

Tees, Esk and Wear Valleys NHS Foundation Trust

367 Thornaby Road

Inspection report

Thornaby
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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

About the service

367 Thornaby Road is a residential care home providing personal and nursing care to four people with learning disabilities at the time of the inspection. The service can support up to five people.

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

People received kind and caring support. People and an external professional said people were happy at the service.

We have made a recommendation around accessible information. People received personalised support that reflected their needs and choices. A clear complaints process was in place.

Risks to people were assessed and addressed. Medicines were managed safely. Effective infection prevention and control procedures were in place. People were supported by staff who had been safely recruited.

Staff were supported with regular training, supervision and appraisal. The premises were adapted to meet people's needs, and were being reviewed to see if they could be further personalised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Quality assurance systems were in place to monitor and improve standards at the service. The manager and provider promoted a kind and caring culture. Feedback was sought and acted on.

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

Rating at last inspection

The last rating for this service was good (published 18 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

367 Thornaby Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

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

The service had a manager who was not registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Following our inspection the manager submitted an application to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

People were unable to communicate with us verbally so we carried out observations around the service. We spoke with three relatives about their experience of the care provided. We also spoke with an external professional who worked with the service.

We reviewed a range of records. This included two support plans, daily notes and observation charts. We spoke with five members of staff, including the manager and support staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- Accidents and incidents were monitored to see if lessons could be learned to improve people's safety and wellbeing.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans put in place to reduce the chances of harm occurring. Staff were alert to any risks arising at the service. One relative told us, "Staff are really good, very attentive."
- The premises and equipment were regularly checked to ensure they were safe to use.
- Systems were in place to keep people safe in emergency situations. These included fire drills and checks of firefighting systems.

Staffing and recruitment

- Staffing levels were monitored to ensure people received safe support. People were supported by a stable staffing team who they knew well.
- The provider carried out pre-employment checks to minimise the risk of unsuitable staff being employed. These included checking employment histories and seeking references.

Using medicines safely

- Medicines were managed safely, and people received these when they were needed.
- Protocols were in place to help staff safely administer as and when required medicines.
- Staff received training in medicines management and were confident in this role.

Preventing and controlling infection

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

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Support was provided based on people's assessed needs and preferences. Relatives said staff were very knowledgeable about people's choices. One relative told us, "They give [named person] everything they want."

Staff support: induction, training, skills and experience

- Regular training provided staff with the knowledge and skills needed to provide effective support. One member of staff told us, "We get all the training we need to do the job."
- Staff were supported with supervisions and appraisals. These were constructive meetings where issues could be raised and discussed.
- Newly recruited staff completed induction training. This included spending time getting to know people and working alongside experienced staff.

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

- People received effective support with eating and drinking. Support plans contained information on people's dietary needs and preferences.
- We saw people helping to prepare and enjoying lunch. Where people wanted to eat something different this was quickly made for them.

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

- Staff worked effectively with a range of external professionals to maintain and promote people's health and wellbeing. One external professional told us, "Staff interact well with residents and do a great job."

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

- People's rooms were adapted to reflect their own tastes and preferences.
- Communal areas were adapted to meet people's support needs, but were sometimes clinical and lacked personalisation. We discussed this with the manager, who said this was being reviewed and changes were planned.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to consent, best interests decisions were made and recorded.
- DoLS were applied for where needed, and were monitored.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and kind, and people were well-treated. We saw numerous examples of caring interactions throughout the inspection.
- Relatives told us people were well treated by a dedicated and longstanding staff team. Comments included, "They (staff) are very dedicated and caring towards all of them (people)" and, "From all the years they have been together it is one big family."
- People were supported to live as individuals and lead the lives they wanted. One relative we spoke with said, "[Named person] has a great life there and can do all the things [named person] wants."

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

- Staff knew people well and were able to help them express their views and decisions. For example, staff knew when people were becoming upset or distressed and how people presented through watching their facial expressions or the sounds people made.
- Relatives and external professionals were confident people were receiving the support they wanted. An external professional told us, "People are happy there."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff respected people's personal space and had friendly but professional relationships with them. A relative told us, "Staff are polite and respectful."
- We saw staff encouraging people to maintain their independence. One relative we spoke with said, "They encourage [named person] to do what he can for himself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were very knowledgeable about how to communicate with people and help them express their views. However, support plans and other written information was not always made available in ways that might be accessible to them.

We recommend the provider consider current guidance on accessible information and take action to update their practice accordingly.

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

- People received personalised support based on their assessed needs and preferences. An external professional told us, "Staff support people as they want."
- People and relatives were involved in designing and reviewing people's care to ensure it met their needs and preferences. A relative we spoke with said, "I am involved in everything."
- Care plans contained detailed information on the support people wanted. However, these were sometimes written in a clinical way and lacked people's voice. We spoke with the manager about this, who said support plans would be reviewed.

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

- People were supported to maintain and develop relationships and interests of importance to them. Relatives told us how staff supported people to do the things they enjoyed.
- During the inspection we saw people enjoying their hobbies, and further activities were planned as COVID-19 restrictions were lifted.

Improving care quality in response to complaints or concerns

- A clear complaints process was in place, and relatives said they would be confident in raising any concerns they had. One relative we spoke with said, "I know who to speak to."

End of life care and support

- At the time of our inspection nobody was receiving end of life care. Policies and procedures were in place

to arrange this should it be needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a caring and empowering culture, and people were happy living there. A member of staff we spoke with said, "We want to give everyone as enriching an experience as possible."
- Relatives said there was open and transparent communication from the manager and staff. One relative told us, "They (staff) always give me information on how [named person] is or any changes."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager joined the service in October 2021, and staff spoke positively about their leadership. One member of staff told us, "[The manager] is very calm and can go to her about anything." A relative we spoke with said, "I know the manager, they always get in touch."
- The manager and provider carried out a number of quality assurance checks to monitor and improve standards. Where issues were identified plans were put in place to address them.

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

- Feedback was sought and acted on. Throughout the inspection we saw staff asking people if they were happy with what was happening and observing for any signs that they weren't.
- Staff and relatives said they were regularly asked for their views on the service. One relative told us, "They do send questionnaires, and phone us too."

Continuous learning and improving care; Working in partnership with others

- Staff worked in successful partnership with a wide range of external professionals. One external professional told us, "(Staff) do a great job."
- The service was committed to continuous reflection and improvement, for example through ongoing training.