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Tylecote

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Tylecote provides residential accommodation for up to nine people. The property is a three storey building located at the west end of Morecambe close to local bus routes. Some bedrooms have en-suite facilities and bathrooms are provided for residents. There are two lounges and one is used as a dining area. There are garden areas to the front and rear of the property. Street parking is available outside the home. At the time of the inspection nine people lived at the home.

At the last inspection in October 2015, the service was rated Good .

At this inspection we found evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However we have made recommendations for the registered manager to improve medication procedures and ensure infection control systems improved. In addition we have recommended the provider develops a programme of refurbishment. This was so people were kept safe and lived in a healthy environment.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Tylecote is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

A registered manager was in place. 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 using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

Safe recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

We found PRN (as required) medicines were not stored correctly and some were missing labels, making it difficult to be sure who the medicine belonged to.

We have made a recommendation about safe medicine procedures.

Infection control measures were in place however these were not always adhered to. The kitchen was in need of some refurbishment and cleaning and parts of the communal areas also needed attention. However during the inspection visit this was being addressed. We have made recommendations in relation to infection control and refurbishment of the environment.

Any accidents/incidents or errors had been used as a learning opportunity.

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

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that they received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

In order that people could maximise their opportunities and have their views heard the registered manager worked closely with the advocacy service to support people and to ensure they were not disadvantaged.

People's privacy and dignity was maintained at all times. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

Sufficient staff were on duty to meet people's needs. People told us staff responded quickly when they needed assistance. Throughout our inspection we observed there was a visible staff presence at all times.

People knew how to complain. There was a complaints procedure in place and accessible to all. No recent complaints had been received.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below.

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 has deteriorated to Requires Improvement.

Requires Improvement 

Is the service effective?

The service remains Good.

Good 

Is the service caring?

The service remains Good.

Good 

Is the service responsive?

The service remains Good.

Good 

Is the service well-led?

The service remains Good.

Good 

Tylecote

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Before the inspection visit we contacted the commissioning department at the local authority. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

The inspection visit took place on 03 April 2018 and was unannounced.

The inspection visit was carried out by one adult social care inspector.

During the time of inspection there were nine people who lived at Tylecote. We spoke with a range of people about the care provided. They included four people who lived at the home, the registered manager and four staff members.

We closely examined the care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

People told us they felt safe living at Tylecote. One person when asked if they were safe replied, "Yes it is good here, it is my home." Another responded positively by nodding their head and saying, "Yes, there is always someone around to help."

Staff had received safeguarding training and were able to explain the steps they would take to record and report any allegations of abuse. There were processes and practices in place to safeguard people from abuse.

Infection control measures were in place however these were not always adhered to. The kitchen was in need of some refurbishment and cleaning. Some tiles were cracked and some woodwork was broken or missing. Some parts of the communal areas also needed attention. The registered manager stated that plans were in place to recarpet the hall and stairs throughout the entire house. Prior to the inspection ending the manager had deployed staff to deep clean the kitchen.

We recommended the registered manager puts a schedule of work in place to ensure the premises are maintained, decorated and cleaned to an acceptable standard to ensure people live in a healthy environment.

People's needs had been assessed prior to admission. This information had been used to start their care plans. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as, communication, continence, mobility and leisure and social activity.

We reviewed recruitment files and found before staff started to work at the service, thorough recruitment checks took place. These included identity checks, two verifiable references, qualifications and disclosure and barring checks (DBS). DBS checks ensure staff do not have any convictions that may prevent them from working within a health and social care environment.

People told us there were enough staff to meet their needs. When asked about staffing they all pointed or mentioned staff names. One person said, "Yes [staff] is here with us the [registered manager] is here a lot." Two staff covered the day shift whilst one sleep-in staff covered the night shifts.

People told us they were supported to take their medicines as prescribed. One person said, "[Staff] give me my medicine." We checked medicine administration records and found no discrepancies. However the management of medicines was not always safe. For example some medicines did not have labels. We also saw a controlled drug no longer required was being stored even though this was over 12 months old. This was a potential risk and was against good practice guidelines. We have made a recommendation that the provider seeks guidance in line with the National Institute for Health and Care Excellence (NICE).

We recommend the registered provider reviews the services medication procedures and storage to ensure people were kept safe.

We looked at how accidents and incidents had been managed at the home, there were documents for accidents to monitor for trends and patterns. Records we looked at had been completed and had information related to lessons learnt from any incidents.

Is the service effective?

Our findings

People's needs and choices were assessed when they first started to use the service. This was confirmed within the assessment records we reviewed. Care and support was delivered in line with current legislation, standards and evidence based-guidance to achieve effective outcomes for people living with a learning disability. This was achieved by consistently reviewing the care and adapting to peoples changing needs.

Staff told us and records confirmed they received a comprehensive induction when they started. This included shadowing, reading policies and attending sessions to orientate them to the culture specific needs of people they supported. One staff member told us, "The induction was very good, I worked with other staff until I felt confident."

Annual training either on line or practical sessions in all aspects of care such as first aid, moving and handling, infection control, food hygiene and medicine management was provided. One staff member told us, "The training is very good, we are encouraged to learn as much as possible. We also have a chance to say if there is anything we think we may need to help us do our job better."

People were supported to eat and drink enough to maintain a balanced diet. One person told us, "The food is lovely." Another person told us, "I like the food." Throughout the inspection we saw people had access to hot and cold drinks and snacks in between meals. We observed people eating their lunch time meal. Staff told us that the meals were planned by people who use the service with input from the staff. Staff were aware of people's likes and dislikes and advised and catered accordingly. We saw people had different foods of their choice. Where required people had nutritional assessments and support would be obtained if needed.

People were supported to access additional healthcare when required. Within care records we saw people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments. They included, opticians, dentists and GP visits.

People were supported to live healthier lives. They had access to healthcare services and received on-going healthcare support. One person told us, "I see the doctor when I need to". We saw staff support a person to go to the doctors surgery to collect a prescription.

Consent to care and treatment was always sought in line with legislation and guidance. The registered manager told us all policies and procedures had recently been reviewed to ensure they all contained an element of consent. People told us staff always asked them before offering support. One person nodded when asked if staff asked before they offered assistance. We observed staff asking people what they wanted to do and how they wanted to spend the day. One staff told us, "We always asked and wait for a response before we start supporting people. Sometimes it's a verbal response other times it's shaking their head or motioning with their hands."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation 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.

Staff were aware of all the people with a DoLS in place and the reason why. The registered manager had a system in place to ensure where required DoLS authorisations were renewed in a timely manner. We reviewed all DoLS authorisations and found them in date. We also found comprehensive mental capacity assessments in place for specific decisions demonstrating an understanding of the requirements of the MCA. We observed during our visit people were not deprived of their liberty or restricted.

The premises was large and spacious and was suitable for the people living there. Accommodation is spread over four floors. All corridors and rooms were wide enough for mobility aids and hoists if needed. We had walk around the building and although some bedrooms had been redecorated some areas required updating and refurbishment. For example carpets were marked and worn. The registered manager acknowledged areas of the building required upgrading to improve standards and explained that plans were in place to redecorate and recarpet the hall, stairs and landings.

Is the service caring?

Our findings

People told us staff were kind and they treated them with respect and we saw this for ourselves. One person said, "I like the staff we are going on holiday with some of them."

Staff communicated with people effectively and picked up on nonverbal communication clues that showed people were needing something or becoming anxious.

There was a relaxed atmosphere, with comfortable kind and respectful exchanges it was evident staff knew the people well and knew how to communicate with each individual. There was occasional joke and laughter between staff and people.

People had lived at Tylecote for many years and the majority of staff were also of long standing therefore they knew about people's backgrounds and their life before they came to live at Tylecote. This helped staff to understand the current challenges people faced.

Information was produced so that it was meaningful to each person with the addition of pictures or photographs. Personal information was stored securely in a locked cupboard or the office.

People and their representatives were involved in review meetings to review support they received and to have a say about their care. People had support of advocates if and when needed so their voice was heard. The registered manager had built relationships with people's friends and relatives in order that contact was maintained and people lived a full a life as possible.

Each person had their own bedroom so they could have the privacy they needed. Staff were respectful of people's privacy and only entered people's rooms when needed and when invited. People said staff respected their privacy and confirmed staff only came into their bedrooms when invited.

People's friends and relatives are welcome at any time. The staff told us about plans that have been made to take people on holiday. This is happening in small groups so that people can enjoy their personal interests.

There was clear collaboration between the service and the person they supported. For example, the person's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The registered provider had a good understanding of protecting and respecting the person's human rights. They were able to describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We found care records of people who lived at the home documented their preferences and choices in terms of social, health needs and their religious beliefs. Care plans seen and discussion with people confirmed they had been involved in the care planning process.

Is the service responsive?

Our findings

People continued to contribute to their support and continued to receive person centred care that met their individual needs. One person said, "I am very happy living here." Another person told us, "I choose what I want. I go to bed when I wish and I don't like getting up early, I can lie in."

Each person had a support plan that was individual to them. Pictures and photographs were used to make the plans more meaningful to people. People's full range of needs was assessed and included in support plans. People were encouraged and supported to express their views and be actively involved in making decisions about their care and support. Care records contained communication profiles of people. These provided guidance on how people expressed themselves and what would help when communicating with people. People chatted with us about the contents and agreed the contents were accurate and up to date.

People's hobbies and interests were recorded and supported. One person showed us an individual weekly activity plan that included their hobbies and activities including the days they attended college courses. During our inspection people went out to with staff for a walk. People told us they had enough to do and enjoyed a wide range of activities.

There was documented evidence people had monthly meetings to discuss their progress and review their action plan and goals. The registered manager explained it was important for people to have these meetings. She said, this was to "Keep people on track and know what direction they are travelling in." The registered manager explained it was a good way of motivating people to achieve their goals.

There was a complaints policy which detailed the procedures for receiving, handling and responding to comments and complaints. People said they would not hesitate about bringing any concerns to management. We noted the home had a system for documenting and resolving complaints. The registered manager explained she encouraged people to speak with her or staff about concerns openly and this was confirmed by people we spoke with.

People's end of life wishes would be respected and recorded so staff were aware of these. The registered manager informed us that people have lived at Tylecote for a long time and everything would be done to support people until the end of their life. Staff have had training and external agencies would be asked to attend if more specialised care was needed.

We looked at what arrangement the service had taken to identify, record and meet communication support needs of people with a disability, or sensory loss. Care plans seen identified information about how the person wished to communicate and if any difficulties were evident. These included whether the person required for example large print to read. This was to ensure that people who lived at the home had access to information and be able to understand and be involved in discussions required.

People were supported to be as independent as possible. We saw people doing everyday tasks and following their hobbies and leisure activities. One person told us "I go to college every week and I have a

girlfriend." Daily logs confirmed people were encouraged to clean their rooms. We observed minimal assistance being given to people to enable them to complete as much of their personal care as they could.

Is the service well-led?

Our findings

There continued to be a stable management team at Tylecote. This included the registered manager, who was provided with support by the operations manager. Staff told us the management team encouraged a culture of openness and transparency. Staff told us the registered manager had an 'open door' policy which meant staff could speak to her at any time if they wished to do so. A member of staff said, "The manager is very supportive, I know I could see her any time I wished." Staff felt the registered manager respected their views and felt their opinions and suggestions were listened to. Comments from one staff member we spoke with included, "She is very understanding with any concerns we may have."

Regular audits in some key areas of service were in place, however the medication audit for medicines had not identified the issue with the storage. In addition the risk of infection due to the lack of cleanliness and the need to carry out repairs in the kitchen area had not been identified through the audits. The management team have been responsive by taking immediate action to improve the identified areas.

We reviewed policies relating to the running of the service and found all of them had been reviewed to include the latest good practice guidelines in respect of consent. This meant staff had access to the most up to date guidance. It showed the governance structures had policies were updated in a timely manner.

Staff maintained regular dialogue by means of a diary and comprehensive handovers to ensure all important information was passed on. One staff member told us, "Handovers are very good as they give us information to help us continue the care smoothly. This minimises any anxiety as we have an idea of people's mood and what has gone on before, and what the previous shift have done."

Staff told us they were verbally kept up to date and a handover meeting took place at the change of each shift, Staff meetings were held regularly. Minutes of the last staff meeting demonstrated staff were updated about a range of matters related to the home such as people's welfare, planned activities and recruitment.

Staff told us the registered manager promoted equality and diversity and ensured everyone was treated fairly. Staff understood their roles and responsibilities and had job descriptions that described how they were expected to provide care. Staff were aware of the vision and the values of the service and told us these were discussed at staff meetings and during supervisions. This was confirmed within records where we saw themes related to the values such allowing people to choose the life they wanted to live.

The registered manager had systems in place to receive people's feedback about the home. The registered manager used periodic surveys to gain feedback on the quality of the service. These were for people living in the home and their relatives. The registered manager told us completed surveys were evaluated and the results were used to inform the care provided. We saw the latest formal satisfaction survey had been carried out in 2017. We noted that the feedback received from people was positive.

Regular residents' meetings had been held where people could express their views and be informed of any changes affecting the running of the home.

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had been predominantly positive however they also identified issues with the environmental standards and the risks to infection control.

One staff member commented, "I think we have a fantastic team here, from top to bottom. We all work well together." Staff had contact details of senior management and knew the reporting structures to raise concerns about people's welfare and the running of the home.

The service had on display in the reception area of their premises their latest CQC rating, were people could see it. This has been a legal requirement since the 01 April 2015.