

Tynefield Care Limited

Tynefield Care Limited

Inspection report

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Derby
Derbyshire
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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service: Tynefield Care Limited is registered for 45 beds and provides personal and nursing care and accommodation for older people and younger adults who may have neurological conditions, nursing needs or are living with dementia. On the day of our visit 24 people were using the service.

People's experience of using this service:

Risks associated with people's care and support were not always managed safely. There was not enough staff to ensure people's holistic needs, such as their social and leisure preferences were met. Improvements in the deployment of housekeeping staff were required to ensure all areas of the home were maintained to a good standard on a daily basis. There were systems and processes in place to minimise the risk of abuse, but these had not always been followed and we had not always been notified about incidents that had occurred. Accidents and incidents had not been reviewed and analysed to try to reduce future incidents occurring. Recruitment practices required review to ensure robust checks were undertaken. Staff required more training to enable them to provide safe and effective care.

People's dignity was not always promoted and opportunities for people to access the community and follow their preferred interests were limited. The governance and oversight of the home had not identified or made improvements that were needed; to ensure people received good quality care. Overall, the home was adapted to meet people's needs, but some areas required repair.

People's rights under the Mental Capacity Act 2015 were protected. People enjoyed the meals and their dietary preferences were met. People had access to a range of health care professionals, and care plans included information about people's health to ensure consistent support was provided.

People told us the staff were kind and caring and they were supported to maintain relationships with their family and friends. There were systems in place to respond to complaints but some people felt their complaints had not been addressed. We have made a recommendation about the management of complaints.

Where people needed support at the end of their life this was provided in their preferred way. Staff had and were receiving training, to enhance their skills and knowledge in this area.

Rating at last inspection: Requires Improvement (report published 13 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. This service has been rated as Requires Improvement at the last three inspections. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Enforcement: We identified five breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safeguarding, safe care and treatment, staffing, dignity and respect and governance. We identified one breach of the Care Quality Commission (Registration) Regulations 2009 around notification of other incidents. Details of action we have asked the provider to take can be found at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: Following our inspection we requested an action plan. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Tynefield Care Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and the local clinical commissioning group who commission services from the provider. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and three people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with

four members of staff including the cook, nursing staff and care staff. We spent time with the registered manager and the provider's operations manager during the inspection. We reviewed a range of records. This included accident and incident records, care records, medicine records and staff recruitment records.

Following the inspection, the provider sent us copies of their staff training records and some care plans that had been completed or amended since the inspection. They also told us of actions they had or were taking following our feedback at the end of the inspection. We reviewed all this information to inform our judgements.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- At our January 2018 inspection, risks were not managed safely. This was a breach of the legal regulations. During this inspection we saw that action had been taken to address the risks identified at the last inspection. However, further improvements were needed. For example, risks were not always managed effectively when people demonstrated behaviours that put themselves or others at risk.
- Staff told us they were not confident in supporting people when they demonstrated behaviours that put them or others at risk. Some incidents had led to people that used the service becoming aggressive towards each other. Some had led to staff having to contact the police as they were unable to manage the person's behaviour. This meant people that used the service, the staff team and visitors were at risk of harm.
- Information in care plans to guide staff was limited. They did not include details such as the potential triggers that were likely to upset people that could lead to these behaviours. This lack of information meant staff were not always able to minimise the risk of incidents occurring.
- When people became upset or angry, incidents were not recorded in detail, such as what was happening prior to the incident, during the incident and after the incident. This meant the registered manager and provider could not analyse these incidents to look for patterns or trends.
- Accidents and incidents were recorded. However, the level of detail was limited for some. For example, some did not include the full name of the person involved. The actions taken did not always provide enough detail, to ensure the provider could fully assess the risks and put actions in place to minimise reoccurrence.
- No analysis of accidents and incidents had been undertaken at the time of this inspection. The provider's operations manager advised us that they had planned on commencing this on the day of the inspection. This meant the provider did not have an oversight of incidents; to enable them to look for any patterns or trends and act as needed, to keep people safe.

The above is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us updated care plans regarding the management of people's behaviour which provided more detail. However, some required further improvement. For example, one of the updated care plans, guided staff to be aware of potential triggers; but did not inform them of what these triggers may be.
- Other than the above, risks regarding people's safety in the event of a fire, health care needs, diet and skin condition were managed well, and staff had a good understanding of these risks and understood the support people needed to keep safe and maintain their welfare.
- Equipment was serviced as needed, to ensure it was safe for use.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff who supported them. One person said, "The staff are nice, I get on with all of them."
- Staff did not always recognise and report abuse. Safeguarding referrals had not always been made when needed, and the providers systems were not always used, to ensure a full investigation was completed. For example, some incidents between people that used the service had not been referred to the safeguarding team and a full investigation had not been completed by the provider. This meant these incidents were not thoroughly investigated to ensure people's safety was protected.

This was a breach of regulation 13 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment and Preventing and controlling infection.

- There were enough staff available to meet people's personal care needs but the provider had not considered the varying social and recreational needs of people that used the service.
- Some people were younger adults but their access to community facilities were limited. One person told us, "I'm stuck here, and I hope it isn't forever as there is nothing to do. I would like to go out." Most people required staff support to access the community.
- Only one housekeeper was available at times to maintain the cleaning standards at the home, as cover was not provided when the second housekeeper was not at work. This meant there were times when only one person was available to clean all areas of the home. There were times during the day when no housekeeping support was available. Although we did not identify any serious concerns regarding the infection control standards in place we did see one person's bumper on the side of their bed was stained. Some people told us they did not feel their bedrooms were thoroughly cleaned on a regular basis. One person said, "They [the housekeeper] just hoovers the centre bits of the carpet, it isn't done thoroughly." Another person said, "I think it's a lot for one person to do. I think they do their best, but my room isn't cleaned to my standards."
- Where people needed support to move using a hoist and sling; we saw that slings were shared between people. The registered manager told us that slings were washed between use. However, where people require the use of a sling to support them in moving, it is good practice for each person to have their own sling. This ensures the sling being used is suitable for the person and minimises the risk of the spread of infection.
- The infection control audits recorded that people's bedrooms were deep cleaned monthly. We saw from the audits that where improvements were identified action had been taken. For example, new bins had been purchased and the lounge carpet cleaned.
- Following the inspection, the registered manager told us that that they were in the process of recruiting another member to the housekeeping team and another activities staff member and that slings had been ordered for each person that needed them.
- The home had been rated five stars by the food standards agency in March 2019. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

Using medicines safely.

- One person sometimes needed their medicine to be disguised in food or drink; this is known as covert administration. This was because the person lacked the capacity to understand the importance of taking this medicine, to maintain their health. We saw that this had been legally authorised through the deprivation

of liberty safeguards and the person's GP had provided written confirmation that the medication could be given in this way. However, the provider was not following national guidelines, as there was no care plan in place to guide staff on how to administer this medicine covertly when needed. Following the inspection, the registered manager confirmed a care plan had been completed and sent us a copy to evidence this. This will ensure staff have guidance to follow when this person refuses this medication.

- People were supported to take their medicine as prescribed.
- We saw that people received support to take their medicine at a pace that suited them and in their preferred way.
- Staff who administered medicine were trained to ensure they had the skills and knowledge required.
- Medicines were stored and managed safely, and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- Records showed that most staff had received training to enable them to meet people's needs. However, this had not always resulted in staff competency. For example, training to support people when they demonstrated behaviours that put them at risk. The staff told us they were not confident in this area and did not feel the training equipped them in de-escalation techniques. This meant people were at risk of not receiving the support they needed to keep them safe, when they demonstrated behaviours that put them at risk.
- Following the inspection, the registered manager advised us that further training was being sourced. They had sent us a de-escalation template, which was to be used in staff supervision. The template was a supervision/ information session to understand why people can become distressed and included information on how staff could minimize episodes of agitation and what to do to de-escalate behaviour when a person who is agitated or distressed. Although this may be helpful for staff, it should not be used in isolation to enhance staff's skills and competence, as each person's needs are different and their responses to staff support may vary.
- Staff confirmed they received formal supervision from the registered manager and told us they found her approachable and supportive.
- We saw that new staff without any experience in care work, were enrolled onto the care certificate. This supports staff to gain the skills needed to work in a caring environment.
- The provider's service improvement plan showed that staff were supported to gain diploma's in health and social care. The registered manager had sourced a trainer for staff to undertake their level three diploma.

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

- The home was adapted to meet people's physical needs. All accommodation was provided on the ground floor and people were able to move around the home independently. Enough space was available for people in the large lounge, smaller quiet lounge and dining area and conservatory. People told us they liked their bedrooms and we saw they were homely and personalised. Some areas of the home needed repair. For example, where wheelchairs had marked door frames. However, we saw the provide refurbished rooms when needed, such as replacing flooring and redecorating rooms when they became vacant.

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

- People's needs, and choices had been assessed before they began to use the service to ensure they could be met. However as stated above, we found staff needed further training to support people who

demonstrated behaviours that put them or others at risk of harm.

- Care plans had been developed from these initial assessments and regularly reviewed. However as stated in the safe domain, care plans regarding the support people needed to manage their behaviours, required more detail and guidance for staff to follow.

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

- People told us they liked the home cooked food. One person said, "It's absolutely delicious." Another person said, "The meals are pretty good here, there is always a choice". Staff supported people with their meals when this was needed. People were offered choices and dietary preferences were catered for.
- Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets to reduce the risk of them choking and we saw this was provided and presented attractively, to ensure the meal looked appetising. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.
- Some people were unable to eat and drink orally and had a percutaneous endoscopic gastrostomy (PEG) in place. This is, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. Their nutritional intake was provided through this flexible feeding tube and was provided by trained staff. We saw that detailed information was in place to guide staff on the person's feeding regime via the PEG and records were completed to demonstrate when this had been done.

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

- People had access to health professionals such as doctors, specialist nurses and other visiting professionals.
- Care plans were in place that provided information regarding people's health needs and the support they needed to maintain their well-being.
- We saw that referrals had been made to a range of health and social care professionals when required to support people's changing health care needs. For example, we saw one person had been referred to the dermatology department at the hospital for support with their skin.
- People told us they were supported to see a doctor if needed. One person's visitor told us, "If [Name] isn't well they call the doctor out and let me know as well. The communication is very good here."
- The registered manager had worked with the local clinical commissioning group to ensure people's health needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- When people did not have the capacity to consent to some decisions, we saw capacity assessments were

in place to support how the person's care needs should be met.

- Four people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people's dignity and privacy was not always considered. For example, on the day of the inspection some people were being weighed in the corridor. We saw staff members supporting two people at a time to the scales, where they waited their turn to be weighed. This practice did not protect people's dignity or promote a person-centred approach to care.
- On the outside of one person's bedroom door was a notice that read, 'Important Notice please do not go in on your own but in twos.' This meant that anyone walking past this room would be aware that the person in the room presented some form of risk. Again, this did not support the person's dignity or privacy and was unnecessary. Any guidance for staff should be shared discreetly and confidentially.
- Following our feedback, the notice was removed, and the scales were moved to a more discreet area. The registered manager provided us with confirmation that a privacy screen had also been ordered. However, our concerns were that despite most staff, including the registered manager, undertaking privacy and dignity training; these issues were not identified as being inappropriate prior to our feedback.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were encouraged to do as much for themselves as they were able. One person said, "What I can do on my own, the staff let me do." Another person said, "I can do quite a bit independently and the staff let me get on with it. They respect my wishes."
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

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

- People told us they liked the staff. One person said, "The staff are great. I get on with all of them." A relative told us, "The staff know [Name] very well. They are very caring."
- Staff understood people's communication methods and were able to communicate with them effectively.
- Information regarding people's method of communication was recorded in their care plans and included details about people's vision, hearing and any aids they used.
- People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us that their partner had a meal with them every day and told us, "This is good, as I don't have to worry about them eating." They told us the cook was also aware of their

partners food preferences and would ensure they prepared them something they liked, if the main choices weren't to their taste. This demonstrated that people's visitors were made to feel welcome by the staff team. A person's relative told us, "The manager has been so kind and supportive to me."

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

- People were enabled to make choices about the support they received. One person told us, "I haven't noticed any set rules. I get up in the morning when I'm ready and go to bed when it suits me; the staff help me, but they do it when it suits me. I can spend time in my room or in the lounge, it's pretty easy going." Another person told us, "I prefer to stay in my room. I have everything I need here."
- Some people were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options to assist them.
- One person liked to sit in a particular area of the lounge and we saw the staff respected this person's wishes.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The home was not providing an activity-based model of care; to ensure that regardless of people's cognitive ability, they were able to participate actively in leisure activities based on their own individual interests and choices.
- Care plans did not provide enough detail to ensure people's holistic needs were met, according to their preference and choice. For example, one person's care plan stated that they had difficulty joining in with others or group activities. The aim of the care plan said it was to keep the person occupied and prevent them from becoming isolated. The actions to achieve this were watching television and playing bingo and dominoes on occasion. The care plan also stated that the person liked to have certain belongings with them, which we saw they had. However, we saw that this person spent most of the day walking around the home. Their opportunities to undertake meaningful activities were limited.
- There were several younger adults living at the home and as reported under the safe domain of this report, opportunities for them to access the community were limited. For example, one person spent their day watching videos on their phone. They told us they did this every day and said they would like opportunities to go out and do the things they enjoyed.
- We saw that the activities member of staff spent time with a few people on a one to one basis; however, most people spent the majority of their time with little to occupy them; other than those that were able to independently occupy their time.
- For some people, who were unable to independently occupy their time with activities that were meaningful to them, we saw that there was very limited interaction with staff, other than when staff were supporting them, such as with personal care or support to the dining area for lunch.
- A film was played in the afternoon. We noted that this was a children's film; that may not have been everyone's preference.
- The registered manager told us that a sensory room was now in place. However this room consisted of one light and a bubble game. There was hard flooring in this room. Further equipment was needed to provide a true sensory experience for people. The registered manager confirmed that this room had not been used by anyone that used the service.
- We could not be assured that the Accessible Information Standard; which applies to people who have information or communication needs, relating to a disability, impairment or sensory loss were being fully met. There was limited information throughout the home that was available in other formats, such as pictorial.

Improving care quality in response to complaints or concerns.

- At the last inspection no records were held to demonstrate how complaints had been responded to. At this inspection records were in place to evidence the actions that had been taken.

- There was a complaints procedure on display informing people how they could make a complaint.
- People told us they knew how to make a complaint and most people confirmed they were satisfied with how their complaint had been addressed. One person however, felt their concerns had not been resolved. The registered manager told us they had responded to the concerns raised and action had been taken. The complaints record also evidenced this.

We recommend that written responses of complaints addressed, are provided to people and a copy of these responses are kept on file.

End of life care and support.

- Some people had plans in place for the end of their life. Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care.
- The registered manager confirmed they were working towards attaining the Derbyshire end of life quality award and staff were undertaking training to achieve this.
- We were informed by the registered manager that overnight accommodation would be offered to relatives as needed, to enable them to stay with their loved one when they were reaching the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The last three comprehensive inspections at this service have been rated as 'requires improvement', with a repeated cycle of breaches. When improvements have been made, they have not always been sustained, or we have identified other areas that require improvement. This demonstrates that the providers systems in place to review quality were not effective.
- We received an action plan following our last inspection, that confirmed improvements had and were being made. Although improvements had been made to the identified risks we found at the last inspection; at this inspection we found improvements were needed to support people to manage their behaviour. This included guidance in care plans for staff and training for staff. This led to people not being protected from harm and safeguards were not followed to protect people.
- Opportunities were limited for people to participate in leisure activities based on their own individual interests and choices. This was also identified at the last inspection. This meant that people's holistic needs were not always being met.
- There has been a change in the registered manager since the last inspection. Prior to the registered manager in post at this inspection, there has been five registered managers since 2011. This had led to discontinuity in the management of the home. One member of staff said, "With each new manager there are changes in practice." These changes had led to care practices not being embedded.
- We found the systems to monitor and assess the service to drive improvements were not effective and lessons had not always been learnt.
- People that required support to move using a hoist did not have their own slings to ensure infection control measures were in place. Infection control audits were completed but this had not identified the practice of sharing slings in the home.
- The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. We found continued breaches of Regulations regarding managing risk and good governance.
- This is the third time the provider has not met some of the regulations since June 2016. We have taken this into account when considering our rating in this domain.

This demonstrated there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a failure to notify CQC of some events within the service, which the provider is required to by law. The registered manager notified us of these events in retrospect following the inspection.

This was a breach of Regulation 18 of the Registration Regulations 2009

- Staff were positive about the impact of new registered manager and told us they were approachable and supportive. One member of staff told us, "The manager is supportive and keen for us to receive training."
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The provider had displayed their most recent rating in the home and on their website.

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

- Meetings were held for people and their families every three months. We saw that discussions had taken place regarding the staff turnover and recruitment and the activities available.
- People's visitors told us they felt involved in their relatives care and told us the registered manager was approachable and available to them.
- The staff told us, and we saw that team meetings were held to keep the staff up to date and discuss practices at the home and improvements that were needed.

Working in partnership with others.

- The registered manager worked in partnership with the local authority and local clinical commissioning group. They confirmed that they had seen improvements since the new registered manager had commenced in post. However as stated in this report, further areas for improvement were identified. For example, the provider and registered manager had not always worked in partnership with the local authority safeguarding team. These areas need to be addressed and quality monitoring systems improved and embedded.

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 Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents There had been a failure to notify us of some events within the service, which is required by law.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's dignity and preferences were not always considered and met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from abuse as safeguarding referrals had not always been made when needed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not being provided in a safe way. The registered person had not assessed and managed the risks to people when they demonstrated behaviours that put them and others at risk; to ensure the health and safety of people receiving care.

The enforcement action we took:

Notice of Proposal to impose a condition on the providers registration for the regulated activities of Accommodation for persons who require nursing or personal care and Treatment of disease, disorder or injury at Tynefield Care Limited.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Notice of Proposal to impose a condition on the providers registration for the regulated activities of Accommodation for persons who require nursing or personal care and Treatment of disease, disorder or injury at Tynefield Care Limited.