

Carlauren Care Ltd

# Tyndale House

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service Tyndale House provides accommodation and personal care for up to 19 older people some of whom were living with dementia. People who live at the home access nursing care through the local community healthcare teams. At the time of the inspection 16 people were living at the home.

People's experience of using this service:

People told us they felt safe and happy. There were positive and caring relationships between staff and people, and this extended to relatives and other visitors. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse.

Tyndale House was kept clean, safely maintained and furnished to comfortable standards. People had the equipment they needed to meet their assessed needs. Health and safety checks were carried out to make sure the premises and equipment were safe.

There were enough staff, day and night, to support people's needs. The provider recruited staff safely to ensure they were suitable for their role. Staff continued to receive ongoing training and support to keep their knowledge, skills and practice up to date.

People's needs were fully assessed before moving to the service so the provider knew whether they could meet the person's needs. Care plans were individual and representative of people's needs, preferences, values and beliefs. Risks to people's health and wellbeing were assessed and reviewed when needed. Staff acted to minimise these risks and keep people safe.

People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services. People received their medicines when they should. The provider followed safe practice for the management of medicines.

Staff were caring, respectful and made sure people's privacy and dignity were maintained. People and their relatives were supported with care and compassion during end of life care. People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed varied social and leisure activities and had opportunities to try new ones. There were meaningful activities for people living with dementia. Staff understood the importance of social interaction and ensured they offered people support and companionship when needed.

The senior managers showed effective leadership and the service was well run. Staff knew their roles and understood what was expected of them. Staff felt supported by management and each other. People, their

relatives and staff told us management were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements in the service.

The provider had good oversight of the service and used effective systems to monitor quality and safety. Where improvements were needed or lessons learnt, action was taken.

At this inspection we found the evidence supported a rating of 'Good' in all areas, and continues to support a rating of 'Good' overall. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This was the service first inspection

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Tyndale House

## 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. 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:

One inspectors undertook this inspection on 9 and 10 May 2019.

#### Service and service type:

Tyndale House 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. This included details about incidents the provider must notify us about. 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.

During the inspection, we spoke with 12 people who used the service and four relatives to ask about their experience of the care provided. We spoke with the registered manager, deputy manager, five members of care staff, the activities co-ordinator and chef. We reviewed care records for six people using the service.

We checked recruitment records for five staff members and training and supervision arrangements for the

staff team. We looked around the premises and at records for the management of the service including quality assurance systems, audits and health and safety records. We also reviewed how medicines were managed and the records relating to this.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at Tyndale House. Relatives shared similar views and were confident their family members were well cared for. Comments included, "Oh yes I feel safe here. I don't think anyone's going to grab me! It's very nice "and "This is one of the best homes in the area, she couldn't be safer anywhere else."
- Information was clearly displayed for people, visitors and staff to report any concerns.
- Staff understood their responsibilities to protect people from abuse or poor care and knew what action to take. They undertook training annually or when required to keep up to date with best practice in safeguarding.
- The provider had a safeguarding policy in place which they followed. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People continued to receive care and support from staff in ways that maintained their safety. People had detailed risk assessments linked to their support needs. These were reviewed and updated when people's needs changed.
- Staff knew what actions they should take to manage people's assessed risks, such as those associated with falls, nutrition and skin care. Staff demonstrated safe practice when supporting people to move and transfer. They frequently visited people who preferred to stay in their rooms.
- People had equipment to promote their safety. People said staff responded promptly when they needed to use their call bells.
- The premises and environment were checked and maintained to help ensure the safety of people, staff and visitors. The provider's health and safety arrangements were robust.
- Regular safety checks included those related to water hygiene, fire, gas and electrical safety. Wheelchairs, hoists, adapted baths and mobility equipment were checked. Windows had appropriate restrictors and radiators were covered to reduce the risk of people coming to harm.
- Fire systems and equipment were monitored and checked. People had individual plans to guide staff and emergency services on the support people required in the event of a fire or emergency.

Staffing and recruitment

- People and their relatives told us there was enough staff. One person said, "Oh yes, there are plenty staff. There is always someone here."
- The provider monitored staffing levels and kept these in line with people's assessed needs.
- Staff told us they had enough time to support people and if there were issues, these were addressed by management. For example, if people were experiencing poor health, or needed support to do things they

enjoyed, additional staffing was provided.

- Recruitment processes were thorough. The provider carried out the required pre-employment checks to make sure staff were suitable to work in a care setting. This included asking for a full employment history, checking the reasons why staff had left their previous roles, obtaining a criminal records check and references from previous employers.

#### Using medicines safely

- People told us their medicines were administered in the way they preferred and on time. At the time of the inspection no one was managing their own medicine. However, the registered manager told us "If people wished to manage their own medicines, risk assessments would be put in place and be supported where necessary".
- All medicines were managed safely. Boots pharmacy supplied monthly MAR charts and medicine.
- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure their practice was safe.
- Medicines, were securely stored and at the correct temperature. There was a clear system for checking all prescribed medicines and records for their receipt and disposal.
- We observed staff administer people's medicines safely and according to their needs. The staff member wore disposable gloves.

#### Preventing and controlling infection

- People and relatives said the home was always clean and well maintained. People told us the arrangements for laundry were managed well. Our observations supported this and records showed all areas in the service were regularly cleaned.
- Staff followed effective infection control procedures when supporting people with personal care. Hand hygiene guidance and facilities were provided throughout the home and staff wore gloves and aprons when necessary.
- Food hygiene practice was safe and the service had achieved the highest five-star rating in food hygiene standards.

#### Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with actions taken at the time and afterwards to reduce the likelihood of them happening again. People's risk assessments and care plans were reviewed and updated.
- The provider monitored these for patterns or trends and used any incidents as a learning opportunity. Staff learnt from events and action was taken to improve safety. For example, where people had experienced increased falls, they saw other healthcare professionals and were provided with the equipment they needed.



# 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

Good: 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 and relatives said they were fully involved in the assessment process and any reviews thereafter. People told us, "I am included in my care plan."
- The provider's assessments were comprehensive, reflected best practice guidance and considered all aspects of people's needs. They included specific assessments for skin integrity, nutrition and moving and handling. People's needs were regularly reviewed to ensure the home continued to be right for them.

Staff support: induction, training, skills and experience

- People remained confident they were supported by staff who knew how to care for them. One person told us, "The carers are very skilled and very skilled."
- New staff worked alongside more experienced staff to learn about people's needs. Staff completed an induction to their role and ongoing training. This enabled them to keep up to date with best practice and develop their skills and knowledge in meeting people's needs.
- The registered manager met regularly with staff to review their performance and development needs. Staff felt supported and able to discuss any concerns, share ideas and request further training.
- Staff feedback and our observations showed people experienced effective support. We saw staff help people to move and transfer safely and assist individuals with the support they needed to eat and drink.

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

- Everyone told us they enjoyed the food provided and had choice. Their comments included, "The food is excellent" and "The chefs are fantastic, the food is first class its five stars."
- People chose their daily menu options each morning. Meals were all cooked on site and the chefs knew people's dietary needs and preferences well.
- People were given alternative meals where requested. One person said, "I requested a curry and the next day it was on the menu". Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People received effective and coordinated care when they were referred to or moved between services. The registered manager told us when people chose to stay with their GP or dentist on moving in, this was supported.
- Information was shared appropriately with other professionals to help ensure people received consistent care and support. For example, staff provided important records about people's needs and medical history where they were admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to the health care services they needed. A relative said, "They are very thorough and they pick up on things and get medical attention immediately."
- Care plans described what support people required to maintain good health and wellbeing.
- People were in regular contact with various community based health care professionals. Care records provided a clear overview of the health care appointments people attended, and showed where professionals had made any recommendations or actions for staff to follow.
- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

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

- The layout of the service supported people's needs and accommodation was provided over two levels. Corridors and doorways were wide, enabling people using walking aids and wheelchairs to move independently around the home.
- People had other specialist equipment to promote their independence and meet their physical and sensory needs. The provider had looked at ways of providing a more stimulating environment for people living with dementia. They had used bolder colours and additional signage to help people find their way around and support their independence.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with seating areas and a well-maintained garden where people could plant flowers.

#### 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. 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.

- People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests.
- Care plans explained where people could make decisions for themselves or if they needed further support.
- Where people had assigned representatives or family members involved in making decisions about their care, the provider had confirmed they were lawfully authorised to do so.
- One person was deprived of their liberty at the time of our inspection. The registered manager understood their responsibilities in relation to this. Records confirmed they had made a referral to the local authority to seek lawful authorisation where it was unsafe for a person to leave the service unaccompanied.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "Carers look after me like a person, they are definitely kind and caring" A relative said, "The staff are so good, they have given [relative] a reason to carry on living. I can't think of anything that's bad about them. They have definitely added years to [relative's] life."
- Staff had developed positive relationships with people. We observed staff engage in conversation meaningful to individuals. Staff were happy and chatty. One person said, "We sit here after lunch and have a laugh. [Staff] sings at us. Makes it fun and happy."
- We observed staff being attentive and responsive to people's needs. One person said, "I lost my wife, they made light work of it. I don't know how I would have coped. They arranged everything and made it seamless. Definitely wouldn't have coped without them."
- The service received compliments. A compliment from a relative read, "Mum feels very safe and well looked after at Tyndale which is very comforting and reassuring for myself and the family."

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

- People were fully involved with planning their care and given copies of their agreed plans. One person told us, "They talk to you about everything, I have read and signed my care plan."
- One person told us, "They have residents' meetings and we say what we want." Minutes from those meetings showed information was shared and discussed and people were encouraged to give their feedback about the service. This included the quality of care, catering, activities and planned changes around the premises.
- People could spend time how they wanted to. Staff encouraged people to sit where they liked, and helped them make everyday decisions to maintain their choices and independence. One person told us, "We have a sign which says, 'Do not disturb'. You can use it. And they don't tell you when to get up." Another person said, "I can decide what I want to do. The girls always ask me what I need doing. I don't see well but I do like to cut my own food and they let me. I don't want to be too reliant."

Respecting and promoting people's privacy, dignity and independence

- We observed staff being very discrete when taking people from communal areas to the toilet. It was all done very quietly and quickly.
- There was a very calm, friendly, and sociable atmosphere in the communal areas of Tyndale House. People greeted one another when they came into the lounge. They seemed to know one another well and were interested in each other and had a laugh and joke. Staff were very attentive – used first names – and interacted well with everyone. They made sure no one was left out and isolated.
- People were supported and treated with dignity and respect; and involved as partners in their care. One

person said, "They don't talk about other people's conditions" and another person said, "This is a nice place, they don't put pressure on you. They make you feel this is your home and they respect that."

- A relative told us they felt confident in the care and support their relative received. They said, "This is a fantastic establishment, very professional. If [Relative] wants to stay in his room and read the paper, he gets on with it. He has found a home and can be who he has always been."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with details about how people wished to be supported and cared for. Work continued to make the plans reflect the person-centred care people were receiving.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they moved to the home and their past and current medical history and needs.
- During our visit we saw people being cared for and supported in accordance with their preferences. "I am very much encouraged to carry on with my goals."
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required.
- The provider recognised people's diversity and provided activities, outings and things of individual interest. They handpicked what they liked to do or take part in and staff respected their decisions. One person said, "We do go out on trips, I have been to the theatre, shopping and gardens. We only have to say and they arrange it for you."
- Activities were discussed at the 'residents' meetings. People took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One person said, "such fun and dedication, we get up to all sorts. She always has something interesting for us to do."
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint. This set out the steps they could take if they were unhappy about the service.
- People and relatives felt comfortable to raise any concerns. None of the people had ever had to make a formal complaint whilst living at Tyndale House. People told us they knew who to go to if they had a problem – their keyworker or one of the managers. One person told us, "They are always in the office, they will solve it whatever it is." A relative told us, "Absolutely nothing to complain about."

End of life care and support

- There were systems in place to support people who required end of life care. The registered manager told us they took pride in their end of life care and support. They said, "It's an honour to be able to provide compassionate care till the very last". People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated and how and when they wanted to be cared for at the end of their life and these were respected.
- The senior managers were soul Midwives and support people and staff using and sharing their skills.

- Staff had received training in end of life care. The registered manager had received a national award for end of life care. All staff spoke passionately about the dignity they continued to offer people at the end of their life.
- The registered manager understood how working with other professionals could improve people's experiences at the end of their life, this included anticipatory medicines to reduce people being in pain. This was confirmed in a person's records; the service had worked with the GP and the medicines were available when the time came for them to be needed.
- Relatives were supported to stay overnight at the service if they wished to, so they were with their family members at the end of life.
- Letters and cards received by the service from people's relatives thanked the service for the care provided to their family members at the end of their life. One relative told us, "They stayed with my [relative] until we arrived. They showed such compassion and care from the day she came. It's strange to use these words but it was beautifully done- a good death. They were exceptional in taking care of us too."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff members were positive about the service and the registered manager's leadership. Comments included, "[Registered manager] is very good and professional", "[Deputy manager] is a work horse. She splits herself to make sure we are all catered for. She really has her eye on things" and "[Senior Manager] doesn't live in an ivory tower, we see him all the time making sure all is as it should be."
- The provider had clear values based on providing a person-centred service that supported people to maximise their independence. Staff were aware of these values and management monitored they followed them in practice.
- The provider acted in an open and transparent way.

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

- People benefitted from a service that was well-organised and there was a clear staffing structure. Staff felt supported and had confidence in the management team.
- We observed effective communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the provider expected of them. Their comments included, "I have worked in different care settings, this is by far the best. We work as a team everyone is supportive."
- The provider recognised the contribution staff made to the quality of care people received. They shared their thanks, people's compliments and gave recognition for long term service.
- Effective quality assurance systems were used to assess and monitor the quality and safety of the service. These were undertaken by staff and management. Audits and checks provided a good overview of how the service was run. The provider used learning from these to make changes and improvements in the service.
- Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. Notifications had been submitted appropriately.

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

- People, their relatives and staff were encouraged to provide feedback on their experiences of Tyndale House. Regular meetings and surveys enabled people to share their views. A relative told us, "There is no doubt that they are all about the residents. They always listen to everything you say and they get it done."
- The provider showed people how they had taken on board their feedback and made changes. For example, one person had requested a satellite connection. The Chief executive of the company heard this and he came personally with the digital box and made sure it was installed.

- Staff meetings were held each month to discuss people's care and support and keep staff up to date with any changes. Staff also talked about learning and development and reflected on their practice and how this could be improved.
- The provider organised social events for people and families to get together. Photos showed how people had celebrated birthdays and other events with their relatives.

#### Continuous learning and improving care

- The registered manager told us they had recently introduced a keyworker system. This would help ensure all staff had greater awareness and response to people's care needs. The staff room had posters to remind staff of their responsibilities for example who to contact if they witnessed abuse.
- The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

#### Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals.
- The senior managers attend forums run by the local authority. This enabled them to meet other managers and keep up to date with best practice.
- The service had effective links with the wider community and showed the provider worked with others to ensure people received good quality care and support.