

Mrs C Howie & Mr M Howie

# Tullyboy

## 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 

### Overall summary

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 16 and 23 October 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we observed the care and support people received as they were not able to verbalise their opinion of the service. We spoke with the registered manager, team leader and two care workers. We also contacted health and social care professionals to find out their views of the service provided.

# Summary of findings

We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

We observed that people looked at ease in the company of staff.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home. All staff were clear about how to report any concerns they had.

Risk assessments were in place to ensure that people remained safe whilst supporting their independence.

Good



### Is the service effective?

The service was effective.

People had access to a choice of food and drink throughout the day and staff supported them when required.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people.

Staff received support through a system of supervision and appraisal.

Good



### Is the service caring?

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Staff supported people to make their own decisions about their day to day life.

Good



### Is the service responsive?

The service was responsive.

People's care and support was individualised and monitored to ensure the service could meet their needs.

People's preferences and choices were respected.

People were supported to take part in a range of activities and hobbies.

Good



### Is the service well-led?

This service was well led.

There was an open and transparent culture and the registered manager and staff welcomed the views of people and their families.

Good



# Summary of findings

There were systems in place to monitor the quality of the service provided and to promote best practice.

The service had clear values about the way care should be provided

# Tullyboy

## Detailed findings

### Background to this inspection

Tullyboy is a residential care home providing personal care for up to five people. At the time of our visit there were five people living in the accommodation. The inspection took place on 16 and 23 October 2015. The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run. As the registered manager was not available on the first day of the inspection, we continued the inspection on the 23 October 2015.

People liked the staff who supported them and positive relationships had formed. Staff were kind and caring and treated people with dignity and respect.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social well-being. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

Staff worked closely with health and social care professionals for guidance and support around people's care needs. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

There was a complaints procedure and policy in place and information was displayed within the home.

The registered manager and provider carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment were safe.

# Is the service safe?

## Our findings

People were not able to tell us if they felt safe living at Tullyboy however, we observed positive interactions which showed people felt safe around staff members. People seemed relaxed in the presence of staff and approached them when they wanted support.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance on how care and support should be delivered to keep people safe and to enable them to maintain their independence. Such as taking part in activities around the home and in their community.

We saw one risk assessment that stated the circumstances in which the person could become agitated. The risk assessment gave advice as to how to reduce this risk in a positive manner which staff told us they were able to follow. Lessons were learnt from incidents and management and behaviour support plans were put into place to reduce the risk of further incidents.

Staff had received training in safeguarding to protect people from abuse and records confirmed training had taken place. Staff were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Staff were able to confidently describe how and to whom they would report concerns to. Staff told us they were confident the registered manager would act on their concerns.

Some people could put themselves or others at risk of harm if they became anxious or upset. Staff were aware of

what might trigger this type of behaviour and what actions they needed to take to reduce the triggers. There was guidance in place to support staff to help people to manage their behaviour and to ensure that people's behaviour was not controlled by inappropriate use of restraint or medicines.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. Medicines were stored in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Senior staff had responsibility for administering and disposing of medicines and undertook a yearly competency assessment to ensure good practice.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The registered manager told us that staff practice was monitored to ensure people were cared for safely. There were sufficient staff on duty to support people. We saw that people's requests for support and assistance were responded to without delay.

The provider carried out regular checks on the environment and equipment to ensure safety.

# Is the service effective?

## Our findings

Staff told us they were very happy with the supervision and support they received. Annual appraisals were carried out to review and reflect on the previous year and to discuss the future development of the member of staff. A member of staff said “we have a really good team and are very supported in our work”. Staff had opportunities for sharing information through team meetings and the daily staff handovers.

We spoke with the training lead who confirmed that all staff undertook mandatory training as required by the provider. For example, safeguarding, whistleblowing, manual handling, infection control and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. In addition, there was more specific training which underpinned the spirit of the service to enable people to live as independently as possible. Such as, person centred care planning, positive behavioural support and communication. Staff also received training specific to people’s health care needs such as, epilepsy support, dementia awareness, understanding autism, learning disability and other conditions. The training lead and registered manager checked the effectiveness of the training offered through supervision meetings and observation of practice. Staff confirmed to us they were asked about their preferred method of learning and there was a combination of e-learning and face to face to accommodate this.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people with complex needs. Through discussions with staff we found they had a sound understanding of learning disability, mental health, autistic spectrum disorders and how to support people with social communication and interaction. Our observation of staff interaction and practice confirmed they were skilful in providing appropriate support in line with people’s needs. People who live at Tullyboy were not able to verbalise their views. We observed that staff used different methods of communication, such as certain phrases, giving set choices, using objects of reference, maintaining eye contact and allowing plenty of time for the person to respond and using

signs or gestures which were specific to the individual. Care records documented how staff could promote communication with people according to each person’s needs

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Consent to care and treatment was always sought in line with legislation and guidance. At the time of our inspection applications had been made to the relevant agency to deprive some people of their liberty. Staff recognised their responsibility in ensuring people’s human rights were protected and described how people could be deprived of their liberty and what could be considered as lawful and unlawful restraint. A member of staff told us “everyone is deemed to have capacity, some big decisions people may need support with and this will be assessed, such as financial, but people make day to day decisions and we help them to make these choices, such as what to wear and how to spend their day.” Care records evidenced that best interest decisions had been made in line with the requirements of the Mental Capacity Act 2005. Care records evidenced that advocacy support was used and staff told us this was essential where people did not have family to help them make important decisions.

Healthy eating was promoted by staff and people were supported to have a balanced diet. Fresh fruit, drinks and snacks were readily available to people if they were hungry. We observed that staff asked people throughout the day if they would like drinks and staff told us that people could communicate in ‘their own way’ if they wanted a drink or something to eat. One person was now able to say ‘cup of tea’ and we saw they took great pleasure when staff gave them a cup of tea.

Staff told us that where possible, food was sourced locally such as from the local butcher. To support people to make choices, there were picture menus available. There were also pictures of people’s favourite foods contained within their care records. People’s likes and dislikes were known and documented as well as allergies and food intolerances.

## Is the service effective?

Staff told us that people would refuse food by pushing away the dish, if they either did not like it or did not like what was on offer. They would always be offered an alternative choice.

At lunch time we observed that people ate together and we could hear appreciative sounds as they enjoyed their lunch. Staff showed people the choices on offer and people selected by pointing to the dish or nodding their approval. One person's food was cut into small manageable bite size pieces which reduced the risk of choking and enabled them to eat independently. Staff supported another person to eat by prompting them at intervals and redirecting them to the plate in front of them. Jelly mats were used so that plates remained firmly on the table whilst people ate. Plates had wide rims to make sure food stayed within the plate. These measures supported people to be able to eat as independently as they were able. Staff ate alongside people and it was very much a sociable affair.

A range of healthcare professionals were involved in people's care, such as speech and language therapy, chiropody and tissue viability support. Healthcare teams

provided guidance to staff to enable them to provide appropriate support with specific care needs, such as instructional photographs from occupational health on how to assist a person to mobilise. The registered manager was proactive in ensuring that people attended appointments with specialist consultants where required. Dental and optical services were accessed by people. Each person had a health passport which was reviewed annually to ensure their health needs continued to be met. Staff knew people well and were able to describe how they would know when people were either distressed or in pain. They told us they would monitor and contact the GP for advice.

Tullyboy is set over two floors with the main accommodation being on the ground floor. There is one bedroom on the first floor which is accessed via a stairway. A stair lift is available although at the time of our visit was not in use. The home is wheelchair accessible on the ground floor and within the grounds. There were grab rails within the toilets and the main bathroom to support people to use the facilities safely.



# Is the service caring?

## Our findings

People were not able to verbalise their opinion with regard to how caring the staff were; however through our observation of the interactions between staff and people and the caring way staff spoke about people, it was clear that very positive and meaningful relationships had formed. Most staff had worked at the home for many years and knew people well. When we asked people if the 'staff were kind' we received big smiles in response.

We observed staff took account of the person's body language, made eye contact and understood the way the person communicated their wishes. A member of staff told us "people will let us know if they need a cuddle or want us to stay away". The approach of staff was very caring, gentle and calm. Staff told us people and staff were like 'part of a big family'. One member of staff told us "I love this job, you get as much back as you give, its satisfying to give someone a good day, it's a great pleasure". Feedback from a social worker stated "staff are very caring and they treat people with respect and dignity".

Most people living at Tullyboy had known each other since their childhood and were relaxed in each other's presence. Throughout the visit, we saw that staff spoke in a kind and respectful way and people responded in kind. This was indicative of the relationships and esteem in which people and staff held each other.

Staff were proactive in empowering people to express their wishes. We saw that staff clearly explained options which were available to the person such as showing the person the objects to choose from and patiently waiting for people to respond. This encouraged people to make their own decisions, which they did. During our visit we saw that when people wanted privacy they retired to their room and staff respected this.

People's rooms reflected their personalities and the hobbies they were interested in. From lots of cuddly toys to family photographs, a punch bag to keep fit, music CD's, movie DVD's and football memorabilia. Staff told us some of the favourite things people liked, such as having a hand massage and watching people out of the window. On the noticeboards within the home were pictures of activities people had taken part in, things people had made and information about future events such as a barn dance.

People were supported to be as independent as they were able. On the day of our visit, one person went out for the day with a member of staff. The daily activity records showed that people helped to keep their room tidy, went grocery shopping and we saw one person who carefully set the table for lunch. Some people walked around the home unassisted but with staff ensuring they were within a safe distance if required by the person.

The provider promoted an environment which recognised the equality and diversity of both people and staff. People and staff were supported to practice their faith by attending church services. Some staff had specific holidays which were relevant to their faith and beliefs. People had access to an advocacy service and records confirmed that some people had previously accessed the services of an advocate and the registered manager had fully supported this.

Staff recognised that at times, people's well-being could be affected by their mental health or if they were in pain. We saw that guidance to reduce or avoid distress was available to care workers within the person's care plan. Care workers were able to identify when people may be in discomfort and how to support the person with this.

# Is the service responsive?

## Our findings

When we arrived at Tullyboy people were happy to see us. People living at Tullyboy had different abilities in communication and varying levels of support needs. We saw that staff were skilful in communicating with each person.

We looked at three care plans which were person centred and clearly showed the wishes and preferences of the people using the service. People had their goals set out and the care plans detailed how they were going to achieve them and when they had reached each goal. Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. There were procedures and guidance in place for staff in a photographic format which clearly showed how staff should support people, such as carrying out exercises or offering sensory support thorough the positioning of a vibrating pillow.

Some people required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs. There were positive behavioural support plans in place which staff told us enabled them to promote and sustain positive behaviour. Where required, monitoring charts were put into place to ensure that people received safe and responsive care, such as monitoring charts for eating and drinking.

A health care professional told us that the registered manager and staff were responsive to people's needs and stated "We have been working with the home to set up a programme for a client and during the visits staff have been very helpful. They know people very well and include them in decisions and understanding of their needs in a person centred way. They have alerted us when programmes set up were not working well which enabled us to work together for the best outcome for the client."

People were supported to develop their autonomy and life skills and participated in a range of individually set objectives. The care plans documented positive outcomes for people such as developing skills in managing their personal care, working in a co-operative way with other people and respecting each other's views. People and their relatives had been involved in the discussions and planning of their care and support. Care plans were signed

by their relatives to show their agreement with the support which was given and how the care would be delivered. Care plans had been reviewed on a monthly basis or more often if required and changes made as appropriate. Staff discussed people's support on an on-going basis through the daily handover between shifts, a communication book and informally throughout the day.

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Staff had a thorough understanding of people's personalities and eccentricities and how they wanted their care and support to be delivered. Staff knew how to meet people's preferences which meant that people had an improved sense of wellbeing and quality of life.

People took part in activities such as music and therapy sessions, puzzles, painting, going out for coffee or shopping, playing skittles, pub evenings, social clubs such as the gateway club and an art group held at a church. People painted the displays used at church events such as for, Easter, Thanksgiving and Christmas. One person enjoyed watching a bubble lamp and sat on a specialised bean bag which was connected to a sound system. This meant the person could feel the beat of the music throughout the bean bag. Staff told us "he really enjoys feeling the music and moving to the tunes".

People were fully supported to visit their families, go on day trips and holidays. Depending upon what people wanted, holidays were taken either with just one person and a care worker or several people together. People and staff stayed at a hotel which catered for people with a learning disability and described the service and response to people as 'excellent'.

Each person had a 'hospital passport' which the person or staff would give to a healthcare worker if medical treatment was needed in an emergency. They contained information about the person's medical history along with the medicines they took. To ensure that health care workers could consult and involve people in their care, the 'passport' described people's communication needs and what happy, sad or worried looked like and what cues to look out for if someone was distressed.

There was a complaints procedure in place and this was displayed within the home. There had been no complaints during the previous year.

# Is the service well-led?

## Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the organisation. Staff were able to tell us about their roles and how each part of the organisation worked. All of the staff we spoke with were positive about the provider and the management team. Staff told us they felt proud to work for the home. A care worker said "I have worked here for many years, I love the job and this type of work." Another member of staff told us "I have been volunteering here for two years whilst I attended college and it's been great, I am now looking forward to working here as a permanent member of staff, it's such a lovely place to work".

Staff told us they felt valued by the people they supported, the provider and by all other staff. A care worker told us "as a team we are really positive and work really well together". Staff were aware of the organisation's visions and values and a care worker told us "People are at the centre of the service, we offer a high quality of really person centred care." Staff told us they felt supported by all of the management team and the provider. The registered manager told us they promoted an open and transparent culture through staff training and supervision and were very confident that staff put people first at all times.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people's views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received.

A member of staff told us "we have a very open and honest culture, the managers and staff talk daily about any issues

raised". The registered manager told us that they and the team leader worked alongside the care team. If they saw any practice which could be done in a different way, they would discuss this with the member of staff.

People and their families were able to provide feedback about the way the service was led. The last satisfaction survey for people which was in a pictorial and easy to read format was carried out in early 2015. Relatives were also consulted.

The registered manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. They had introduced staff to the new model and approach to the CQC adult social care inspections. Minutes of staff team meetings demonstrated this.

The service worked in partnership with key organisations to support the provision of joined up care. Statutory notifications were made to the CQC as required. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with local initiatives such as the Learning Network, Skills for Care and provider forum meetings. The registered manager was very positive about the need for continually updating staff skills and was a qualified assessor in MAPA (management of actual or potential aggression) which they felt improved the outcomes for people as staff were more experienced and knowledgeable in supporting behaviours which may challenge.

To keep up to date with best practice, the registered manager accessed resources and information from websites such as the CQC, National Institute for Health and Care Excellence, the Social Care Institute for Excellence, the British Institute of learning Disabilities and Skills for Care.