

Northumberland County Council

Tynedale House

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April and 2 May 2017 and was announced. A previous inspection, undertaken in February 2015, found there were no breaches of legal requirements and rated the service as Good overall.

Tynedale House is registered to provide accommodation for up to 30 adults. The home is subdivided into four units. Six places at the home are designated for respite, short term care for adults with learning and/or physical disabilities. The remaining 24 places are used to provide longer term accommodation, support and personal care to older people with a learning disability, some of whom also are living with dementia. Tynedale House does not provide nursing care. At the time of the inspection there were three people receiving respite care and 23 people living permanently at the service.

The home had a registered manager who had been registered since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they felt the home was a safe place to live. Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns of potential abuse. The premises were effectively maintained and safety checks undertaken on a regular basis, including checks with regard to fire safety.

Appropriate staffing levels were maintained to support the changing needs of people living at the home. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Previous minor issues around the safe handling of medicines had been addressed.

Relatives told us people enjoyed access to adequate food and drink at the home and we observed this to be true. Kitchen staff had an exceptional understanding of people's dietary needs. Staff said they were able to access the training they required and records confirmed mandatory training was up to date. Staff told us, and records confirmed there were regular supervision sessions and that they had an annual appraisal.

The registered manager had a good understanding of the Mental Capacity Act 2005 and appropriate action had been taken where Deprivation of Liberty Safeguards had been applied. Staff were aware of the need for best interests meetings to take place where decisions needed to be made and people did not have capacity.

People had access to health care professionals to help maintain their wellbeing. Decoration in communal areas of the home had been improved and bathroom and toilet areas updated.

Relatives and visiting professionals told us they felt the care was outstanding, highly personal and responsive to people's needs. They told us the home's dementia care was of an exceptional standard. Relatives and carer questionnaire responses rated the service highly. We observed excellent relationships between people and staff. Staff described people as being almost like family and demonstrated a genuine interest in them as individuals.

People were treated with dignity and respect. A 'residents' forum' had been established to ensure people were involved in determining their care. Professionals spoke to us about the high quality end of life care provided by the service and described how the service worked cooperatively to ensure people could be cared for with compassion at this time of their lives.

People had individualised care plans that addressed their identified needs. People and relatives talked enthusiastically about activities, holidays and individual sessions they had participated in. People and relatives told us they had no reason to complain about the service. Two formal complaints, received in the previous 12 months, had been fully addressed.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Staff were exceedingly positive about the leadership of the home and felt well supported by management. People and staff all talked about the family atmosphere at the home and how they enjoyed working and being there. Records were detailed and up to date.

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.

Previous minor issues with medicines had been addressed. The service had appropriate systems in place to deal with safeguarding issues.

Risk assessments were in place regarding the environment and care delivery. There were sufficient appropriately recruited staff available.

The home was clean and tidy

Is the service effective?

Good ●

The service was effective.

Records confirmed training was up to date and staff confirmed they received regular supervision and appraisals.

Staff understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). Appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications.

Kitchen staff had an excellent understanding of specialist dietary needs. Some areas of the home had been refurbished and updated.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Relatives and visiting professionals praised the care highly and described it as; outstanding, genuine and personal. Some professionals described the care as, 'above and beyond' normal care standards. We witnessed very good relationships between people and saw staff that were supportive and compassionate.

People were supported to be involved in their care through the development of a 'residents' forum'.

People's dignity was supported and their right to privacy respected. Professionals described the service's end of life care as high quality and said the service 'pushed the boundaries' to support people.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's individual needs and were reviewed and updated as people's needs changed.

There were a range of activities available for people, taking place both in the home and in the local community. People talked enthusiastically about going on holiday and told us stories from their trips away.

Complaints had been dealt with fully and appropriately. Professionals described excellent processes when supporting people to move between services.

Is the service well-led?

Good ●

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the registered manager and said she was approachable. Professionals commented on the positive effect the registered manager had on the service.

Records were well maintained and up to date.

Tynedale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April and 2 May 2017 and was announced. The provider was given 48 hours' notice because the location was a care home for people with a learning difficulty, who needed to be advised and prepared for the inspection. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

Not all the people using the service were able to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with two people who used the service and three relatives, who were visiting the service on the day of the inspection. In addition, we spoke with five health and social care professionals, who were visiting the service at the time. We also spoke with the registered manager, the assistant manager, a care supervisor, the activities co-ordinator, two members of the kitchen staff and a care worker.

We reviewed a range of documents and records including; three care records for people who used the service, 13 medicine administration records, three records of staff employed at the home, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection in February 2015 we rated this domain as "Requires Improvement." We found some minor issue with the safe and effective management of medicines, although this did not constitute a breach of regulations. At this inspection we found the provider had taken action to address the issues we had previously noted and was acting within the regulations related to this area.

The registered manager told us they were currently in the middle of changing systems so all care staff were trained and proficient in dealing with medicines. She said this reduced the pressure on senior staff to undertake this task. Staff we spoke with confirmed they had received training in relation to the safe handling of medicines and records confirmed this. We looked at the storage and administration of medicines. We found medicine administration records (MARs) were well maintained and up to date and medicines were stored safely. Checks and audits were carried out on the effectiveness of record keeping and to ensure there were enough medicines available for people, through regular counting of stock. We observed staff administering medicines and found this was done safely and appropriately.

People and relatives told us they felt the home was safe. Relatives told us, "I can go away knowing he is getting the best of care"; "I have peace of mind"; "I think we did well to find this place. I think he is safe here" and "I think he is totally safe; otherwise I wouldn't leave him here."

At the previous inspection we had found the provider was dealing appropriately with safeguarding issues and reporting them to the appropriate authorities, as necessary. At this inspection we found this continued to be the case. Were any concerns had been raised the matter was appropriately dealt with and recorded. Staff confirmed they had received training with regard to safeguarding and knew how to report any concerns.

Risk assessments were in place, both in terms of the environment of the service and linked to the delivery of care. There were risk assessments linked to people's mobility and visits out into the community. Checks on the safety of the building and equipment used continued to be made. We saw up to date certificates for Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) where hoists were used, portable appliance testing (PAT) and other safety matters. Regular checks on fire safety equipment were undertaken by staff at the service and outside contractors. There were regular fire drills recorded and people living at the home had emergency plans in place to support their movement or evacuation in the event of a fire.

Accidents and incidents continued to be recorded and monitored, although the majority of such incidents were minor in nature. A note was made of any action taken to limit or prevent similar events taking place. For example, one person was referred to the optician after a fall and was found to have some early sight concerns. Issues where people's behaviour had been challenging were also recorded and monitored.

At the previous inspection people told us there were enough staff to support their needs. At this inspection we found this continued to be the case. One person told us, "I think there are enough staff myself." One relative said, "There seem to be enough staff; certainly when I come here." All the professionals we spoke

with confirmed they felt staffing was adequate, although one noted the increasing needs of people using the service. We saw this matter had been considered at a recent senior staff meeting.

The provider continued to follow safe and appropriate recruitment processes, to ensure staff employed by the service had the right backgrounds and skills to support people. This included undertaking Disclosure and Barring Service checks (DBS) and ensuring they had references from previous employers. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people.

The home was clean and tidy. The service employed dedicated domestic and laundry staff. We found the cleanliness of all areas of the home was well maintained, with toilets and bathrooms clean, personal rooms tidy and communal areas and kitchen areas orderly and uncluttered. People and relatives we spoke with told us they thought the home was always clean and tidy.

Is the service effective?

Our findings

At our inspection in February 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives we spoke with told us staff had the right skills to support their relations. Comments from relatives included, "I watch them. They all get excellent care on that unit"; "They are on the ball; he is so well looked after" and "They understand the problems I have. They just understand the problems and help so much." All the professionals we spoke with also praised the staff knowledge and approach. Comments from visiting professionals included, "They totally get people's needs; totally holistic and embrace people's needs"; "The staff are very knowledgeable. They care for challenging behaviour, epilepsy, PEG feeds. They are all so skilled and have undertaken additional training"; "They are very good and know what they are doing"; "Staff know people very well. I know when they call me they will have tried all the appropriate steps first. I have no concerns about how they handle patients" and "People have significant issues and staff manage them very well."

Staff told us they received regular training and updates. The service's most recent training matrix showed the vast majority of staff were up to date with mandatory training. Mandatory training is training the provider considers essential for staff to undertake their roles. There were notices on staff boards about future training sessions and visiting professionals told us they had also attended to provide additional training, which was always well received by the staff.

The registered manager and staff confirmed there continued to be regular supervision and annual appraisal sessions. Staff said they could raise issues at these sessions and felt listened to. Records showed a range of matters were covered and staff had an opportunity to record their own views about their performance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager confirmed there were four people living at the home who were subject to a DoLS and a number of others where applications had been made. We saw evidence of this documentation in people's files. The registered manager maintained a review of when DoLS were granted or required renewing.

Staff understood about supporting people to make choices and had an understanding of the requirements of the MCA in relations to best interests decisions. We saw evidence in people's files that best interests decision had been taken for a range of issues, including financial decisions and whether people should receive certain medical interventions. Two people living at the home were receiving covert medicines. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw appropriate action had been taken to ensure these actions met with the requirements of the MCA.

At the previous inspection we had found the service supported people to maintain good health and wellbeing. At this inspection we found this continued to be the case. We saw evidence in people's care files of attendance at general practitioner, hospital and outpatient appointments. During the inspection a number of health and social care professionals visited the unit to review people's care. They told us they service was very responsive to people's health care and emotional needs.

Relatives and professionals told us the service was very good at communicating with them. Relatives told us they received regular updates from the home and were always involved if there was any change in care or any health matters arose. Comments from relatives included, "They keep me up to date all the time"; "If there has been a review meeting that I've not been able to attend I get a copy of what has been discussed" and "We are kept up to date and they get in touch." One relative told us they always received a letter in their relation's bag when they returned from a respite stay, detailing how the individual had been. Professionals also told us communication between them and the service was good. Comments from professionals included, "They seem to be on the ball and in contact with GPs and other services. The contact back from the service is good"; "They are very responsive to any queries" and "All the staff are up to date. If I ring the manager will know what's going on, but will bring staff to the phone to explain and update me. All staff are up to date." One professional told us about multi-disciplinary best interests meetings at the service. They said, "The GPs don't always come to the meetings, but they try and speak with them before the meeting and update them on the discussion."

We saw staff used a variety of methods to communicate with people who used the service, including picture menus for choosing meals options and easy read documents about how to complain or for general information about the service. Staff had a good understanding about people's individual communications needs and how they used physical prompts, such as sponges or coats to ask if people wanted a bath or wanted to go out. Care plans contained details about people's individual communication needs, such as allowing people time to think and answer questions and to how to frame questions.

We saw staff took time to ensure people gave their consent or were happy with day to day activities. Staff took time to explain things to people and supported them to make choices and decisions. Care plans contained copies of consent forms with regard to the sharing of information with other professionals. We noted the forms had been signed by staff to say they had explained the process to people. However, the form was not in an easy read format and there was limited evidence to demonstrate people had been assessed as understanding what they were being asked. We spoke with the registered manager about this who said she would look further about how to support people with this matter.

People continued to be supported to maintain effective levels of food and fluid. Care records detailed people's particular dietary needs and preferences. Where necessary specialist advice from dieticians and speech and language therapists had been sought and was acted upon. Kitchen staff had an encyclopaedic knowledge of people's dietary needs. They were able to describe in detail people's particular requirements, including complex diets where people needed combined pureed, gluten free and allergy free diets. They said they worked closely with outside professionals to ensure all specialist diets were catered for. However, they said they also tried to make meal options look similar so people on specialist diets did not feel left out

or different. We spent time observing a meal time at the service and saw people were supported appropriately by staff and the meals looked hot and appetising. Where staff were supporting people with meals we noted they also spent time talking to them to encourage them and enhance the social side of mealtimes. Where there were any concerns people's food and fluid intake was monitored and recorded and records regarding this were up to date. One person told us, "I like the food. I like anything me." Relatives also commented positively about the meals. Comments from relatives included, "They cater for particular foods. Everything is thickened and pureed. They even made a cake for him and then pureed it" and "They are pretty good with his food."

At the previous inspection we had noted some areas of the home were in need of updating or lacked a homely feel. At this inspection we saw efforts had been made to improve the facilities and ambiance of the service. In particular, we noted bathrooms had been refreshed and updated and two toilet areas in one of the units converted into a single space that would now accommodate wheelchairs. The registered manager felt there was still some work to do but overall the environment had improved.

Is the service caring?

Our findings

At our inspection in February 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives we spoke with told us the service was tremendously caring and extremely supportive. Comments from relatives included, "Here they are marvellous, wonderful, absolutely marvellous; they really are"; "First and foremost it's the care. I've worked in care, so I know the standard. I know it's not like being at home; but when he came here - his nails are always immaculate, his hair is cut, his skin is always perfect. He is so well groomed. You can see it is genuine loving care"; "I couldn't fault them, they are always interested in you as a person"; "Here they can't do enough"; "Nothing would make this place better from my personal view"; "I would put this service as outstanding. I'm just so pleased to be able to voice that"; "They make him happy. That's the yardstick I use. If they weren't treating him well he wouldn't be happy"; "I would rate this place between good and outstanding" and "They are brilliant here."

Visiting professionals we spoke with also highly praised the care people received and said it was extremely personal. Comments from professionals included, "They bend over backwards to support people"; "They are very caring and proactive. They really go that extra mile. I rarely have to ask them to do more"; "I have no concerns about them whatsoever. Over and over they demonstrate that they go above and beyond. They are very, very caring. It shines through that the clients are happy and content"; "It's the best provision in Northumberland. Their dementia care exceeds standards; they are second to none"; "General dementia care is always good. Very sympathetic and offers reassurance. Always look well cared for"; "Really good care; responsive and person centred"; "They have taken on national guidance. They are very good and know what they are doing"; "Families reflect to me that the care is good" and "It's the only genuine service for LD and dementia. I would recommend it to families."

During our inspection we witnessed exceedingly good relationships between people and staff. Staff we spoke with had a tremendous knowledge of people's particular personalities, likes and dislikes. There was a great deal of joking with people and individuals clearly felt comfortable with the staff. One person told us, "I like living here. I get on with the staff. Sometimes we have a bit of a laugh and a joke." We also witnessed patience and kindness, with staff taking time to speak with people; using touch and holding hands to offer comfort and reassurance. Staff spoke about how they became involved with people's lives and that the care was not just about the individual, but also about their wider family. Relatives told us about staff, "They are very comforting if I'm upset" and "The staff are fantastic. I get a cup of tea whilst I'm waiting. They really look after me."

At the inspection in February 2015 staff had talked about the homely atmosphere of the service and we saw this ethos continued at this inspection. Care staff told us, "I try and give them as normal a life as possible. If I can do that then I know I'm doing a good job" and "They are like a second family. Sometimes you forget you are there to care. They speak to you like you are part of their family and you try and do the same back." One relative told us, "Sometimes the staff don't get the recognition for making it so good. Here all the staff are

caring and loving with the clients." A visiting professional told us, "There is a natural warmth about staff and a very relaxed feel."

People using the service had a recognised disability under the Equality Act 2010 and the registered manager and staff were aware of the implications of this for the service. Staff understood about supporting people and encouraging them to be part of the wider community and enjoy everyday experiences. The service also supported a wide age group and recognised the differing needs of people as they became older. One relative told us how the service always sent relatives of people living at the home flowers at Christmas, on behalf of each person. They told us they themselves did not celebrate Christmas, but were very impressed the service still took the time to send them flowers at another time. They told us, "I think that is outstanding. Other places wouldn't even think of that." The registered manager told us the service had previously supported individuals who were in same sex relationships or were transgender.

Staff regularly supported people to be involved in their care as much as they were able and we witnessed people being encouraged to make choices. The registered manager told us the recently appointed activities worker had quickly established a 'residents' forum', to ensure people were involved in making decisions about how the service was run. On the first day of the inspection a forum meeting was taking place and we were invited to attend. Nine people were present at the meeting. The co-ordinator explained the purpose of the meeting and went through notes made from the previous forum. People were asked for ideas about events or entertainment they would like organised. One person suggested a Hollywood themed party. The co-ordinator carefully ensured everyone around the table had opportunity to input into the discussion, comment on the idea or put forward their own views. The co-ordinator also asked people to offer suggestions as to where they could go on holiday this year. People put forward suggestions including Blackpool, where they had visited previously and really enjoyed; Berwick and Edinburgh. One person suggested Liverpool as a new place to visit. People thought this was a good suggestion and the co-ordinator agreed she would look further into this venue. People were also asked if they preferred weekend or midweek breaks.

At the previous forum meeting people had requested a photography club be established. The co-ordinator gave an update on progress, showed some test pictures one person had taken and suggested people could produce individualised calendars, using photographs they had taken, for their family members. People were enthusiastic about this idea. One person pointed out they only had one relative and they were reassured they could still produce an individual calendar, if they wished.

The service had recently sent out 'family and carer' questionnaires to gain feedback and solicit their views on the delivery of care at the home. Records showed 42 questionnaires had been sent out and 23 had been returned. The response was overwhelmingly positive about the care delivered by the service. 74% of respondents stated people were 'very well' cared for and 22% stated they were 'well' cared for. 96% of returned questionnaires stated relatives saw 'kindness and patience' every time they visited the home. 83% said the home understood their relation's' personality and 83% stated the service valued them as an individual. 83% of relatives stated they were always listened to.

The registered manager told us no one currently using the service was actively involved with an independent advocate. An advocate is an individual independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made. She said advocates had been used in the past and tended to be involved around specific decisions about people's care. She spoke about a very recent meeting where an advocate had been involved to consider the best placement for an individual to receive future care. She also told us they encouraged relatives to advocate on people's behalf, as and when it was appropriate.

At the previous inspection we observed people's privacy and dignity were appropriately supported. At this inspection we found this continued to be the case, with care staff delivering discreet and unobtrusive personal care support. On the second day of the inspection the registered manager spoke with us about a person who's health had deteriorated. She asked we be sensitive to the person's needs and also sensitive to the emotional effect the situation was having on the staff.

The registered manager told us that although the home did not support nursing care they worked exceptionally hard to try and support people towards the end of their lives. Professionals we talked with spoke extremely highly about the end of life care provided by the service and praised the staff approach. We spoke with a Macmillan nurse with a specialist interest in learning disability, who told us she worked very closely with the service and staff. She said she was deeply involved in helping staff to develop emergency health care plans (EHCP) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents for people. We saw these plans were very detailed. All professionals we spoke with told us the service tried at all costs to maintain people at the home as they approached their end of life. Comments from professionals included, "We always get together and do advanced planning. That's done really well here"; "I don't think any family I have spoken with has had any concerns about the end of life care"; "I think they push the boundaries when it comes to end of life care. They don't have to, but they do to keep people here"; "EHCP are not just a document. It's about communication and involvement of all the multi-disciplinary team that makes it work" and "There have been a number of people who have received end of life care here. Keeping them here has been invaluable and families would say the same."

Is the service responsive?

Our findings

At our inspection in February 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives and visiting professionals told us the service was very responsive to people's needs and delivered person centred care. Comments included, "Care is very individual. There are individual care plans and packages in place, even if their needs change daily"; "They know him so well; understand his personality. They anticipate his needs and are straight on to it if there are any medical needs"; "They are still there, making him laugh; they never give up on anybody"; "They don't wait until something happens and do something about it. They are on the ball"; "The care is individual as everyone is different. They are responsive and person centred"; "They understand him very well; his personality. They are patient enough to give him time to make himself understood" and "They understand him. They've seen everything with him. They will anticipate. They know his behaviours and will support him, which I think is a fabulous thing."

Professionals spoke about situations where the service had supported people in a responsive way. One professional described how the service supported an individual with a particularly complex set of medicines following a serious operation. They said the service had also tried to support the individual with advice about healthy eating following the operation. The registered manager told us the service was about to have a public Wi-Fi connection. She said this had been at the request of the increasing number of younger people using the respite facility, who were regularly using technology and were linked to social media.

A number of professionals talked about how the service had particular skills in supporting people with a learning disability and dementia diagnoses, and how they had developed particular skills and expertise in this area of care. One professional told us, "It is difficult to find a placement for people with a learning difficulty and dementia. They have the expertise here; I would recommend it." When we asked professionals how the service could be improved, four out of five simply said, "More beds."

At the previous inspection in February 2015 we had found people had been assessed to ensure the service could meet their needs and had individual care plans in place. At this inspection we found evidence to show appropriate assessments were still undertaken. One professional told us, "They are honest. If they can't meet someone's needs they will say so."

The registered manager told us they had revised the care planning process since the previous inspection. We saw the assessment followed an activity of daily living process to identify areas where people needed help and support. Most areas had good detail about how staff were to support people. Care plans also encompassed professional advice. For example, in one person's care record it stated they should be supported to drink using a specialist cup. This mirrored the advice in a letter from the speech and language therapist and we saw this was put into practice when staff supported the individual. In other care plans, whilst the advice and direction was included in the records it was not always immediately available. For example, one person's mobility had deteriorated slightly and they now used a wheelchair for longer

journeys. There were two separate care plans covering this area. One had been updated to include this change but the other one had not been revised, although the change was noted in a monthly review. We spoke with the registered manager about care plans. She stated these were always under review and she was not sure the current format was one she was entirely happy with. She said she was looking at how to revise the format to ensure key information was available, but the documents not over long or over involved.

The registered manager told us the service had recently appointed a new activities co-ordinator and they were currently developing a range of activities at the home. During the inspection we saw staff supporting people to engage in individual activities and also support them on trips out into the community. The activities co-ordinator stated she had only been in post a few weeks and was currently concentrating on individual one-to-one time as a way of getting to know people and gathering views about the sort of activities people would like to participate in. People told us about trips out they had made in the recent past and showed us photographs of visits and snaps from the previous year's holidays to Blackpool and Berwick.

One of the senior care workers showed us around the home's accessible garden, which had won a gold award at last year's Blyth in Bloom competition. The garden had ramps and raised beds to improve access for people. She explained a number of people enjoyed working in the garden and they tried to encourage them to do as much as they could. We saw photographs of people working in the garden the previous year. The care worker explained she wanted to further develop the area, including an accessible greenhouse and wild life area. One relative told us how their relation really enjoyed the garden and enjoyed planting seeds.

At the previous inspection we had found the provider had dealt appropriately with complaints. At this inspection we found this continued to be the situation. People and relatives we spoke with told us they had not raised any formal complaints. One person told us that if they had any concerns they would, "Go and see the boss. She would sort it out." Relatives told us, "I've no complaints, but wouldn't hesitate in approaching any of them if I did" and "I've never had any reason to complain. They are always so good with him." Another relative told us they had no complaints and the registered manager always responded to concerns. They told us they had recently raised an issue about not always knowing what activities were going on at the home and now there was a clear timetable on display in the main foyer, to keep them informed. We saw there had been two formal complaints in the previous 12 months, both of which had been dealt with appropriately and fully investigated and responded to.

Visiting professionals we spoke with praised the service for the work it did in helping people in transition, either into or out of the service. They told us the service was responsive if people were unsure about coming to live at the home. They said they were often invited to visit and have tea or if they wished, and it could be accommodated, were able to spend time overnight at the service, to see if it suited their needs. One professional told us a service that accommodated a person who had moved from Tynedale House had specifically praised them for the handover they received. They said they were impressed with the information they received, the care plans that were in place and the referrals made to health professionals for assessment, despite the original placement at Tynedale only being for respite.

Is the service well-led?

Our findings

At our inspection in February 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since November 2014. The registered manager was present on both days and assisted us with the inspection.

At the last inspection we saw the registered manager carried out a range of checks and audits on the home. At this inspection we saw this was still the case and regular assessments and reviews of care plans and the safety of the service were undertaken. In addition, the registered manager told us the operational manager visited on a regular basis and there was a quarterly quality assurance report on the service. We looked at the most recent quality audit review and saw there was a high compliance, with areas such as staff training, supervisions and appraisals, staff sickness return to work interviews and ensuring all staff had up to date DBS checks. In addition, the registered manager told us managers from all of the provider's services attended a CQC compliance meeting where they reported on their performance against regulations and shared ideas and information. The service also had an action plan in place, with issues to be implemented between March 2017 and June 2017. We saw progress was being made with this, such as the appointment of a new activities co-ordinator.

The registered manager was complying with the registration requirements for the home. Appropriate notifications of events such as serious injuries, deaths, safeguarding issues and DoLS had been made in a timely manner. The service was displaying its most recent quality rating and this was also available on the provider's website.

In addition to the relatives' and carers' questionnaire staff supported one person a week to complete a satisfaction questionnaire. Whilst the statements were predominantly 'yes/ no' and the forms completed by staff, it offered an opportunity for people to express any issues. All the responses we saw were positive about the service. We noted the form was not in easy read format. The registered manager said she was looking at improving a range of documents around this issue.

Staff and professionals were positive about the registered manager, and her management team, and the changes she had brought about over the last two and a half years. Comments from professionals included, "I have a good relationship with (registered manager). She listens, is responsive, a good communicator and asks questions. I think she is a good manager"; "(Name) is okay as a manager. She is very committed and quite dynamic. She has made changes for the better. She is very clinically involved as well"; "Overall they are a good bunch who want to do well for the people they care for. That is a reflection of the people who are leading" and "She is fully committed to supporting the staff team and knows the patients." Staff said they felt supported by the registered manager. Comments from staff included, "Her door is always open. (Name) pops round and asks how things are going and whether I need anything"; "I find (name) okay; quite a good

manager. She can be quite formidable - but she's the boss. She's not a bully, but she will tell you straight and how it's going to be. Staff respond to that. She's very approachable and I don't have a problem going to her" and "(Name) is really good. She is there if you need her and very supportive."

Professionals also told us the home had good links with other services and good relationships within the community. One professional told us how the registered manager had provided specific medicines training to another service to ease the transition for a person who was moving. They said, "She didn't have to do that, but she did and it shows how the service works."

Staff told us there were a variety of staff meetings. The registered manager told us that because of the size of the service meetings tended to be concentrated on each unit, as this encouraged participation, although there were occasional full staff meetings. We saw minutes from the most recent staff meeting and a senior staff meeting. A range of issues were discussed including new systems for handling monies safely, medication administration, infection control and the use of mobile phones in work time. The senior staff meeting had discussed ensuring the service was ready for any future CQC inspection and ensuring staff training was up to date.

Records were well maintained and up to date. Daily records detailing people's fluid input and output were completed as were daily diet records. Records detailing people's care delivery were up to date and contained appropriate detail. Other records regarding supporting people living at the home and the safe operation of the service were also up to date.

The registered manager told us that whilst there had been a good deal of progress made there was still work to do to further develop and improve the service. She spoke with us about planned changes to staffing rotas, to further focus staff time more on the needs of the people who used the service, as well as improving paperwork and expanding the roles of care workers to ensure all staff could offer appropriate care and support.