

Tidings Care Homes Ltd

Tidings

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Tidings is a care home which is registered to support up to 13 people. The home specialises in the care of people with a learning disability and people with mental health issues. Some people at the home had degenerative conditions which resulted in complex physical and mental health needs. At the time of the inspection there were 12 people living at the home.

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

Right Support:

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.

People were able to make choices about their day to day lives and how they wished to spend their time.

People received very personalised care which was built around their needs and wishes. This enabled people to gain independence and follow their own interests.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff worked with other professionals to avoid people taking unnecessary medicines.

Staff supported people to access healthcare services which were appropriate to their individual needs. Visiting professionals praised how well staff worked with people to meet their healthcare needs.

Right Care:

People received kind and compassionate care from staff who were respectful and friendly.

People were kept safe from avoidable harm because the home had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice. People told us they felt safe and well looked after.

The home had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had a good understanding of people's needs and were flexible to enable them to meet changing needs and

wishes.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Risk assessments were carried out to enable people, not to restrict them.

People's legal rights were protected because staff understood how to support people to make decisions or to make decisions in the person's best interests.

Right Culture:

People were supported by a management team who worked hard to promote a culture where people were valued and respected as individuals. This culture enabled people to develop and flourish. Staff spoken with were committed to providing high quality personalised care.

There was a family type atmosphere where people felt included and 'at home.'

The staff and management team were open and approachable. People said they could talk to any member of staff at any time and would feel listened to. Relatives told us they were always made welcome.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff worked around people's personal routines.

People told us they were happy at the home. Relatives and professionals praised the quality of the care and support provided to people.

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 24 May 2018.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection looking at safe, effective and well-led key questions only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tidings on our website at www.cqc.org.uk.

The overall rating for the service has not changed from good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tidings

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector who visited the home and an Expert by Experience who made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tidings is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tidings is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about 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 information gathered as part of CQC's monitoring activity that took place on 4 October 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the home and 7 members of staff. We also spoke with 4 relatives and 2 visiting professionals. We observed interactions in communal areas. The registered manager was not available at the time of the inspection but the manager who has day to day oversight and the nominated individual were present. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we looked at a variety of records relating to people's care and the running of the home. This included 2 staff recruitment files, 2 care plans, a sample of medication administration records, copies of audits and health and safety records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "We have really nice staff." Another person commented that staff were always, "Kind."
- Relatives felt people were safe at the home. One relative told us, "I have never had any concerns. Definitely feel I am leaving them in safe hands."
- People knew how to raise concerns. There were regular meetings for people where they were reminded to always talk to someone if they felt they had been treated badly. One person said, "If you talk to staff they listen."
- There was a very calm and homely atmosphere and people looked very relaxed. We saw kind and caring interactions between staff and people.
- Risks of abuse to people were minimised because all staff knew how to recognise and report abuse. All staff spoken with said they would not hesitate to report any concerns. All were confident that action would be taken to make sure people were protected. One member of staff said, "If I reported anything, management would definitely do something. I have no doubt about that."

Assessing risk, safety monitoring and management

- People received their care safely. Risk assessments were carried out to enable people to receive their care and support safely. This included assessments associated with people's physical health such as nutrition and pressure damage.
- Risk assessments were used to promote independence not to restrict it. For example, one person had their room re-arranged, and specific equipment, to promote independent mobility.
- People lived in an environment where risks were assessed and managed to promote the safety of people and staff. There were regular checks and maintenance of the building including checks on fire detecting equipment, hot water temperatures and lifting equipment.

Staffing and recruitment

- People were protected because the provider had a robust recruitment process. This included seeking references and carrying out checks to make sure staff were suitable to work at the home.
- Staff told us they had not been able to start work until all checks had been carried out. Staff files seen confirmed this to be the case.
- There were sufficient staff to meet people's needs. People had access to staff to support them with personal care and to enable them to take part in social activities and access community facilities.

Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed.
- Clear medication administration records were kept. Staff signed when medicines were administered or refused. This enabled the effectiveness of medicines to be monitored.
- People's independence was promoted. Where people chose to administer their own medicines, staff supported them to do so in accordance with the providers' policies and procedures.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There was information to direct staff about when these medicines should be given. We saw staff asking people if they required these medicines.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were able to have visitors at any time and were able to go out with friends and family.
- Visitors told us they were always made welcome at the home. One relative said, "They are always really welcoming and pleased to see us."

Learning lessons when things go wrong

- The management team used all incidents as ways to learn and improve practice within the home.
- All accidents were recorded and seen by a member of the management team. We saw that action was taken to minimise the risk of re-occurrence. This included seeking support from relevant medical professionals.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People had their needs assessed before they moved to the home. There were ongoing assessments and reviews of care as people's needs changed. This helped to make sure people's needs and preferences were known and met.
- People's changing needs were met. We heard how staff had adapted the care they provided as a person's confidence grew. This enabled them to have increased independence within a supportive environment. One person told us, "It was a really good move to come here. I have gained so much independence."
- People's support plans were very individual and personal. Care plans we read gave a good level of information and matched the personalities of the people we met. Professionals praised staff for their record keeping and the personalised care they provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and experience to safely support them. Staff we spoke with had an excellent knowledge of people's needs and preferences which enabled them to provide high quality personalised care.
- All new staff shadowed more experienced staff when they began to work at the home. This enabled people to become familiar with new staff and for staff to understand how people liked to be supported.
- Staff who were new to care completed The Care Certificate which is a nationally recognised induction programme for care staff. More experienced staff said the provider supported them to gain further qualifications. This all helped to make sure people were cared for by staff who had an understanding of current best practice and legislation.
- Members of the management team carried out observations of staff to make sure learning was put into practice.

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

- People were happy with the food provided at the home. During the inspection we saw people were offered choices about meals and drinks. One person told us "Everyone decides what's on the menu."
- Staff encouraged people to eat a healthy diet but appreciated people's choices. In some instances, staff had sought advice from speech and language therapists and dieticians to help them to support people effectively.
- People were able to help with preparing meals. We saw some people helping with vegetable preparation and another person baking cakes.
- People who needed support to eat or drink received the support they required. At lunch time we saw staff sat with people to assist and encourage them.

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

- People received good quality care to meet their healthcare needs because staff had excellent relationships with other professionals. One healthcare professional told us there was, "Brilliant communication" between the staff and professionals.
- Staff monitored people's physical, emotional and mental health. They were proactive in seeking support for people when any changes were noticed. One healthcare professional commented about how impressed they were with the way staff responded to, and planned, care for people with long term complex needs.
- Staff helped people to understand healthcare issues and preventative measures they could take to minimise risks. There were leaflets available in easy read formats to help people to take charge of their health and to understand screening procedures.
- People had hospital passports. These were comprehensive documents which gave information other professionals would need to know if they were admitted to hospital. This helped to ensure people received healthcare in a way that met their individual needs.
- Staff supported people to attend appointments according to their individual needs. During the inspection we saw a member of staff assist someone to an appointment. We also heard how staff had stayed with a person when they were admitted to hospital.

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

- People lived in a homely environment. Everyone had their own room which they had been able to personalise to their tastes and needs.
- People had access to a variety of communal areas where they could socialise or spend time quietly.
- People had access to specialist equipment to meet their individual needs. This included mobility aids and lifting equipment.
- The building was maintained to a high standard. The provider was proactive in ensuring the house continued to meet people's needs. At the time of the inspection a passenger lift was being built to ensure people's changing mobility did not restrict their access to all areas.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's legal rights were protected because staff worked in accordance with the MCA. Records showed

people were involved in all decisions. Where people lacked capacity to make decisions, best interests decisions were made in partnership with relatives and professionals who knew the person well.

- Where people were assessed as having capacity their choices and decisions were discussed and respected.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Tidings is a family run home which has been owned and run by the same family for over 20 years. The registered manager was part of the management team, but the day-to-day oversight of the home was carried out by another member of the family who own the home.
- People were very happy with the care they received. One person told us, "I feel well looked after." Another person said, "I am very happy here."
- The nominated individual and management team were very visible in the home and well known to everyone who lived there. This enabled them to constantly monitor standards and seek feedback.
- The management team were available to staff to offer advice and guidance when needed. One member of staff said, "There is definitely an open-door policy. You never have to struggle. Someone from the management is always available to you."
- There were systems in place to audit practice and plan ongoing improvements. This included environmental and practice audits. We saw that issues identified by audits were discussed at staff meetings to make sure everyone was able to be involved in making improvements.
- As new auditing systems were becoming embedded in the home there were plans for staff and people to become more involved in these. This would help to make sure everyone shared responsibility for the oversight of care and facilities provided.

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

- People lived in a home with a positive culture. People were supported to be independent and follow their own aspirations. Support provided had helped some people to take up paid and voluntary employment which had increased their confidence and feeling of self-worth.
- There was an inclusive atmosphere and people felt part of a large family unit. One relative told us, "I say to my friends, the staff are really marvellous, it's just like a family." People told us they felt, "At home."
- People felt involved and empowered to be in control of their care and day to day lives. One person told us, "Everything is about what we want." A relative commented, "They're not working for you, they work with you as a family."
- People told us the provider, management team and all staff were very approachable. One person said, "We have keyworkers but you can approach any member of staff."
- The provider was open about any issues which arose in the home and took action to make changes where

necessary. Relatives and professionals said there was good communication, and they were kept informed about any incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People lived in a home where staff worked with other professionals to make sure their needs were met. This included reviewing people's care needs and keeping professionals up to date with changes and achievements.
- There were regular meetings for people who lived at the home. Everyone told us that these were an opportunity to make suggestions as well as hear about any changes at the home.
- Staff felt fully involved and able to share their opinions. One member of staff said, "We have handovers which give you information and meetings where we can make suggestions."
- People's and relatives' views were sought by satisfaction surveys. Results of the last survey showed a high level of satisfaction with the service people received.
- People were involved in their community. People attended local groups and took part in community activities according to their interests. Due to the pandemic some resources previously used by people had closed and not reopened. Staff were supporting people to look for new opportunities.