

Community Homes of Intensive Care and Education Limited

Twynham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Twynham is a care to up to seven people who may be living with a learning disability or autism. At the time of our inspection there were seven people using the service.

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

Staff consistently commented additional permanent staff were needed in the home. However, they told us people's needs were being met as the provider had employed regular agency staff. The registered manager told us they were in the process of recruiting staff.

People felt safe living at the service and relatives felt assured they were kept safe. Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe. Staff were safely recruited. There were plans in place for foreseeable emergencies.

Risks associated with people's needs were assessed appropriately and managed. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed. We were assured that most infection prevention and control practices were in line with current guidance.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs and showed care and understanding both for the people they supported. People's privacy and dignity was respected and promoted.

Effective procedures were in place in relation to infection prevention. Staff were trained in infection control and the home was clean.

Effective governance systems were in place to regularly assess, monitor and drive improvement in the quality of care people received. People and relatives told us the service provide safe care that was supported by positive leadership.

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 the service was rated good. The report was published on 8 January 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We also inspected the service because we received information of concern.

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?

Good ●

The service has improved to good.

See our detailed findings below.

Is the service well-led?

Good ●

The service was well led

See our detailed findings below.

Twynham

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

Twynham is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided. The service had a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was announced, and we provided 48 hours' notice of our visit.

What we did before 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 (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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the senior manager, and two people.

After the inspection

We reviewed a range of records. This included two people's care records, incident records, medication records, training records, activity records, governance audits and infection prevention control audits. We continued to seek clarification from the registered manager to validate evidence found. We obtained

feedback from six members of staff, two relatives and one external professional.

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 has for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- During our last inspection we identified areas of concern in relation to infection control. At this inspection we found improvements had been made.
- People were protected from the risk and spread of infection by the infection prevention and control practices at the service. This included an enhanced cleaning programme throughout the care home with tasks such as cleaning handrails and door handles throughout the day.
- Staff wore personal protective equipment such as masks in line with published guidance.
- Hand gel was available at key points throughout the building to support the hand hygiene of people, visitors and staff.
- The COVID status of all visitors to the service was established and recorded by staff.
- Comments from staff included, "As per company policy we have to wear face masks at all times around the home. At times of doing personal care, medication or if any of our service users are showing signs of COVID we will wear full Personal Protective Equipment (PPE) and remove at the doffing station after being with individual service users and redon at the donning station. All PPE must be disposed of in a yellow bag and any PPE that gets damaged or compromised must be disposed of straight away" and "As per our company policy when I start my shift I sanitise my hands and put on my face mask. If I am required to do personal care, medication or work with a resident showing symptoms of COVID or who has COVID I will doff at the doffing station putting all my previously worn PPE in the correct yellow bin and then wash my hands thoroughly, I will then re don at the donning station, re sanitise my hands put on my apron, face mask, eye protection and then gloves and then assist the resident once I have full PPE on to prevent any spread of infection."

Staffing and recruitment

- At the time of our inspection the registered manager said, "Working today we have five staff supporting seven people. Nobody has two to one support here at the moment" and "We are currently using agency, but they are regular agency workers and they are trained the same as our permanent staff." The registered manager told us they were in the process of recruiting and said they used a number of agency staff who were familiar with people's care needs. Staff told us people's care needs were being met.
- Comments from staff included, "The service provides a high standard of person centred care on a daily basis and we have a very close knit team who are always willing to help each other and the home out in a crisis. I feel like we could do with having more staff, however this level of staffing is common among the sector, so I understand why this is difficult", "I feel the service does not provide enough staff. The manager tries to provide our minimum on shift every day but cannot always happen due to annual leave, illness and days off" and "I feel the service needs to improve by having more staff, I understand in this sector there is a shortage of staff but I feel this would help improve the service because it would help us do more without

having to worry about no staff." Another member of staff commented, "Right now we are running on agency for our nights along with a staff member on a sleep in, we are also lucky enough to be able to have regular agency staff to prevent any stress to our service users" and "During the days all staff including management are always happy to pick up any extra needed to make sure there are enough staff on to support our SU's so although we haven't got a full staff team we are never low on shift. Management do well being checks to make sure nobody is burning out from the extra hours."

- The provider carried out checks to determine the suitability of prospective staff. This included reviewing applications, interviewing applicants, obtaining employment references and carrying out Disclosure and Barring Service (DBS) checks. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's risks were assessed, and actions were taken to reduce known risks.
- Risks associated with people's health were recorded. This included the signs staff should be aware of that people's health needs were increasing and the actions they should take to keep people safe.
- The registered manager described the behaviours one person displayed and told us measures were in place to keep them safe and to assist staff. They said, "(Person) has a behavioural support plan in place and (person) is regularly reviewed by the LD nurse. (Person) had a meds review in January with the GP and the LD team. The Intensive support team are involved too."
- We received mixed feedback from staff regarding training including their ability to support people when behaviours challenged. Some people using the service required staff to be trained in the use of PROACT-SCIPr-UK (SCIPr). SCIPr follows the positive behaviour support model and focuses on proactive methods to avoid triggers which may lead to behavioural challenges.
- Comments from staff included, "When I felt like I did not have enough training in physical interventions to be confident with the level of challenging behaviour that I was required to assist in as part of my job role, I asked my managers to organise further training for me which they did. I have now completed the two day in person SCIPr training and feel massively more confident within this area. My deputy manager also provides us with regular refreshers", "In my opinion when a new service user arrived that was challenging, we did not have the training that was needed to keep everybody safe. We did have a SCIPr trainer from the company come in the day after the behaviour and went through some SCIPr to help", "Usually we receive full training from the trainers and refresher from our deputy manager" and "We always deal with a behaviour in the least restrictive way possible and follow all guidelines set from positive behavioural support (PBS). After a behaviour we usually have a reflective practice meeting to discuss what we feel worked and didn't work to help in the future."
- Fire safety risks were monitored and managed. The service had a fire alarm and emergency systems which staff regularly tested. People had personal evacuation plans in place which would be used in the event of an emergency. People had suitable plans in place to follow in the event of a fire or other emergency situations.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe here, they do look after me don't they." A relative said, "I have trust in the home that they look after (person) safely, I don't have any concerns."
- The service had up to date safeguarding policies and procedures and staff knew the actions they should take if they were concerned about people's safety.
- Staff received regular training to ensure they had the safeguarding skills and knowledge to keep people safe. A member of staff commented, "Safeguarding is an important part of our job role. Safeguarding would be contacted if there has been allegation of abuse or a medication error. This process consists of filing a safeguarding form, calling safeguarding, reporting it to care teams and families, the manager and the on call

and if necessary medical professionals and/or the police. If ever I have had to address a safeguarding issue, I have followed this procedure." Another member of staff commented, "I know that I can always give feedback to my managers at any time, however more official opportunities are staff meetings, supervisions and meetings with my mentor when I first started. I also have a whistleblowing card with our speak up helpline on it if I ever feel like I cannot approach my managers."

- The registered manager said, "We have no open safeguarding processes at the moment. All staff have been trained and we reinforce the training we do. We have our own in-house training prompt sessions. I will walk up to them (staff) and say, here's your epilepsy training, go and take 10 minutes and answer these questions. I then check them."

Using medicines safely

- People received their medicines safely as prescribed.
- Staff were trained to administer people's medicines.
- People's Medicines Administration Records (MAR) displayed their photographs on the front. This helped to ensure that staff administered the right medicines to the right people.
- People's MAR charts were completed correctly, contained no gaps in recording and matched the medicines stocks we checked.
- A member of staff commented, "Medication training is completed annually but have regular training on the spot randomly throughout the year by the deputy manager. No medication is allowed to be administered unless staff have had full medication training. Another member of staff commented, "I have completed my medication training and passed all aspects of it (the written exam, the spoken exam, and both the first and second practical exams). My managers have put the following in place to ensure that I am competent with the administration of medication."

Learning lessons

- The registered manager ensured lessons were learnt when things went wrong. This included the review of incidents and sharing the findings with staff. This helped to reduce the possibility of incidents reoccurring.

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.

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

- The service had an open culture. The views of people, relatives, visitors and healthcare professionals were sought and acted upon. A relative commented, "My (person) has been at Twynhams for about (X) years and my husband and I are very happy with the home. We feel all his needs are met and he is safe there. (Registered manager) is an excellent Care Manager as are all the staff. If we have any worries they are soon sorted (eg doctors, dentist etc). We are informed of any incidents regarding challenging behaviour. The home is always spotlessly clean and I'm told they wore PPE all through the Pandemic and still do when needed."
- Other comments included, "There's a real home from home atmosphere at Twynhams and we could certainly recommend the service to others. The staff can't be praised enough" and "Our residents (people) have meetings regularly and key worker meetings so we can make sure they are still receiving a high standard of care and that their needs are still being met as well as allowing them to have their voices heard. I believe our residents deserve a fun filled life and I believe we do our best to achieve this."

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

- The registered manager and nominated individual understood their responsibility to inform people, relatives, funders and the CQC when things went wrong.
- The service kept CQC notified about important events at the service.

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

- The registered manager undertook and coordinated a range of quality audits across the service. These included checks of health and safety, training, medicines, infection control and reviews of complaints and care records such as health action plans and Deprivation of Liberty Safeguards records.
- Where actions were required following checks, these were stated in quality assurance records. These noted the actions to be taken, by when and by whom. Quality assurance records also noted the date on which the actions were successfully completed.
- Staff were clear about their roles and responsibilities as well as those of senior staff and managers and staff were complimentary about the registered manager. Comments included, "I feel like both my deputy manager and my manager are very open and honest with their staff team and are always looking to help us improve, I know that if I ever want more training on anything whatsoever then I can approach them for them

to organise that. They are also very supportive with my wishes to progress within this field and have encouraged me massively with my NVQ Level 3 and to learn more skills to help me become the best carer that I can. I feel as if they work very hard to support the team and go above and beyond to make everyone feel welcome and are the biggest advocate for the residents and their staff team wherever needed.", "I feel my manager can be supportive when needed to be, the manager occasionally helps out on the floor when its needed." , "I feel my manager dose her best by our home and residents ensuring we are following all legislations and policies and procedures and making sure we are all trained in the required fields as well as provide a high standard of person centred care ensuring we are safe, caring, responsive, effective and well lead. I feel our manager is easy to talk to and very supportive."

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

- The service assessed and supported people around their cultural needs. This included people's dietary requirements and preferences.
- The registered manager attended a number of service provider forums to boost their skills and knowledge.

Working in partnership with others

- The service worked in partnership with health and social care professionals to assess and review people's needs and to plan for people's changing needs.