

North Yorkshire County Council

Tawny Lodge

Inspection report

Brook Street
Selby
North Yorkshire
YO8 4AL

Tel: 01609534393
Website: www.northyorks.gov.uk

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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

Tawny Lodge is a residential care respite service providing planned short breaks for people with learning and physical disabilities, sensory impairment and autism and people living with dementia. The service can accommodate up to four people at a time, and two people were staying there during our inspection.

The service has 22 people to whom it offers care and support on a regular basis.

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

People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

We received very positive views from families about the support provided to their relatives. They said they had total trust and confidence that staff looked after their relatives well. One person said they felt safe and their care workers were respectful.

The registered manager followed robust recruitment checks, and enough staff were employed to ensure people's needs were met.

Staff followed good infection protection and control standards and the service was clean and smelt fresh.

People received their medicines safely and on time and their health was well managed.

Staff had received appropriate induction, training and support to enable them to carry out their roles.

Staff used verbal and non-verbal communication techniques to ensure people could make their own choices and decisions.

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

The registered manager and team leaders worked with the staff team and led by example to ensure people received a good service. People and relatives told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection

The last rating for this service was good (published 22 August 2017).

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.

Tawny Lodge

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

One inspector carried out this inspection.

Service and service type

Tawny Lodge is a residential care respite service. People in respite services receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We observed

the care of another person to help us understand their experience as they could not talk with us. We spoke with six members of staff including the registered manager, two team leaders and three care staff.

We reviewed a range of records. This included two people's care records and medicine records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with six families about their experience of the care provided to their relatives.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- Families were confident that their relatives were safe in the service. One parent told us, "For the first time ever we are going away whilst [Name] is in respite, knowing that they are safe and well looked after."

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

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence and freedom; yet minimise the risks.
- People who used the service said they felt safe, confident and happy when being supported by staff. One person said, "I have no concerns about the staff, they are all great. They know what they are doing and I feel safe with them."
- Families were confident that the service let them know if anything was wrong and they learnt from any mistakes. One parent said, "The service learns from events. If anything happens, they investigate thoroughly and let you know what has gone on and what they are doing about it. I trust them completely and I am well informed about how [Name's] stay goes each time they have respite."

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff on duty to meet people's needs, to enable people to take part in social activities and to go out into the community. One person said, "Staff are great. They are friendly and listen to what I am saying. I am really enjoying my stay here."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe.
- One person was managing their own medicines when we inspected. This was risk assessed and recorded in their care file.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading.

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

- Assessments of people's needs were completed, and care and support regularly reviewed. One family said, "Transition into the service for [Name] took a while but the staff made [Name] comfortable and they have settled in. [Name] absolutely loves going there."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One parent said, "Staff involve [Name] in the planning of their care and support and will email [Name] prior to their stay so they can talk to them about it."

Staff support: induction, training, skills and experience

- A robust staff induction and training programme was in place.
- Staff had opportunity for supervision and appraisal. The registered manager had good systems to understand which staff required training to be refreshed and who required supervision. Staff told us they felt supported.
- Families told us staff had the right skills to look after them. One parent said, "The staff are brilliant at managing [Name's] medical condition."

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

- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.
- People were offered choice of meals. One parent told us, "[Name] is able to have whatever they want to eat and when they want it. If they fancy a Chinese in an evening the staff will take them to the takeaway."

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

- Where staff required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

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

- The design and layout of the service met the needs of people who stayed there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to

wheelchair.

- People had communal spaces to sit in and take part in activities. There was good access to outdoor space and people were supported to use local parks and other amenities in the community.

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 were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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 appeared comfortable and well looked after. Staff demonstrated a friendly approach which showed consideration for people's individual needs.
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked. We observed staff and people communicating using Makaton and symbols, as well as verbally.
- Staff treated people on an equal basis. We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.

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

- People were able to make choices and decisions about their care and support. A person told us, "It is great here, the staff let me do things for myself."
- Communication between families and staff was good. The registered manager and staff kept families up to date with their relative's stay by writing in a communication book or speaking with them at the end of the respite. A relative said, "I can have a real break when [Name] goes to the service. The staff do not bother you with trivial matters and manage [Name's] behaviours really well."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Families told us staff addressed people by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- People were at ease around the staff. One person said, "They make you feel like part of a big family."
- Staff were supportive in helping people to remain as independent as possible. People were offered choice and control in their day to day lives.

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; End of life care and support

- The service worked creatively with people and had implemented personal behaviour support files for several people at the service.
- Care plans and risk assessments contained relevant information and were up-to-date. Staff provided personalised care and support.
- People and their representatives were involved in reviews of their care. This made sure care plans were current and reflected people's preferences as their needs changed.
- The registered manager said although some people had life limiting conditions, the service did not support people at end of life. This would be provided in a different setting if required.

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 needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

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

- Staff supported people to take part in activities in the service and out in the community. We observed two people going out to the local shops, Selby Abbey and other amenities.
- Families said their relatives absolutely loved going to the service. One family said, "[Name] does lots of activities and really likes it there; they like and trust all of the staff."
- People were encouraged to develop independent living skills during their stay. We observed one person making snacks and drinks for themselves and another was supported to eat independently. One family told us, "[Name] loves to help with washing up and cooking and staff find them small jobs like that to do. [Name] enjoys going out shopping and they love using their computer to talk to family and the staff help facilitate this."

Improving care quality in response to complaints or concerns

- There was a complaints procedure and information was provided to help people understand the care and support available to them. Complaints were dealt with appropriately by the registered manager when received; there had been one received in the last 12 months.
- People and families knew how to provide feedback to the management team about their experiences of care and the service used a range of accessible ways to enable this to happen. This included one-to-one meetings to discuss care, satisfaction questionnaires and telephone calls.

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

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

- The service benefited from having a registered manager who was committed to providing good quality care to people. One relative said, "Staff know people here very well, and go out of their way to make sure [Name] has the best possible care."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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; Continuous learning and improving care

- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law. A relative said, "I am happy with the level of communication between the manager, staff and myself. You can get hold of someone when you need to."
- Families said the service was open, honest and transparent. A relative said, "All the staff and the registered manager are approachable and encourage us to speak up if we have any worries."
- The registered manager demonstrated an open and positive approach to learning and development. Evidence seen in their response to the complaint received showed that lessons had been learnt and work practices changed.

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

- The service had a welcoming and family orientated approach to care. Staff morale was high and the atmosphere in the service was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- We observed people who were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the provider.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.