Barchester Healthcare Homes Limited

Tyspane

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

Summary of findings

Overall summary

Tyspane is a large, purpose-built, two storey building set in its own gardens and grounds in Braunton, North Devon. The home provides nursing and personal care for up to 69 people and is also registered for the treatment of disease, disorder and injury. On the first day of our visit there were 62 people living at the home, with three of those people receiving respite care. One person was receiving care at the local hospital.

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

At this inspection we found the service remained Good.

People said they felt safe and cared for in the home. There were sufficient, suitably qualified staff to meet people's needs. The provider was needing to use agency staff where additional staffing was required. There were robust recruitment checks in place.

People were protected from the risks of abuse as staff understood and carried out what they needed to do when they identified a concern.

There was a safe system to ensure the safe management of medicines at the service. Medicines were administered by registered nurses and care practitioners who had been trained regarding medicine management and had their competency regularly checked.

People's needs and risks were assessed before they were first admitted to the home and these were reviewed on a regular basis and when a change in their needs was identified. There were environmental risk assessments which ensured the premises were safe.

Staff had the skills and knowledge to support people appropriately. They received regular supervision and appraisals to support them with their performance and future development. New staff undertook a thorough induction when they started working at the service

People were supported to have a balanced and variable diet. Where people had specific dietary requirements these were catered for.

People had access to health professionals. A Physiotherapy worked at the home each Friday and a physiotherapist assistant was provided at the service to provide on going support to people with their physical mobility needs.

Staff were very caring and kind. They treated people with respect and dignity at all times. There was a friendly atmosphere at the home and a strong ethos from the registered manager and all staff regarding it being the people's home and a privilege to be able to spend time with them.

The registered manager and deputy manager had been undertaking the six steps end of life programme to further improve end of life care at the service.

There were four designated activity staff to support people to engage in activities that they were interested in, on an individual and group basis.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with any member of staff without any worries about repercussion. There had been two complaints since our last inspection which had been responded to in line with the provider's policy.

There was a registered manager in post who was very active within the service. They led by example and had a high level of expectation of the staff to deliver good quality care.

The provider had several assurance systems in place to assure themselves the service was running safely. These included monitoring visits from the quality team, health and safety and monthly visits from the regional operations director. There were systems in place where the registered manager input data onto the provider's computer system which could be analysed at the head office.

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 remains Good.	**Good**
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**

Tyspane

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 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.' This was a comprehensive inspection.

The inspection took place on 15 and 20 March 2017. The first day was unannounced and the second day we advised the registered manager we would be visiting. This was so we would be able to feedback our findings. The inspection was carried out by one adult social care inspector.

The provider completed a Provider Information Return (PIR) in January 2017. 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. Prior to the inspection we reviewed the information included in the PIR along with information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed most of the people who lived at the service and received feedback from eight people who were able to tell us about their experiences. Some people were unable to do so. Therefore, during the inspection we used different methods to help us understand their experiences. These methods included informal indirect observation throughout the inspection. Our observations enabled us to see how staff interacted with people and see how care was provided. We also spoke with four visitors to ask their views about the service.

We spoke to 22 staff. This included the registered manager (referred at the service as 'general manager'), registered nurses, a care practitioner, senior care workers, care workers, cooks, an activity person, hostesses, administration staff, housekeeping staff, maintenance staff and the provider's regional operations director and clinical development nurse. We also spoke with an agency nurse who was undertaking a nursing shift at the service and a visiting Speech and language therapist (SALT).

We reviewed information about people's care and how the service was managed. These included two

people's care records and five medicine records, along with other records relating to the management of the service. These included staff training, support and employment records, quality assurance audits, risk assessments and minutes of residents and staff meetings. We also contacted health and social care professionals, agencies who supplied care staff, the pharmacy staff and funeral directors to ask their views. We received a response from eight of them.

Good

Is the service safe?

Our findings

People said they felt safe living at the home. The last survey carried out by the provider received 100 per cent positive response to the question the 'home seems a safe and secure place to live'.

There were safe systems in place to assess risks both to individuals and to the environment. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, the staff had been working closely with a person and their family who was attending a wedding and required a special diet. People were protected against hazards such as falls, choking, slips and trips. Staff had completed assessments regarding these hazards and where required had taken action to minimise risks. For example one person was at a high risk of choking. Therefore someone would sit with them at mealtimes to support and monitor them. Where people had bedrails there were hourly monitoring checks undertaken when they were in use to ensure people were safe.

Risk assessments in relation to the environment and equipment were completed by heads of department, for example, kitchen, activities and maintenance. The risk assessments looked at what were the main hazards, who was at risk, existing controls in place and then further action required. For example there was a risk assessment for the outside water fountain, waste management, tools and kitchen equipment.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The staff had confidence that the registered manager was aware of their responsibilities and would take the appropriate action.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. All incidents and accidents were input onto the provider's computer system and were monitored by the registered manager and the provider's higher management team for trends and themes.

People were kept safe from the risk of emergencies in the home. During our visit there was an unscheduled fire alarm. Staff all attended the fire point promptly and staff were sent to investigate in line with the provider's policy. On this occasion it was found to be a false alarm. During our visit there was an emergency situation where a person required immediate help. The registered manager and staff were very quick to respond and took appropriate action.

People told us there were sufficient staff with the right skills and knowledge to meet their individual needs. One person said, "If I ring the bell they come quite quickly there are a lot of them here." Another person said staff responded promptly when they used their call bell, they said, "Not long it depends on the time of day." One health care professional told us, "The main effect on skills is the through put of staff, there are some great staff working there but at times they can be spread too thinly." The registered manager completed a dependency indicator tool (DICE) which assessed the needs of people at the service and the staff hours required to meet those needs. There were registered nurse vacancies at the service which the registered manager was actively recruiting to fill. To ensure staff levels were in line with their dependency assessment the registered manager was using the services of care agencies to provide cover for duties. They ensured

there was a good balance on each shift of their own staff and agency staff. When able for planned shortages they booked a block booking with the agencies used to have the same workers allocated to ensure people were safe and for continuity

The staff schedule showed that each morning there were four registered nurses or care practitioners supported by 12 care staff. In the afternoon there were three registered nurses or care practitioners with eight care staff. At night two registered nurses were supported by four care staff. The provider had trained two senior care staff to undertake the role of 'care practitioners' with a third undertaking the training. The care practitioners role, under the direction of a registered nurse, was to assume key responsibilities which included; medicine administration, wound management, continence care, physiological assessment and care planning and leadership and supervision of the care team. The care staff were also supported by a team of housekeeping staff, maintenance staff, administrators, hostesses, activity staff, cooks and kitchen assistants who as part of their roles interacted with people.

The resident's representative said people were unsettled because the provider was making the role of 'hostesses' within their services redundant. There were two hostesses at the home who supported people with their meal choices and oversaw the mealtime experience to ensure people had the correct meals. The resident's representative said people were concerned because while one of the hostesses had been on holiday it "Went to pot". We discussed this and what was being put into place with the registered manager and regional operations director. They confirmed that the senior care workers and registered nurses would undertake the hostess's role. They said they would work alongside the hostesses to learn the role. They agreed they would feedback to the resident's representative and ensure staff were aware of their new roles and responsibilities.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There were safe medication administration systems in place and people received their medicines when required. A recent review in March 2017 by the pharmacy providing medicines at the home did not raise any significant concerns. Where they raised any concerns these were acted upon. For example, topical creams were stored separately from medicines.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "I like it here, I like the people (staff) they are all pleasant and very helpful" and "I can't praise the staff enough for their skill and dedication."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff said they had received suitable training and skills to meet people's needs. Staff completed the provider's induction when they started working at the home, and were supported to refresh their training. One agency providing staff at the service responded, "My staff have always been made to feel welcome and have a good induction the first time working there including shadowing with existing staff members."

Staff completed training which included safeguarding, fire safety and moving & handling. The registered nurses also completed an induction for trained nurses. The mandatory training they were required to complete included: manual handling, safeguarding vulnerable adults, Mental Capacity Act, food hygiene, health and safety, infection control and fire marshal, customer care, equality and diversity and first aid.

People were supported by staff who had supervisions (one to one meeting) with their line manager six times a year. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff said they felt supported by the registered manager, and other staff. Comments included: "(The registered manager) is very good we can ask her anything" and "Always available if we need to speak to her, she will sort it out."

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. The registered manager was undertaking six month reviews with people and their families. They said it was important because it meant they remained connected to people and their families.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 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. We found the home was meeting these requirements. The registered manager had identified 17 people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

The registered manager had a clear understanding about the principles of the MCA. Staff had received

training on the MCA and they demonstrated an understanding of people's right to make their own decisions. Staff had completed capacity assessments for people and considered people's capacity to make particular decisions.

The staff were all aware of people's dietary needs and preferences. People's dietary needs and preferences were documented and known by the cooks and staff. People's needs and preferences were also clearly recorded in their care plans. People were supported to have a meal of their choice organised by hostesses and overseen by the cooks. People said they liked the food and were able to make choices about what they had to eat.

People were referred appropriately to the dietician and speech and language therapists (SALT) if staff had concerns about their wellbeing. One person was being reviewed by a SALT when we visited, they said "staff always follow advice give and call promptly if they have any concerns."

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Care plans were in place to meet people's needs in these areas and were reviewed monthly or more regularly if people's needs changed. People's changing needs were monitored to make sure their health needs were responded to promptly. Health professionals said they were contacted promptly if required. Comments included, "I have been called promptly when they are having problems managing a client's needs."

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion in everything they did. Throughout our visits staff were smiling and respectful in their manner. They greeted people on their first encounter with affection and by their preferred name and people responded positively. The atmosphere at the home was busy but pleasant. We observed one care worker walk a person to the seating area arm in arm all the time chatting. When they had settled them they gave them kiss and reassurance that they would check on them later. The person responded positively with a smile.

People and visitors were very complimentary about the staff. Comments included:, "They are busy out there but never make you feel as if you are being a nuisance if you call them in"; "On the whole they are all lovely"; "Quite happy with the care here", and "I couldn't ask for better care on (person) they look after her so well."

Health and social care professionals gave positive comments about the staff. Comments included, "As far as I am aware all clients are treated with respect and appropriate care taken at all times"; "(The registered manager, deputy manager and registered nurse) are also very good in supporting and understanding us"; "I have nothing but high regard for the staff that work at Tyspane and feel that they go above and beyond for their clients", and "I have seen only positiveness and friendly interaction with the residents at Tyspane."

The whole staff team were respectful and compassionate in their behaviour. There was a clear message given to us from all staff about it being people's home. The registered manager said, "it is their home, I am privileged to work in their home."

Staff supported people to be as independent as they wanted to be. People were active in the communal areas and throughout our visits people were using the outside garden and out for a walk in the local community. One person said they often went to the local fair when it came to town. People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge; like to watch television, had they finished their lunch or did they require more.

Staff took practical action to relieve people's distress or discomfort. For example, where one person had a persistent cough the registered manager and staff were very quick to respond and reassure them and get them water. The person assured us that they had seen their GP but the cough was being persistent.

Two people who were staying at the home told us how well their spouses had been cared for at the home at the end of their life. They both said they had made the decision to also use the home themselves when they had needed to.

The home was spacious and allowed people to spend time on their own if they wished. However, a lot of people chose to congregate in the middle corridor on both floors. The registered manager said they had tried to encourage them to use the main lounge on the ground floor and the lounge on the first floor which they did at times. They went on to say that is why they had put seating in the main corridor to make it more of a sitting area as that is where people chose to spend their time.

People's relatives and friends are able to visit without being unnecessarily restricted. It was evident the registered manager knew people's relatives well. They greeted them when they arrived and took a genuine interest in them and what they had to say.

The registered manager had received a lot of thank you notes from relatives of people who had stayed at the home. These included, "She loved living at Tyspane and was always grateful for your care and kindness"; "Although my (relative) would say "There is no place like home", she enjoyed her visits to Tyspane and the care given to her by everyone" and "The service was excellent and (relative) was made to feel very welcome at all times. All your staff were very friendly, so caring and helpful. (Person) sends all her love and misses you all very much along with the friendly banter that had developed over the months."

People's religious beliefs were supported, there was a monthly church service at the home and staff assisted people to attend. Each year a non-religious remembrance service is held to remember those who have passed away at the home in the past 12 months and for people to remember loved ones they have lost. There is a garden of remembrance in the grounds where people can go when they want to.

The provider offered end of life care, although no one needed this when we visited. The registered manager recorded in their provider information return (PIR), "Staff support the residents and relatives through this distressing period and provide residents with a dignified pain free or comfortable end of life. The home had just been awarded the six steps to end of life care and has a six steps champion who is our deputy Manager." The six steps programme is a national end of life qualification that aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. In the main entrance there was a notice board containing information about the six steps programme to make people and visitors aware of the process. At the 'residents and relatives meeting the registered manager kept everyone informed about the progress being made regarding 'the six steps'.

Some relatives of people who had passed away at Tyspane had written reviews on the website 'Carehome.co.uk'. Examples included, "The whole time he was there he was happy, cared for by people who couldn't have done more for him if he had been their own dad…They were compassionate beyond belief" and "The care she received was second to none. She was made to feel welcome, safe and comfortable. Her wishes were respected and the staff were cheerful, professional and very caring to my mother and to my father when we visited. We were all supported through what was a very difficult time."

People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about resuscitation in the event of unexpected collapse. People had access to support from specialist palliative care professionals. There were also three end of life champions at the home to further support staff with their knowledge and skills.

The registered manager said how staff had supported a person at the end of her life; achieve things on their 'bucket list' which included riding a horse.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Before people came to the service a member of the management team visited them. They discussed their requirements with them to assess if the home could meet their needs.

Each person had a care plan that clearly explained how they would like to receive their care, treatment and support. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. For example one person had swallowing difficulties which were becoming worse. Staff were liaising with the person's GP, speech and language therapist and family.

People's needs were reviewed regularly monthly and as required. Every six months a full review would be undertaken which people's family and friends could attend if the person chose and if appropriate. The registered manager said it was important to go through the care files to ensure it was clear people agreed with their plans of care. People had been assigned a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met.

Each Friday a physiotherapist worked at the home to support people with their mobility needs. They were supported by an assistant who supported people during the rest of the week following the guidance of the Physiotherapist. People from the local community can also receive support from the physiotherapist and assistant at the home. Recently Tyspane was awarded second place best practice award by the North Devon care home team for the flexicise (form of exercise) sessions provided at the home.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Each day a stand up meeting was held at ten o'clock. Members of each team discussed changes and any issues at the service. For example, new admissions, staff sickness and recruitment and people's changing health needs.

Where people required support with their personal care they were able to make choices and be as independent as possible. For example, one person had the key to the door leading out from their room. They said during the summer a table and chairs were placed outside their door so they could sit out when they chose. Another person had been supported to get an electric wheelchair which staff were supporting them to be independent as possible but at the same time safe.

People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. There were four activity staff employed at the service who supported people with a range of activities they could take part in. Where people were unable to partake in group activities there were arrangements for activity staff to give one to one time with them. There was also a shop trolley that staff operated for people to purchase toiletries and sweets and chocolates.

There were two house cats at the home, both were very visible in the home throughout our visit. Both cats had a risk assessment and arrangements were in place to have their nutritional and health needs met. Another person had their pet dog visit every day. The service was registered with the 'Cinnamon Trust' which is a national charity with a register of pet friendly care homes happy to accept people with pets. The registered manger recorded in their PIR, "We actively encourage … animals are a great therapy for our residents."

The service had good links with the local community. These included the 'dementia local strategy' in conjunction with the round conjunction with the local church and British Legion. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. Throughout our visits visitors were coming and going freely. We observed one family member enjoying lunch with their family member. Another family visited another person at lunch and were offered refreshments by staff.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and visitors said they would be happy to raise concerns with any staff member and would be confident they would take action. One person said, "If I mention anything they sort it out. Doesn't matter who I speak with they are all very good." Another said, "I am happy to go to any staff if I have a concern or the manager they are all very approachable." There had been two complaints since our last inspection and these had been investigated thoroughly. Responses had been shared with the complainants in line with the provider's policy.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. '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.'

The registered manager was a role model who led by example. The registered manager said, "I would not ask my staff to do anything I wasn't prepared to do myself." On the first day of our visit the registered manger was undertaking a nursing shift and throughout our visits they were very hands on supporting staff, speaking with people and visitors and undertaking nursing duties. Because the registered manager regularly worked alongside staff this gave them an insight into what was happening in the home and staff practices. Therefore they could deal with concerns quickly. People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. The registered manager's office was in the hub of the building and easily accessible. There was an open door policy and during our visits people, visitors and staff regularly popped in for a chat with the registered manager.

There were effective systems in place to monitor all aspects of the care and treatment people received. The provider has an audit programme which the registered manager was required to complete. This included medicines, documentation, activities, nutrition, infection control, health and safety and professional practice audits. The registered manager also undertook a manager's six monthly quality assurance audits where an action plan was put in place. The September 2016 audit highlighted staff required training for blood monitoring equipment this had been arranged. There was also action needed to be put in place directions regarding the application of creams on people's skin. The registered manager was working with the local GP practice and pharmacy regarding this.

The provider had very robust quality assurance procedures. The provider's higher management team undertook regular quality performance and compliance reviews to monitor that the service was providing care that people required. They used the Care Quality Commission key lines of enquiry to ensure they monitored all areas of regulatory requirements. For example, the last review had identified that recruitment files did not have a full work history and not all references had been verified by the registered manager. Action had been taken and employment histories had been added to recruitment files and references had been verified. The registered manager completed three reports each week for the provider's higher management team to give them information about the service. For example, staff vacancies and recruitment, bed occupancy and people with skin damage.

Clinical governance information is shared. Information of any choking incident at the home is reported to the providers clinical development nurse. They then discuss with the staff what has happened and what is in place.

The registered manager and deputy manager undertook regular out of hours unannounced monitoring visits to the service. They looked at the safety of people in relation to staff accessibility, call bell availability,

staff appearance, monitoring records and medicines records. Their findings were documented and reviewed by the higher management team when they visited.

The provider's mission statement had a clear vision stating, "By putting quality first in everything we do for our residents, relatives and staff, we aspire to be the most respected and successful care provider." At Tyspane it was evident that people staying at the service were the priority and all staff wanted to ensure they had a high quality service.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the rating of their previous inspection on their website and in the main entrance of the home.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A relatives survey had been completed which had been responded to positively. There was a designated 'resident's representative' at the home who talked to people about the home their ideas and concerns and co-chaired the residents and relatives meeting. They would give feedback to the registered manager who would take action if required.

A 'residents and relatives' meeting was held four times a year. At the last meeting in January 2017 people and their families discussed a time change of lunchtime meal, activities, health and safety issues, that people all have keyworkers and staff had been asked to introduce themselves. There was also a food forum meeting a week after the main meetings to discuss food. Examples of changes made following the last food forum included a request for gravy to be served in pots so people could add themselves, which had been put into place.

The provider's management team and registered manager had recognised the challenges of recruiting registered nurses in the local area. They were working with nurses from overseas to undertake the necessary tests to become registered in the UK.