Tynefield Care Limited

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Inspection report

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Date of inspection visit:
21 June 2016

Date of publication:
04 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 21 June 2016 and was unannounced. Our last inspection took place in April 2013 and at that time we found the provider was meeting the regulations we looked at.

Tynefield Care Limited provides residential care for up to 45 older people and younger adults with a physical disability. At the time of our inspection 41 people were receiving a service.

There was a registered manager in post. 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 provider did not have effective systems in place to consistently assess, monitor and improve the quality of care. Standards to improve infection control were being addressed following concerns raised by commissioners of the service, however, one person's chair was in a poor state of repair and dirty and some rooms needed cleaning. This meant that where improvements were needed this was not always identified by the registered manager and provider.

Staff sought people's consent before they provided care and support although some decisions were made by others when people had capacity to make decisions themselves. Some people were subject to restrictions and the provider had not identified where their support needed to be reviewed.

Social and leisure based activities were not consistently promoted and provided, and people were not always supported to maintain and develop independent living skills.

Staffing had been organised to meet people's needs and staff spoke kindly with people although interactions with people often occurred when people were supported with personal care needs. On occasions, the call bells were not always responded to in a timely way although staff were available. Risks to people were identified although some identified risks were not always minimised as the assessments were not followed to reduce the risk of preventable harm.

Staff received training and support that provided them with the knowledge and skills required to work at the service. There was a homely and relaxed atmosphere and people were treated with care and compassion. However, some interactions were not dignified as staff did not speak to people when they supported them to eat at lunch time.

Health care professionals visited the service regularly to provide additional healthcare services to people. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People knew how to complain about their care and complaints were managed in accordance with the provider's complaints policy. People were confident they could raise any concerns with the registered manager or staff and were complimentary about the registered manager and staff. They told us the registered manager was always available and was approachable.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing was not always organised to ensure people received prompt action when they needed this. Risks to people's health and wellbeing were identified although these were not always managed well to reduce the risk of harm. People received their medicines as prescribed. Recruitment systems were in place to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people did not have capacity, it was not always evident how decisions had been made their best interests and some people may have restrictions placed on them. Staff understood the importance of gaining consent from people prior to providing care. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not always caring.

There were caring interactions between people and staff although some support was not delivered with dignity and respect. Positive interactions were often limited to when people needed support with specific care tasks.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive personalised care and support to ensure they had opportunities to develop skills and to go out. The staff knew people's individual preferences and a range of activities were arranged based on people's interests in the home. People knew how to raise concerns and complaints and were confident they would be resolved to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to assess and monitor the quality of the service although the provider had not identified where all improvements could be made. People were able to approach the manager who was supportive and promoted positive values.

Tynefield Care Limited

Detailed findings

Background to this inspection

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

This inspection visit took place on 21 June 2016 and was unannounced. Our inspection team consisted of one inspector and an expert by experience; this is someone who has experience of caring for people.

We spoke with ten people who used the service, two relatives and visitors, four health and social care professionals and four members of staff, the registered manager and the operations manager. We did this to gain views about the care and to check that the standards were being met. We spoke with commissioners of the service who had visited the service as part of a quality monitoring visit. We observed care in the communal areas of the home so that we could understand people's experiences.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

People who used the service had mixed views about the staffing provided. One person told us, "The staff are good and mostly there are enough staff around but I don't see them much, as I like to be in my room." Another person told us, "There are definitely not enough staff. It can take quite a while sometimes for the call bell to be answered." We saw on two occasions the call bell was not responded to and people waited twenty seven minutes. We highlighted this to the staff to ensure people received support. We visited one person who told us, "I've been waiting for ages and want some medicine." There were staff present in the area although they could not offer any explanation for the delay in responding to the call bell. This meant that people may be placed at risk of harm as staff had not responded to people in a timely manner.

Risks to individuals were recognised and staff had access to information about how to manage these risks. When people smoked there was a room in the home or people could smoke outside. We spoke with one person who used the service about how risks with smoking were managed. They told us, "I can look after it all myself. I'm fine once I have my cigarettes and have a lighter." The risk assessment recorded that the person should be supervised to ensure the cigarette was extinguished. We saw the person was not supervised and on one occasion dropped their cigarette. One member of staff told us, "We wouldn't have time to watch them when they smoke and they don't have to tell us when they are going outside. They have some cigarettes and can smoke them when they want to."

Staff we spoke with had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. However, we identified concerns where one person may be restricted and although staff demonstrated an understanding of safeguarding procedures, a referral was not completed in a timely manner. We spoke with the local authority and made this referral following our inspection to ensure this could be reviewed. This meant that procedures were not understood or followed to ensure people were not placed at further risk of harm.

This evidence demonstrated the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received concerns that there were poor standards for infection control and the provider has been working with the local clinical commissioning group (CCG) to raise environmental standards. The provider had developed an action plan to address the concerns and we saw the home was clean and tidy and the communal areas and some bedrooms were being decorated and repainted. However, we saw one person was using an adapted chair which was excessively worn and torn and there was dry food on the sides of the chair. One bedroom had dirty carpet, walls and bed rails and these had not been prioritised as areas which needed attention to ensure suitable infection control standards were maintained.

The staff worked in a safe manner when using equipment to transfer people and helped them to walk. There was a range of equipment available to support people to move and we saw two staff supported people and spoke with them and informed them of what was happening to reduce any anxiety. We saw staff supporting people who were able to walk with assistance to get safely from one area to another. This was done in an

enabling way and the staff reassured the person. Where people were assisted to move, the staff spoke with the person to ensure they were aware of what was happening and gave their consent.

People were supported to take their medicines at the right time and we saw that people were told what their medicines were for. Staff spent time with people to ensure they took their medicines. People were offered a drink with any tablets. Where people needed 'as required' medicines there was a protocol in place to demonstrate when these were needed.

Recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people who used the service. We spoke with one member of staff who had recently started working in the service. They told us they had to wait for their police checks and references to be completed before they could start working at the service. Records contained information relating to references and police checks which had been obtained prior to new staff working with people.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that some people may lack the capacity to make decisions about their care. Assessments to demonstrate whether people lacked capacity had been completed when the person moved into the home irrespective of whether there were concerns about capacity and these did not relate to a particular decision. The staff told us this was to determine if people had capacity, although as capacity should be assumed, these were not always necessary. Staff told us they had received training for MCA and understood how this legislation had been developed but they did not understand how to implement this to ensure that decisions were only made in people's best interests when they no longer had capacity. One member of staff told us, "We want to act in their best interests to make sure people are safe, but we do this for everyone."

Some people had restrictions placed on them, for example, how many cigarettes they could smoke in one day. The staff explained that people did not have capacity to understand the health and financial implications; although a capacity assessment had not been completed. We saw staff and family members were making decisions on behalf of other people, although they may not have appropriate legal authorisation to do this. Two people had a DoLS application as restrictions were placed on them to remain in the service to receive care. One person told us they no longer wanted to stay in the home and the registered manager confirmed that the person had capacity to make this decision. This meant this person was subject to restrictions which may not be lawful. We highlighted this with the registered manager who arranged for an urgent review and we raised an alert with the safeguarding team.

This evidence demonstrated the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff supported them in the way they wanted to be supported. One person told us, "The staff really look after you." The staff told us they received the training they required to carry out their roles. One member of staff told us, "Some people need us to support them when they are anxious. We've all had the same training so we know what to do. This could be about how we speak with people and how to keep safe." Another member of staff said, "We all work well together so when people get agitated, we can help them. Sometimes it takes another member of staff to support people to diffuse the situation." We saw where people were upset, staff supported them and enabled them to explain how they felt. When we spoke with the person later, they were happier and told us, "I sometimes just need to say what I feel and the staff listen

to me."

People were informed of the main meal to be served each day. The staff told us that options were available for people if they wanted to eat other meals, such as a jacket potatoes or omelette. We saw when the main meal at lunch time was served, people were not given a second choice and were not reminded of what the meal was. One person told us, "If you don't like the main, you are not offered an alternative." Another person told us, "The food is lovely. I haven't needed to ask for another choice as I like most things anyway. If you want a drink you only have to ask." Some people had a blended diet and meals were served in food moulds. This means food was pureed separately and food moulds used to present the food in its original form. One member of staff told us. "They are brilliant; even the pea mould has bumps over it so it looks like a pile of peas. There's even one that looks like there's two sausages." However, we saw the food was mixed together when supporting some people to eat, so the different tastes could not be distinguished.

People were offered a choice of hot and cold drinks and some people were provided with adapted cups to help them to remain independent. Where people asked for a drink, we saw this was provided on an individual basis. One person told us, "I make my own drinks and we did some cooking and made pancakes. I like cooking." Where people needed to have their drinks monitored to ensure they remained well, we saw this was recorded. The information was not reviewed at the end of each day and staff were unsure of when they should alert nursing staff to when people had not drank enough. One member of staff told us, "We record everything people drink but I don't know how much each person should have each day."

People had access to health care professionals and services and people's health needs were met. People told us they continued to receive routine appointments with an optician and dentist. Community health professionals visited the service and carried out assessments for equipment. They told us, "The staff are good at recognising where people need further assistance and will make a referral where needed." One person told us, "If I want to see the doctor, then they call them. The staff are very good at making sure we keep well."

When new staff started working in the service they worked with other staff whilst they got to know people to enable them to provide the right support. The registered manager had organised that all new staff would complete training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I was new to this type of work and had an induction. The training was great, but what was is good is that staff work how the training said we should. It was good to see this and helped to reinforce everything I had learnt."

Requires Improvement

Is the service caring?

Our findings

People were treated with kindness and compassion and we saw some positive interactions between people and staff. However, we also saw where care was not always dignified or respectful. For example, during lunchtime we saw some people were supported to eat and during the meal staff did not speak with people until the meal was finished. This level of support did not promote people's dignity and this meant the staff were not always respectful. On other occasions, we saw staff speaking kindly and speaking with people when they became distressed. The staff were patient with people when they provided support and were seen speaking, laughing and engaging with people in a positive manner. One person told us, "They are very polite and attentive, and kind and caring too. They always give me time and don't rush me."

There was a relaxed atmosphere and people were comfortable with staff and people mainly spoke positively about the staff and how they were supported. We found that people were supported to make choices about their care, although on occasions their choices were limited. For example, what meal they wanted to eat and what activities were provided. We saw that the amount of time staff had to interact with people varied and one person told us, "The staff are good. I don't feel rushed at all but sometimes there is too long a wait." Another person told us, "The staff are good and caring, though depends how busy they are." One staff member told us, "We'd like to be able to do more with people, but we don't always have the time, but we always make sure we speak and have a chat whenever we can." We saw this meant people only interacted with staff when they received assistance with personal care or other hands on care tasks.

People were supported to make important choices when voting. One person told us, "It's really important that I vote in the referendum. I have my opinion and have always voted." Arrangements had been made for people who chose to go to the local polling station and have their say.

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. People told us that they felt that their privacy was protected when staff provided support. Where people needed personal care or help with hygiene at meal times, staff sensitively discussed this with people. Each person dressed in their own style and one person told us, "The staff do my laundry so everything is clean and I can choose what I want to wear."

Relatives told us that they could visit whenever they wanted to and they were never restricted from seeing people. One person told us, "I look forward to my family visiting. They can just turn up and they are always welcomed." Another person told us, "We can invite family and friends here and if there is anything big happening they can come too. We had a Father's Day buffet the other day and some people came to that."

Requires Improvement

Is the service responsive?

Our findings

People could choose how to spend their time and had mixed views about the quality of activities that were provided to meet their interests and for opportunities to go out. One person told us, "I rarely get to go out anywhere. The staff are lovely but I don't really get to go anywhere. I used to be very active and would love to do more." Another person said, "I used to do sewing. I can't do it now. I wish more people would play Scrabble with me. There is a member of staff who does music and quizzes." One person spoke positively and said, "There is an activities lady who has been a godsend. We planted tomato plants and had a trip into town; they try to involve everyone." Another person told us, "The staff's commitment is good and the activity co-ordinator has made a real difference." There were no planned activities throughout the day as the activity co-ordinator was not working. The service accommodated people with a diverse range of needs and the statement of purpose recorded that care would be provided on an individual basis. We saw people had opportunities to be involved with social activities and games in the home although the provider was not supporting some people to maintain and develop independent living skills. One person told us, "I'd like to be involved with a support group but you never get the opportunity. If you want to do anything, you have to organise it yourself and that's not always easy." We saw younger adults sitting in the lounge during the day and were not provided with opportunities to prepare their own meals or to socialise with other younger people. Some people were receiving care and support in their room. We saw support was task orientated and people only received any interaction when needing support, for example when changing position, having nail care or being supported to eat. A member of staff told us, "We have time to talk with people but we don't have time to do any activity; those things happen when the activity co-ordinator is here."

This evidence demonstrated the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were able to decide how they wanted to be supported and we heard staff ask them if they could assist before any support was provided. The staff knew about people's preferences and we saw they spoke with people about what they enjoyed and their family. One person told us, "The staff have asked me about what I like and what my history was. They wrote it down and I know they remember because they talk to me about where I've been and what I've been up to." People's care records included information that people had told them was important to them and there was a record of the person's care preferences, such as their likes, dislikes and hobbies in their care records. People's care records showed the evidence of involvement by people or when appropriate their relatives. One person told us, "The staff know who I want involved with my care. I don't have a problem when they contact them as this is what I've agreed to." The staff told us they had access to care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care.

People and their relatives knew how to make complaints and who to go to if they had concerns. One relative told us, "I can speak to the staff if anything is bothering me. I'd like to think they'd take it seriously and sort it out. When I've told them in the past, it's been dealt with." Another person told us, "If there is an issue, it is sorted there and then. It's nipped in the bud." There was a complaint system in place and we saw the provider considered the circumstances of the complaint before providing a response.

Requires Improvement

Is the service well-led?

Our findings

The provider assessed and monitored the quality of the service in relation to the health and safety of people and their environment, accidents and incidents, medication and their care. However, we identified that people had restrictions placed upon them and were not receiving support that met their individual needs and this had not been identified to ensure people received safe effective care. When areas of concern had been identified by the provider, evidence was not always available to show that action had been taken to address the concerns. The medication audit identified improvements were needed to ensure all medicines were signed for. We saw there were still gaps in medication records where medicines had not been signed. People did not always receive prompt care in relation to call bells, although this had not been identified or action taken to reduce the risk of harm. This demonstrated that systems were not fully in place to monitor practice and follow up on any issues identified.

The service had been inspected by the clinical commissioning group to review the infection control standards. The provider had developed an action plan to address the shortfalls in standards with infection control. We saw improvements had been made and the environment was being decorated but we saw that some people were sitting on chairs that were in a poor state and some areas of the home were unclean. One member of staff told us, "The dining chairs have been replaced but nobody sits on them. It's shame the important things aren't addressed first." The provider had not identified these areas as needing prompt action and therefore no action had been taken.

This evidence demonstrated the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were residents meetings where people's feedback was sought and people could discuss what was important to them. One person told us, "The manager always asks what we want and they are really good at putting things right. People were supported to complete a satisfaction survey each quarter and the results were analysed to review how improvements could be made. A newsletter was produced and informed people about planned activities and what was happening in the home. We saw the latest newsletter discussed the renovations, visiting a local well dressing and advising people about how staff should conduct themselves through social media.

Despite the identified shortfalls of the service, people and their relatives were positive about the overall atmosphere at the service. One person said, "There are things that need to get better, but you can't fault the staff and how they support us. They are kind and speak openly with us. They are a really good team."

The staff told us they enjoyed their work and valued the service they provided. One member of staff told us, "We all are committed to providing the best care we can. We work well together and get really good support. It's nice to see improvements are being made and that's really boosted people's morale." There was a registered manager who people felt they were approachable and staff were positive about the leadership of the home. One person said, "You can count on the manager. Things are starting to get better here and that's good." One member of staff told us, "We work well together and are a good team. We get the support we

want and things are on the up."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment for people who used the service was not designed with a view to achieving service users preferences and ensuring their needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with consent of people and in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not operated effectively to ensure the quality and safety of the services provided.