

Tyne Grange Health Care Limited

Tyne Grange

Inspection report

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Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| 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? | Outstanding  |

Summary of findings

Overall summary

Tyne Grange is a care home providing personal and nursing care to up to a maximum of 22 people. The service provides support to younger and older people, including people with enduring mental health or physical needs. At the time of our inspection there were 22 people using the service.

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

Tyne Grange was exceptionally well led. The provider's vision and values were truly person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager.

The staff team supported some people with complex needs. There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs and maintain their placement wherever possible. A professional commented, "In my experience, people appear to benefit from the input provided by Tyne Grange staff, which seems very holistic and person-centred."

Everyone complimented and highly praised the staff team and gave examples of the outstanding care that was delivered. People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their dreams and aspirations. There were several examples where staff had really gone the extra mile and supported people in different aspects of their lives. A person told us, "Staff are really, really good and attentive. Tyne Grange is the best home I've been in."

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was completely centred and tailored to each individual. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks, including positive risk taking. A person told us, "Staff are amazing, they always listen to me and support me."

There was a very strong and effective governance system in place. People, relatives and staff were very confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. Strong processes were in place to manage and respond to complaints and concerns.

People's diversity as unique individuals with their own needs was well-respected by staff. The staff team knew people extremely well and provided support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives and friends.

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

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way. Systems were in place for people to receive their medicines in a safe way.

Staff were encouraged to continue their professional development in order to progress and provide the best outcomes for people. Staff demonstrated that they really understood the importance and benefits of providing person-centred care. The service was following safe infection prevention and control procedures to keep people safe.

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

Rating at last inspection

This service was registered with us on 14 September 2020 and this is the first rated inspection.

Why we inspected

This was a planned inspection and all domains were inspected as the service has not been previously rated.

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.

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.

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| Is the service safe? The service was safe. | Good ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was exceptionally caring. | Outstanding ☆ |
| Is the service responsive? The service was responsive. | Good ● |
| Is the service well-led? The service was exceptionally well-led. | Outstanding ☆ |

Tyne Grange

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Tyne Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tyne Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection visit. Having consideration of the coronavirus

pandemic, we gave the registered manager a short period of notice of our arrival. This was to ensure safe systems were in place to protect everyone.

Inspection activity started remotely off site on 4 April 2022 and a site visit took place on 7 April 2022. The inspection ended on 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy home manager, registered nurse, physiotherapist and five support workers including two senior support workers. We received feedback from seven health and social care professionals.

We made observations around the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about how to report any concerns about abuse.
- People and staff said they were kept safe. One person said, "I feel safe living here, staff are always around if I need them."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate any identified risks.
- Care plans contained explanations of the measures staff would follow to keep people safe, including where people may be at risk of self-harm.
- The building was well-maintained. Regular checks took place to ensure people were kept safe.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff at national and local level to raise awareness of complying with standards and safe working practices.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe support.
- People said there were enough staff. One person commented, "Staff come straight away if I need them."
- The provider had adequate checks in place to make sure staff were safely recruited.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. They contained supplementary information to guide staff in what the medicines were prescribed for.
- Medicines risk assessments were in place, with medicines care plans that were detailed and person specific.
- The service worked with people to promote self-administration of medicines where possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager followed government guidance with regard to visiting during the pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received care, a detailed assessment took place to check if people's needs could be met. A professional commented, "The referral process was comprehensive, and the staff team showed real curiosity about the client."
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. Staff applied learning effectively in line with best practice, which led to very good outcomes for people and supported a better quality of life.

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

- People were supported with their food and drink requirements.
- Care plans described people's eating and drinking needs and food likes and dislikes.
- Staff were aware of and respected the cultural beliefs and traditions of people including their dietary needs. One person told us, "There is a choice of food including Halal food."

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

- People were supported to maintain their health and well-being.
- Where people required support from professionals or with specialist equipment, this was arranged. Staff followed guidance provided to ensure people's needs were met appropriately. A professional commented, "The manager and the staff at Tyne Grange understand the person's behaviours, mental health and physical needs very well."
- There were care plans in place to promote and support people's health and well-being.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member commented, "There are great opportunities for career progression and development."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- Staff understood and followed the principles of the MCA and Mental Health Act. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

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

- The building was adapted to meet people's needs.
- The environment was light and well-maintained with well-furnished communal areas and personalised bedrooms.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well-supported and treated with dignity and respect.
- Due to the compassionate support of staff people flourished and enjoyed an excellent quality of life. Staff promoted an exceptionally strong person-centred culture where people were at the heart of the service. Professionals were overwhelmingly positive about the service. One professional told us, "Staff appear responsive and understanding towards people's needs and approach their care with compassion."
- We received consistently positive feedback about the caring nature of staff and their empathetic approach. People constantly referred to the trust, kindness, understanding and sensitivity to their individual needs as reasons why they felt the service was exceptional. Several people told us, it was the "Best place they had lived at." One person said, "I'm happy, I like living here." A relative commented, "Staff are brilliant."
- Staff worked sensitively and compassionately with people and people trusted the staff who supported them. Staff were aware of and had an in-depth understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people which enabled people to relax with the support provided. A professional commented, "Wow, I'm speechless, what an absolute pleasant surprise to see, (Name), up out of bed and looking so well, especially considering the short space of time they have been at Tyne Grange."
- Several professionals told us that people living at the service had fewer hospital admissions, break downs in placement and fewer lapses in mental health, during placements at Tyne Grange. One commented, "Staff helped keep my client out of hospital for long periods. I would recommend the service to others" and "The support provided appears to be a significant contributing factor to keeping people out of hospital."
- There were numerous examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support, and worked tirelessly with people to improve their well-being and quality of life. For example, a person, previously confined to a wheelchair was being supported to walk independently. The person said, "We're having a party when I've managed to walk over the Millennium Bridge in Newcastle."

Respecting and promoting people's privacy, dignity and independence

- There was a very strong culture of empowering people. Independence and autonomy were promoted at all times and this was at the centre of all care and support that people received.
- There were several examples of where people had flourished and become more independent in terms of physical or emotional well-being. Detailed and personalised care records documented how people's independence and autonomy were to be promoted. One person told us, "Staff listen to me and are helping me to move on."

- Staff fully understood the importance of people maintaining their independence and the benefits it had for their well-being. A staff member said, "We provide rehabilitation and help people to become more independent whatever their need."
- Staff were extremely proud of their caring approach towards people and believed strongly in the values of the service. A staff member told us, "We are trained to put people first and provide person-centred care."

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

- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices. This included where people may not communicate well verbally, or English was not their first language.
- Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. A staff member told us, "This is the best place I've worked, it's relaxed for people and we have time to spend with them, it doesn't feel like coming to work."
- People were offered choices and were listened to. Regular meetings took place with people and their representative to discuss their care and support needs which also included discussion about their future plans and aspirations.
- Care plans were exceptionally detailed with a consistently high degree of personalisation and provided staff with an excellent guide to understanding each person.
- People received their care and support from a service which was entirely flexible and able to respond to individual requests and changes. A professional commented, "The staff team were always striving to be creative in what and how they delivered for this complex person."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support truly centred around their individual needs and preferences. Their support plans were detailed and included what the person was able to do and how staff should support them.
- The management team went to great lengths to ensure staff were responsive to people's needs and to ensure they had the information to meet people's needs when they moved into the service.
- People's potential for achieving a fulfilling life were placed at the heart of care planning and with consistent staff support there had been a positive impact on peoples' lives. For example, a person who had been withdrawn and had wanted to stay in their room, spent time out of their room, engaging with people and staff. For other people bespoke specialist equipment had been obtained to assist people to enjoy more comfort and a better physical quality of life.
- The service regularly reviewed people's needs and worked in close partnership with people and other professionals to make changes.

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

- The service enriched people's lives, as well as making a difference to their family members, by helping people to remain engaged and stimulated and fulfil their wishes. Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved.
- There were several examples of how staff supported people to become more engaged and occupied in activities that were meaningful to the person and improved their quality of life. One person said, "I go to a music studio" and "I enjoy training sessions at the gym, we had sessions here during lockdown."

End of life care and support

- No one was receiving end of life care at the time of inspection.
- Peoples' care records contained information about their religion and cultural wishes, so their needs could be met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was accessible and made available in a way to promote the involvement of the person. The registered manager was aware of the Accessible Information Standards and gave examples for its use.
- People's care records gave guidance about how they communicated, including where they may not communicate verbally.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place with a system of regular monitoring to improve the quality of care provision.
- People told us they knew how to raise concerns if needed. One person said, "I'd speak to staff or the manager."

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 was exceptionally well-led. People were at the heart of the service. A professional commented, "Tyne Grange Nursing home team provide an excellent service to its residents."
- The registered manager showed their passion and commitment to ensure a person-centred culture whereby people who used the service were central to everything they did. The registered manager was an excellent role model who actively sought and acted on the views of people.
- An exceptionally motivated and enthusiastic staff team was in place. This was led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. Several staff said they "loved" coming to work.
- There were examples of significant improvements to the well-being of people due to the person-centred care they received. Care professionals praised the staff for their person-centred approach. One commented, "The carers and nursing staff team provide exceptional care to some people with challenging needs, and have a very firm knowledge of client's health and individual needs. They go over and beyond with their service."
- The provider and management team were committed to protecting people's rights with regard to equality and diversity and this was embedded in their practice. People using the service were supported to follow their religious and cultural wishes. The provider had also introduced several initiatives with representatives within the service to promote and respect peoples' and employees' rights. For example, a Live Your Best Life (disabilities and long term conditions) group, Veterans Colleague group and Race and Ethnicity and Culture Colleague Group.

Continuous learning and improving care

- Strategically the organisation was dynamic and innovative and ensured it kept up-to-date with best practice with regard to developing staff and ensuring people's needs were met.
- The provider was passionate about ensuring all staff, regardless of their role, had the opportunity to develop their skills. The organisation developed a trainee nurse associate programme to help non-nursing staff develop and obtain qualifications. The provider linked with national healthcare organisations and several universities to develop a trainee nursing associate programme. Due to the success of this approach, the training programme was being considered by a national charity that develops workforce training, to consider a similar training approach for a social care qualification.
- The provider had developed links with local community resources, including Teesside University and arranged to accept student nurses on placement at its services, including Tyne Grange.

- There was a strong focus at a local and national level on continuous learning and improvement to ensure people's needs could be met. For example, the organisation commissioned a research project with regard to best practice to ensure the needs of people living in its services were met in relation to sexual, intimate relationships. The provider then commissioned a charity to devise a training programme which was cascaded to all its services.

Working in partnership with others

- The provider and registered manager had grown their networks with partnership agencies and charities. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives.
- There were several examples of "good news" stories, as demonstrated in the report, where at a national level and local level staff had worked in partnership with other agencies to enable people to enjoy a better quality of life.
- The registered manager and management team worked in an extremely collaborative way with other agencies. A range of care professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service. A professional told us, "Staff are dedicated, involved in multidisciplinary meetings and give ideas to produce better outcomes for people and to help achieve some aspirations."
- The organisation was a caring and supportive organisation that had introduced initiatives and support groups for staff and relatives to help ensure their well-being. This included a counselling service and availability of mental health first aiders for staff. There was a relative forum that provided education, advice and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 ethos, vision and values of the service were led by the provider and registered manager. All people and staff told us the registered manager and management team were very approachable. One professional told us, "The registered manager is absolutely approachable. They are always looking for ways to improve."
- Staff shared the vision of the service to provide person-centred care and to put people first. All people and professionals commented very positively about the support provided.
- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.
- The provider had robust procedures in place regarding reporting and learning from when things went wrong.
- The registered manager was aware of their responsibilities with regard to the Duty of Candour.

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

- People were continually engaged with, to check their well-being and to obtain their feedback. The provider had developed a national service user council for people using their services, which fed into the organisation at national level. The forum considered a variety of initiatives which were promoted to involve people, keep them informed and to gather their feedback. For example, a service user award scheme, an electronic app that provided information and guidance for people and a training programme.
- The provider and registered manager had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys and forums were available for people, relatives and staff to collect their views.

- People and professionals told us communication was very effective. A professional commented, "The staff contribute positively and adequately during our weekly ward rounds and we work together to identify individual client needs and formulate a plan for each person."
- There were excellent links with the local community. People were kept very well-informed about events in the service and initiatives in the community. The home also gave back to the community through charity initiatives.