

Tynefield Care Limited

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Inspection report

Egginton Road
Etwall
Derby
Derbyshire
DE65 6NQ

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Tel: 01283732030

Website: www.tynefieldcare.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 30 March 2016 and was unannounced. Our last inspection took place in 21 June 2016 and we rated the service as requires improvement; the provider did not have effective systems in place to consistently assess, monitor and improve the quality of care and 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. We also saw that call bells were not always responded to in a timely way although staff were available, and risks to people were not always minimised to prevent harm. On this inspection we found improvements had been made, however further improvements were required.

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 34 people were receiving a service. This report reflects our findings from 30 March 2017. However since concluding our inspection we have been made aware that the situation has changed and the new manager is no longer in place. The service remains under review.

There was a registered manager although they were not working in the service at the time of our inspection. 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.

Staff now understood what constituted abuse and how to report concerns. New support plans had been developed for some people and contained relevant information for staff to help them provide the care people required. Other people's care still needed to be reviewed. The new plans included procedures to manage identified risks with people's care and for managing people's medicines safely.

Staff sought people's consent before they provided care and support. However, where people lacked capacity, information about how capacity had been assessed for specific decisions was not recorded. There were limited opportunities for people to engage in activities that interested them or to be involved with developing living skills. People enjoyed the food provided although felt more choice was needed to meet specific cultural preferences.

Under the new management arrangements, people felt staff were caring and kind and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion. Where changes in people's health were identified, they were referred to other healthcare professionals. Information about making a complaint was available for people and people knew how to complain if they needed to. Staff said they could raise any concerns or issues they had with the new manager, knowing they would be listened to and information would be acted on.

People and staff thought the new manager was open and approachable. The manager supported staff well to provide good quality care to people. People were provided with opportunities to comment on the quality of the service provision and felt the new manager listened to what they had to say. The new manager was working with commissioners of the service to develop systems to ensure people received safe and effective care.

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 not consistently safe.

Support was being reviewed to identify how to manage individual risks although this had not been completed for all people to ensure their safety. People were protected from abuse as staff now understood how to identify potential harm. Checks were carried out to ensure staff employed were suitable to work with people who used the service. There were sufficient numbers of staff available to provide the support people wanted and people received their medicines when they needed them.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's consent was sought although where people did not have capacity, it was not always evident how capacity had been assessed to support how specific decisions were being made. People were not always happy with the choice of food available to meet their cultural preferences. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People's choices were sometimes limited. Care was delivered in a respectful way and staff ensured people's dignity. Visitors were welcomed and people were encouraged to maintain relationships with family and friends.

Good ●

Is the service responsive?

The service was not always responsive.

There was a limited range of activities available for people to suit

Requires Improvement ●

their interests and develop living skills. Care was being reviewed with people and those who were important to them. People knew how to complain about their care and complaints were managed in accordance with the provider's complaints policy.

Is the service well-led?

The service was well led.

Effective systems were being developed to assess, monitor and improve the quality of care. The new manager was submitting an application to become the registered manager. People and relatives felt the service had a relaxed atmosphere and the new manager was making improvements to the service. Staff felt supported and enjoyed working at the service.

Good ●

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 took place on 30 March 2017 and was unannounced. Our inspection team consisted of two inspectors.

We spoke with nine people who used the service, three relatives and visitors, five health and social care professionals, six members of staff, and the 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.

The provider and manager had been working closely with the local authority to raise standards in the service as people were at risk of receiving poor care and their safety had been compromised. As a result the provider had agreed that new people would not be admitted into the service to ensure improvements could be made. The clinical commissioning group and local authority quality monitoring officers had visited the service to ensure improvements were being made. We liaised with them to review people's safety. As a result of the improvements made, restrictions on people moving into the home had been reviewed.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). 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. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at six 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.

This report reflects our findings as on 30 March 2017. However since concluding our inspection we have

been made aware that the situation has changed and the new manager is no longer in place. The service remains under review.

Is the service safe?

Our findings

On our last inspection, we identified that staff had not fully understood how to raise safeguarding concerns when these were identified. We also found that where risks to people had been identified, these risks were not managed and at times there were insufficient staff to meet the needs of people who used the service. This evidence demonstrated the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements had been made although further improvements were still needed.

On this inspection we saw the staffing levels in the home had been reviewed. People told us that since the new manager had been in post there had been a lot of changes and there were more staff working. One person told us, "There's definitely been a lot happening around here. Things are much better and the staff aren't so rushed. You can feel the change too. Staff are happier, spend more time with us and smile." The staff confirmed they had more time to spend with people and we heard call bells were answered promptly. We saw the staff had time to speak with people as well as carry out their care and nursing duties. They told us they now enjoyed working at the home and one member of staff told us, "It's so much better now. We have time to support people and spend time talking with them as well. I feel happier coming to work and we are really working well as a team now." Agency staff were used to cover holiday or unplanned sickness and the manager told us they tried to use the same agency workers to ensure people received continuity in the care provided.

On our last inspection we identified that some risks to people had been identified but had not been managed effectively to protect people from harm. Through safeguarding investigations, further concerns had been identified that risks were not managed. The new manager had worked with commissioners of the service to identify risks and where these had been identified, their care and support had been reviewed to ensure people's safety. Some people still needed their support plans reviewed. For example, one person had photographs and a plan to guide staff how to use cushions to enable them to be comfortable and lie into a safe position. The person told us, "That's not right any more. That's an old one. I don't need that anymore and it isn't right." The home used a number of agency staff and one agency nurse told us, "I need to know what to do so I can do it right and I didn't know that it was out of date." The manager agreed that all people who used the service needed their support plan reviewed and told us, "We are reviewing all the plans with people so we can get their views. We haven't been able to review all the plans and we know some of them need to be reviewed. This takes time and but we want to do it right and we will continue with this."

People were now protected from harm as staff recognised potential signs of abuse or harm. The staff had undertaken further training in safeguarding adults and described different forms of abuse and what they would look for. One member of staff told us, "There have been a lot of safeguarding investigations and we now understand what should be reported. The manager has explained that reporting concerns is a good thing so improvements can be made and people are helped to stay safe. I wouldn't worry now about reporting anything." The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the new manager.

On our previous inspection we saw that the provider had been working with the local clinical commissioning group to raise environmental standards due to concerns with infection control standards. We saw areas of the home had not been cleaned and some equipment was dirty and needed attention to be safe to use. On this inspection, we saw that further work had been carried out and new flooring, furniture and moving and handling equipment had been provided. Further work was planned to raise the standards in the home and one person told us, "The home is starting to look so much better. The new floor is really good and makes it easier for my wheelchair. I'm happy with what's been done up to now." Another person told us, "I've had my room redecorated and it looks a lot better."

The provider's recruitment process had been reviewed to ensure risks to people's safety were minimised. Records showed new staff now underwent an application and interview process so the manager could check their skills and experience. The new manager had reviewed all recruitment records to check the identity of staff and their right to work. They also obtained references from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Medicines were managed and administered safely by nursing staff. People told us they had their medicines when they needed them and were supported to take them independently if they wished. One person told us, "I keep my own inhaler but the staff help me with everything else. I have difficulty trying to get the tablets out of the packet so this is the best solution." Another person told us, "I know what my tablets are for and what they look like. I would know if I didn't have something, but I have never had any concerns." We observed the nurse administer medicines to people. They treated people with respect and kindness and explained to people the medicines they gave them. Some people, who could not have their medicines by mouth, had their medicines administered safely through a PEG (percutaneous endoscopic gastrostomy) tube. This is a tube which allows liquid foods, fluids and medicines to be fed directly into the stomach. The care records included information about how this procedure should be carried out, and this matched what we saw. Medicine administration records (MAR's) were completed after people had taken their medicines and we saw these also recorded when people had refused or not taken them as prescribed.

Consideration had been given to how people could move around the home and hand rails were in place along all the corridors, which were wide and enabled people to pass safely. We saw people being assisted to move around the home with their walking aids and staff spoke reassuringly and kindly to people as they supported them.

Is the service effective?

Our findings

On our last inspection we identified that the provider had not ensured people's care and treatment had been provided with their consent, and that some people's liberty of movement may have been restricted. This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made although further improvements were needed.

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. Where it had been identified that some people may have had restrictions placed upon them, authorisations to ensure any restriction was lawful had been made. Assessments to demonstrate whether people lacked capacity had been completed although there was no information about how capacity had been assessed for specific decisions. The manager agreed that this needed to be developed further to ensure that all capacity assessment clearly identified the decision to be made and how the judgement about people's capacity was reached. One member of staff told us, "We know that it's important to ask people what they want and we respect that. If people aren't able to tell us we help them to make decisions that are in their best interests." Another member of staff told us, "Some people here have a DoLS so they need us to go out with them to keep safe. The door is open though so we don't stop people going out or restrict them in any way like that. It works here and we don't need to lock the door."

People were provided with a varied diet and there was a choice of food and drink. However, some people were not provided with food that met their cultural needs. One person told us, "If I don't want to eat the meat, the option I get is something like an omelette or something on toast. What I'd really like is the rest of the meal but not the meat, like a roast dinner with a vegetarian option." People who needed assistance to eat were provided with this and staff supported people to eat at their own pace. The staff could describe how people were supported and knew what to do to keep them well. People were weighed where there were concerns and we saw people had nutritional supplements prescribed. We saw where needed, this was recorded to ensure people had enough to eat and drink.

People were supported to access health care services including their GP, specialist nursing services, occupational therapist and chiropodists. People told us they also received nursing care from nursing staff within the home to meet their needs. One person told us, "My specialist nurse came to visit me today so we could talk about how I was and if I needed more advice or support. The staff are happy they visit me, there's

never any problems and they listen to what they say if they have any advice or need to know anything about my condition." Where staff had any concerns we saw that they sought advice and support for people from health care professionals. Outcomes of these visits were recorded and reflected within the care records so that all staff had clear information on how to meet people's health care needs.

All staff received training which had been organised to enable them to complete the care certificate and support individual's complex needs. 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, "We are provided with more opportunities to learn about people and what we need to know." Staff also told us they had received additional training to support them to understand and work effectively with people who lived with specific medical conditions in the home, for example multiple sclerosis and Huntington's disease. The training manager told us, "The staff have a positive attitude to training and it's nice to see their confidence grow and become more empowered and develop the skills they need to do their job well." Competence checks were carried out following training to ensure staff understood the training and put any new skills into practice. One person told us, "It's nice that staff have more opportunities so they can do their job right. I've certainly seen a big difference in their attitude and how we are cared for." The staff told us they had regular opportunities to discuss issues related to their work and felt supported by the new manager. One member of staff told us, "It's much better with the new manager; they will talk with you and listen to what you say."

Is the service caring?

Our findings

People liked the staff who were knowledgeable about their support. The staff spoke positively about people, describing their interests, likes, dislikes and their personal histories. Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved. The relationships between people and the staff were friendly and relaxed. One person told us, "I enjoy spending time with the staff. They always have a smile for me and we talk about what's been going on and how my family are. It's nice that they take an interest." Another person told us, "It's more relaxed since the new manager started working here. The staff are more relaxed now and are really patient and kind. The manager is always polite and isn't just stuck in the office; they come out and speak with you."

People were supported to make choices about their care and were able to share their views on how they wanted to be supported in the event of any illness or if they required resuscitation. One person showed us their care records and said, "I told them, if anything happens to me, I want them to do what they can so I can get better. I can see they have written all this down, which is good." Some people had recorded how they wanted to be cared for after their death and made a burial or funeral plan. This meant that staff were aware of people's choices in the event of their death.

People felt the staff treated them with respect and promoted their dignity by ensuring they were clean and smartly dressed. One person said, "The staff help me to look after myself. You can't let standards slip." We saw that people were supported to change their clothing if required after mealtimes and people received personal care and support in private. One member of staff told us, "It's important that people can express themselves and feel good about themselves. Everyone is different here and it's important to remember that." We saw at lunch time, staff wiped away food from people's faces and always gained people's consent before proceeding to move them in their wheelchairs. We saw staff speaking kindly and holding one person's hand when speaking with them. One member of staff sat next to a person who was having difficulty eating. They asked if they wanted support and helped the person to eat. They spoke with them throughout, checking with them about how they wanted support and also about their family and current events.

Visitors were made welcome throughout the day and evening. We saw relatives and friends were able to visit people privately in their bedrooms, or sat with others in the communal rooms. Staff were friendly and welcoming to people and knew who they were. One relative told us, "It doesn't matter what time we visit. The staff always welcome us with a smile and we can get a drink and make ourselves at home."

Is the service responsive?

Our findings

On our last inspection we identified that people had a lack of opportunity to engage in activities or interests they enjoyed. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements were still required.

People had mixed views about how they were supported to engage with activities that interested them. One person said, "I get bored quite a lot of the time and just sit here. I've got my own music to listen to but that's about all there is to do." Another person told us, "I think it gets quite difficult here as there are some younger and older people and we all want different things." One person told us, "The activity co-ordinator will come and see if I want to get up and we go into the lounge to play bingo, which I really enjoy." Another person told us, "I like to stay in my bed as I'm more comfortable here. The staff will come in and massage my legs, which I love or paint my nails for me. The best thing is when they come in and just sit and talk with me." One person told us, "I'm quite content. If I had any problems I'd speak with the new manager they pop into to see me every day and ask how I am." We saw staff had time to speak with people although interactions was generally focused around when staff needed to support people and was task focused. We saw people sat watching television or listening to music but there was no other activity for people to be involved with on that day. One member of staff told us, "People do go out and we arrange support for people to go shopping or do things that they enjoy, but it would have to be planned so we could arrange this." The manager told us, "I agree we need to look at this. We have focused on ensuring that people are safe and reviewing their care. We now need to see how we can develop the quality of service provision."

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care in order to determine how people wanted to be supported. One member of staff told us, "It's been good to have time to get things right before new people moved here. We discuss new people that now move into the home so we have all the information we need to support them. We know we still have a way to go but we can see the improvements right from the moment people move here."

The staff were flexible and responsive to people's individual needs and preferences and knew people well. People choose what time they would get up and go to bed when they wanted but did not always have opportunities to develop living skills. One person told us, "I used to like doing my laundry but now it's locked." And, "I go out and do my own shopping but it depends whether the staff are available. If I give them notice they will always arrange something but I wouldn't just be able to go today." Cookery sessions were organised and people could choose to make and bake food but were not involved in the planning, preparation and cooking their own meals.

People were involved in the review of their support plans and one person told us, "The staff have sat down with me and asked me what I want and how I want to be supported." They looked through their care records with us and said, "I'm quite happy that this is all correct and it records what we talked about. If I didn't agree, then I'd tell them." The new care plans provided up to date information about people's likes, dislikes and preferences. The staff told us they had time to read the plans and also had time to talk to people and listen

to what they wanted. One member of staff told us, "It's going to take some time to get every person's plan up to date but we are talking with them so we know what they want. It's been really interesting learning more about people." People's care records showed evidence of their involvement, or when appropriate their relatives.

People knew how to complain and they told us they would inform the staff and manager if they were unhappy with their care. One person told us, "It's been a difficult time but things are on the up. The new manager has really started to sort things out. They come and ask us if we have any problems and they genuinely want to know." Another person told us, "I find it difficult to get out so I just send the manager a little note and ask them to come and see me. I can tell them what's bothering me and it gets sorted. I'm really happy with what's going on now."

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed with how the service was managed and that quality audit systems were not fully in place to monitor practice and follow up on any issues identified. This evidence demonstrated the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made but continued improvements were still needed.

The registered manager was no longer working at the service and a new manager had been recruited. The new manager had been working closely with commissioners to identify and make improvements to the quality of service provision. They had identified that further work was required and had developed an action plan to identify how further improvements were to be made. Quality monitoring officers from within the local authority and representatives from the local clinical commissioning team had also visited the service to review improvements. The manager had provided us with information to keep the action plan under review. Quality checks had been introduced on personal support plans, health and safety and care records. Where concerns with quality were identified, we saw action was being taken to improve this.

The manager understood their legal responsibilities and was applying to become the new registered manager of the service. Since they had been in post they had sent us notifications about important events at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and report within the home.

People who used the service and staff felt the quality of the service was improving and one person told us, "The new manager is lovely. The staff know where they stand with them and they are happy to come to work now." People felt there was now an open culture in the home where people felt able to share their views and concerns. People and relatives told us they felt their views were listened to. One person told us, "There are resident and family meetings here. I can choose whether to go. If I don't want to go, the staff ask me if I've got anything to raise and they take notes so we can see what was discussed."

Staff felt there was now good team work in the home and were supported by the manager and the team of nurses. Supervision had been introduced to evaluate their work. One member of staff told us, "It's early days but things are going well here now. We now know what is expected of us, and are clear in our role. We are confident that we are doing things the right way and have the manager to support us. If we don't know something, we can ask and don't have to worry. I'm so much happier coming to work now."

Staff had a good understanding of the provider's whistle blowing policy and were confident that they under the new manager they would be supported to raise any concerns about poor practice in the service. One member of staff told us, "Whistleblowing was discussed with us so we know what to do if we see something that's wrong or abusive. I'm confident that the new manager is interested in what happens here and wants to make the improvements."

