure staff could provide any support required.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled, knowledgeable and who completed regular training to keep up to date with best practice. People told us the staff knew them well and knew how they liked to be supported. One person said, "The girls know me and what I like. They know the things I like to have near me and make sure I have everything I need".
- New staff completed a comprehensive induction and worked alongside experienced colleagues to get to know people and their routines. They completed the Care Certificate, which is an identified set of standards that social care workers adhere to in their daily working life.
- Training was tailored to the specific needs of the people staff supported. For example, a dietician held training about the Malnutrition Universal Screening Tool which helped the staff identify if people are at risk of malnutrition. The local ambulance service had recently provided first aid training.
- Staff were encouraged and supported with their personal development. Staff were completing vocational qualifications to increase their knowledge. Staff told us they met with senior staff to discuss their performance and any learning and development needs.

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

- People were supported to eat healthily and drink plenty. People told us they enjoyed their meals. They said, "I eat quite plain food. They are very good and cook me what I fancy. Today I would like an omelette and they are cooking that for me" and "The food is always excellent. There is lots of choice and we only have to ask if we want something different".

● Meals were social occasions and staff sat with people to eat their meals. There was a lot of chatter and laughter between people and staff. There were hydration and snack stations throughout the service and people helped themselves.
● People's religious, cultural and health needs were considered by catering staff. People's needs and preferences of food were recorded.
● People's weights were monitored, and action was taken when people lost or gained weight. Referrals to health care professionals, such as speech and language therapists and dieticians, were made when needed and any guidance, such as giving a fortified diet or high calorie drink supplements was followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People received consistent, co-ordinated and person-centred care when moving into or from the service. Staff worked closely with people, their relatives and health care professionals to ensure transitions between services were as smooth and effective as possible.
● People, and when requested their relatives, were involved in the planning, management and reviewing of their care.
● People were supported to stay as healthy as possible. People told us staff arranged any appointments, such as with a doctor or dentist, for them.
● People's oral hygiene needs were assessed to ensure their teeth or dentures were looked after. These assessments were regularly reviewed. Care plans noted how much each person could do themselves and what support was required. People were supported to have regular dental checks.

Adapting service, design, decoration to meet people's needs
● The design and layout of the service met people's needs. People's rooms were personalised with their own possessions, such as photos and ornaments, to make it homely.
● In the entrance to the service were many photos of people and a 'welcome to our home' sign giving the names of each area of the service, such as Bluebell Lane, Sunflower Row and Lavender Walk.
● People moved freely around the service. There were communal lounges, a quiet lounge and a conservatory. The secure garden was well used.
● Easy to read signage was used throughout the service. The service was undergoing redecoration.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People told us they felt in control of their daily lives. People's capacity to make specific decisions was assessed and reviewed. When people were not able to make a decision themselves, the registered manager met with their relatives and health care professionals to discuss making a decision in the person's best interest.
● When people had a Lasting Power of Attorney (LPoA), to make decisions on their behalf, the registered

manager made sure they had seen a copy of the LPoA. Some people had made a decision not to be resuscitated and this was clearly recorded to make sure staff followed their wishes.

● The registered manager applied for DoLS authorisations in line with the MCA. They notified the Care Quality Commission of authorised DoLS in line with guidance. DoLS applications were renewed when required.

● Staff completed regular training about MCA and DoLS and supported people to make as many decisions for themselves as possible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be treated with kindness, compassion and empathy by a staff tram who valued them, and each other, for their individuality. People told us the staff were kind and caring. They commented, "I am very happy here. I am looked after very well. The girls are lovely" and, "I couldn't ask for better".
- Staff showed genuine concern and interest in people's well-being. Staff had time to sit and engage with people. They provided reassurance when people looked anxious. They sang and danced with people when there was music playing.
- People were encouraged and supported to maintain relationships with family and friends. Visitors were always welcomed and there were numerous events throughout the year to which family and friends were invited. Friends and family were welcome to join their loved ones for meals and help themselves to drinks.
- People's care plans reflected their individual religious and spiritual needs and cultural requirements. This enabled staff to make sure people's preferences were followed. Staff arranged for ministers from various religious denominations to visit the service.

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

- People were encouraged to make decisions about their care and support. People, and their representatives when needed, were involved in the planning and reviewing of their care.
- Staff understood when people may need support to help them make certain decisions. Information about advocacy services was available if people did not have family or friends to support them. An advocate supports people to express their needs and wishes and helps them weigh up all options available and make decisions.
- Regular residents and relatives meeting were held and gave people the opportunity to give feedback about the support they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted. People told us the staff were always respectful and polite. One person said, "They give me the help I need. They certainly respect my privacy. They know I like to spend time in my room, but they pop in to check if I need anything".
- Throughout the inspection staff knocked on people's doors and waited for an answer before entering. Staff spoke with people in a respectful and friendly way and provided them with gentle reassurance when needed.
- People's independence was encouraged, and they were empowered to remain in control of their daily lives. Staff knew how much people could do themselves and what support people needed. For example,

care plans noted the time people preferred to get up each day and their personal care routine, including if people could manage to wash some parts of themselves.

● People's rights to confidentiality were respected. Information about people's health care needs was stored electronically and systems were password protected. Staff completed training about how to keep people's confidential information safe.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to received care and support that was tailored to and responsive to their individual needs. Care plans, followed by staff, were detailed and reflected people's physical, mental health, social care and emotional needs.
- People, and when requested their relatives, were involved as much as possible with the planning, management and reviewing of their care. Care plans were kept up to date and regularly reviewed to make sure staff had up to date information to follow.
- People and their relatives spoke with staff about their personal, relationship and work history. For example, their life history, hobbies and interests and where they had worked. This helped staff get to know people and enabled them to chat with people about the things that were important to them.
- People were encouraged to maintain as much control of their lives and remain as independent as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and regularly reviewed. Staff recorded important details, such as when people wore glasses or hearing aids and whether they preferred information verbally or in writing. This enabled staff to make sure people received important information in a format that suited them best. Staff checked to make sure hearing aid batteries were in good working order and that people's glasses were kept clean.
- The registered manager told us, "We aim to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand. We offer easy to read information and always make sure there is someone available to support people with their communication".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and cultural needs were understood by staff. People were encouraged to be active. People told us, "There is lots to do. Not a moment to get bored", "I enjoy the exercise classes and when we have the singers here. The singer is coming in this afternoon. We get up and have a little dance" and "[The activities staff] is lovely. They keep us busy. We do all sorts of things. We have made cakes and decorated them. And

those biscuit things, cookies".
● There were photographs, taken with people's permissions, placed in large books for relatives to see how busy their loved ones had been. When people had relatives who were unable to visit regularly staff put together a collage of photos and emailed them to families to help people keep in touch.
● Staff arranged planned activity sessions and there were many ad-hoc sessions which were prompted by what people fancied doing.
● Technology was used to support people to keep in contact with loved ones. For example, video calls were arranged.

Improving care quality in response to complaints or concerns
● People told us they knew how to complain. They said, "I have not got a thing to moan about. I would soon tell them if I wasn't happy" and "I would soon talk to the girls if something wasn't right. I have to say, since I have been here, I have not had any need to complain".
● When people moved into the service they were given a copy of the complaints process. There were signs about how to complain on noticeboards and an easy to read version was available.
● No formal complaints had been received from people or their relatives in the last 12 months.
● Any complaints received were reviewed and investigated by the registered manager. The chief executive officer and trustees had oversight of complaints.

End of life care and support
● People were supported to have a comfortable, dignified and pain-free death.
● At the time of the inspection staff were not supporting anyone at the end of their life.
● Staff told us they completed training about how to support people at the end of their life. They said they worked closely with community nurses and hospice nurses when they were supporting people at this time.
● People were given the opportunity to express any preferences and to talk about death and dying. Their wishes were recorded. This enabled staff to make sure people's choices were met.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection there was a lack of robust quality assurance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager led by example. There was a wide range of clear, effective and robust systems in place to monitor the quality of service delivered. When shortfalls were identified, action was taken to address this and reduce the risk of reoccurrence. Competency checks and meetings to discuss staff performance, learning and development were regularly held.
- The registered manager coached and mentored the staff team. They were passionate about, and promoted, high quality and person-centred care. Staff told us they felt very well supported by the management team.
- The registered manager and staff were all clear of their roles and responsibilities. Staff were motivated by the management team to provide people with a good quality of care and support.
- Communication between staff was effective. There were detailed handovers between shifts to make sure important information was shared.

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

- People knew the management team and felt the service was well-led. People and staff felt valued.
- There was a positive, inclusive and open culture which placed people at the heart. The chief executive officer and registered manager spoke passionately about the vision and values of the service. They described these as 'To run an outstanding person-centred service that meets the needs of our local community'. These values were shared by the staff team. They said, "Our values are about making sure people living at Tynwald can live the life they want to live" and "We make sure everything we do is person-centred".
- The leader ship of the service was strong and visible. The registered manager, chief executive officer and deputy manager worked closely with the trustees as a cohesive management team.

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

- People and their loved ones were informed when things could have been done differently or better. The

registered manager had an 'open door' and welcomed feedback to help drive improvements to the quality of service.

● The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events, such as a serious injury or death. CQC were notified in line with guidance.

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

● People told us they felt valued and that their views were listened to. Regular residents and relatives' meetings were held. Quality surveys were completed each year and results were positive.

● Staff met regularly to discuss ideas and share experiences. They told us they often made suggestions about how they could make a difference to people's lives and that they felt listened to.

● There were strong links with the local community. For example, the gardens were maintained by a group of local young people living with a learning disability. They had forged friendships with people living at the service.

● The registered manager and staff worked closely with health care professionals to ensure people received consistent, effective joined-up care.