Tynefield Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Tynefield Care Limited is a nursing home providing personal and nursing care for up to 45 people. There were 25 people living at the home and three people staying on a short-term basis at the time of our inspection. The service provides support to younger and older people with a range of support needs including complex health conditions, acquired brain injury, learning disability and dementia.

The service is purpose built, it is all on ground floor level and accommodation is split across three wings. One of the wings was closed for refurbishment at the time of our inspection.

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

People did not always receive personalised support in a timely manner and their communication needs were not always met. People did not consistently have enough to do with their time and some people were socially isolated. People received caring and compassionate support at the end of their lives. People's complaints and concerns were handled appropriately.

Staff were kind and caring, however, they did not always have enough time to ensure people received a truly person-centred service. People were not always provided with care that promoted their dignity. In contrast, people told us staff respected their right to privacy. Further work was needed to maintain and enhance people's independence.

The management team had a clear vision to provide high quality care, however further work was needed to implement and sustain this. Overall systems to ensure the safety and quality of the service were effective. The management team were proactive and told us that action would be taken to rectify the issues found during our inspection. Work was underway to better involve people, families and staff in the running of the home. The management team were meeting their legal duties to notify us about significant events and to display their rating.

Since our last comprehensive inspection, significant improvements had been made to the safety of the home. People told us they felt safe. The management team had a good understanding of safeguarding adults procedures to protect people from harm. Overall, risks associated with people's care and support were managed safely and action was now taken to learn from accidents and incidents. Staff were recruited safely and there were enough staff to meet people's needs and ensure their safety.

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. Staff were knowledgeable and had training in key area. People had enough to eat and drink. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

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

Rating at last inspection and update
The last rating for this service was Inadequate (report published 31 August 2019). We imposed a condition on their registration which required provider to make improvements in relation to safety, risk management and governance. The provider complied with this condition. At this inspection improvements been made in many areas, sufficient improvements had been made to comply with many of the regulations, but there remains one breach.

This service has been in Special Measures since 4 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating. It was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement
We have identified one breach in relation to person centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Tynefield Care Limited

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
This inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. 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
Tynefield Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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
The inspection visit took place on 19 November 2019 and was unannounced. We returned, announced, on 20 November 2019 to complete the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and NHS clinical commissioning group. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection.

During the inspection
We spoke with 18 people who used the service and four relatives about their experience of the care provided. We spoke with five members of care staff (including those who work night shifts), two members of the domestic and catering team, three nurses, the clinical lead, the deputy manager, the registered manager, the operations manager and one of the directors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last comprehensive inspection in May 2019, we found that people were not provided with safe care and treatment and opportunities to learn from incidents had been missed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvement had been made and there was no longer a breach of the legal regulations.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Since our last inspection the management team had reviewed and rewritten care plans and risk assessments for almost everyone at the home. Consequently, we found that overall, measures were in place to reduce risks such as pressure ulcers and moving and handling people.
- Some further work was needed to ensure the improvements made were sustained. For example, we found a person's needs had recently changed, increasing their risk of falls. Action had not been taken to reduce this risk.
- The registered manager took immediate action to address the above concern and provided assurances that this would be addressed with the staff team to prevent this from happening again.
- Since our last inspection changes had been made to protect people from the behaviour of others and to ensure people got appropriate support in relation to their emotional wellbeing and resultant behaviour.
- People were protected from risks associated with the environment. For example, there were measures in place to reduce the risk of fire and to ensure people's safe evacuation in the event of an emergency.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Since our last inspection the management team had introduced an incident recording and analysis system. Incidents such as falls and altercations between people were clearly recorded and reviewed.
- The registered manager analysed each incident and looked at overall themes to try to reduce the risk of the same thing happening again. For example, a person had sustained a minor injury whilst being supported. Further training had been arranged for staff as a result.

At our last comprehensive inspection in May 2019, we found that people were not protected from abuse and referrals had not been made to the local authority safeguarding adults' team. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and there was no longer a breach of the legal regulations.

Systems and processes to safeguard people from the risk of abuse

● People were protected from abuse an improper treatment.
● People told us they felt safe. One person told us, "I feel safe because staff are always here to help me when I need them."
● The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised. Allegations of abuse had been reported to the local authority safeguarding team when required.
● Staff knew how to recognise, and report abuse to the registered manager. Some further work was needed to ensure staff were aware of external organisations they could report concerns to, such as the local authority.

Staffing and recruitment
● There were enough staff to ensure people's safety. However, there were not enough staff to provide person centred care. We have reported on this further in the 'Is the service responsive?' section of this report.

● Staffing levels were based upon an assessment of people's dependency. Staffing rota's showed shifts were staffed at the level determined by the provider. The majority of staff told us this was enough and felt confident that staffing levels would increase as more people moved in.
● Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Checks were done on nurses to ensure they were registered with the Nursing and Midwifery Council.

Using medicines safely
● People received their medicines as prescribed.
● Staff had training in medicines management and medicines records were completed accurately.
● Medicines were stored in people's bedrooms to ensure care was personalised. Some people administered their own medicines and where this was the case risk assessments were in place to ensure safety.
● Where people received their medicines covertly (hidden in food or drink), advice from health professionals had been sought and there was clear guidance in medicines records.

Preventing and controlling infection
● People were protected from the risk of infection.
● Since our last inspection additional domestic staff had been employed and improvements had been made to the environment. Consequently, we found the home was clean and hygienic. Staff had training in the prevention and control of infection and had access to supplies of personal protective equipment such as gloves and aprons.
● Improvements had been made to allocate slings to individual people to reduce the risk of cross infection.
● There had been a recent audit conducted by the local infection control team, overall the findings were positive. The registered manager had already taken action to address areas for improvement.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and knowledge to provide good quality care and support.
- Since our last inspection improvements had been made to ensure staff training led to competency. Staff had undertaken a wide range of both face to face and online training in key areas, such as safeguarding and moving and handling.
- Nurses were provided with specialist training to ensure their clinical competency.
- The registered manager had introduced spot checks of staff practice to monitor their performance.
- Staff were provided with formal and informal support. The registered manager had identified that some staff had not previously had formal supervisions. Recently introduced supervisions had been effective in identifying and addressing issues and staff said they felt supported.

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

- People's needs were assessed prior to them moving into the home and this was used to develop care plans. Improvements had been made to care plans and overall, we found these reflected people's needs and preferences.
- Since our last inspection the provider had reviewed the purpose of the service. They now considered compatibility with people who were already at the home as part of the assessment process. We saw this had a positive impact upon people's experience and wellbeing.
- The tools the service used to assess people's needs were nationally recognised that helped the provider to deliver consistent care for the people they supported.

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

- People had enough to eat and drink.
- Mealtimes were social occasions and people were provided with timely assistance to eat when required. Most people told us the food was good, however some commented they would like more choice. The registered manager told us they would discuss this with people and make changes to the menu.
- Overall, risks associated with eating and drinking were managed safely. People were served modified diets as required and systems were in place to monitor people who were at risk of weight loss.
- Some further work was needed to ensure that staff completed records of how much people had eaten and drunk accurately. The registered manager was aware of this and we saw they had raised this at a recent staff meeting.

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

● People were supported with their health needs and had access to healthcare services. This was reflected in people's feedback and relatives said they were kept informed about any changes to their relations needs.

● Staff sought advice from external professionals when needed. There was evidence that advice had been sought from external health professionals, such as GP's and speech and language therapy. Guidance was recorded in care plans and followed by staff.

● Some care plans contained information about people's health conditions. Further work was needed to make sure this was consistent across all care plans, to reduce the risk of people receiving inconsistent support.

● Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received person centred support.

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.

● People's rights under the MCA were respected. When people's ability to consent was in doubt assessments had been conducted and decisions had been made in their best interests. Consideration had been given to less restrictive options to ensure people's rights were respected.

● The registered manager had a good understanding of the MCA and had actively challenged restrictions placed upon people to ensure their rights were respected.

● DoLS had been applied for as required. Where conditions were in place the home was complying with them.

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

● The home was adapted to meet people's needs.

● Since our last inspection significant improvements had been made to the environment. Many areas of the home had been refurbished and the environment was clean and pleasant.

● The lounge was arranged thoughtfully with different sorts of chairs and spaces for wheelchairs and small tables. Allowing people to socialise in small groups if they wished.

● Aids and equipment were installed throughout the home to enable people with mobility needs to navigate around the building. Calls bells were available in each bedroom so people could request support.

● Some people told us the environment was noisy, especially at night with banging doors. The registered manager told us they would review how to reduce this noise.

Requires Improvement

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 requires improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last comprehensive inspection in May 2019, we found that people did not receive respectful and dignified support. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and there was no longer a breach of the legal regulations. However, some further work was needed to ensure people were consistently provided with dignified support.

Respecting and promoting people's privacy, dignity and independence

- People were not always provided with care that promoted their dignity.
- People told us their individual needs were not met. One person said, "Sometimes, at night, there are only two men staff, so I wait." This was confirmed by staffing rotas which showed that on some nights both of the care staff were male.
- Language used by staff did not always promote dignity. For example, we heard some staff referred to people by their room number instead of their name and some staff used traditional language, such as 'toileting' to describe people's care needs. This did was not respectful or dignified.
- In contrast, people told us staff respected their right to privacy. This was supported by our observations. Confidential information was stored securely to ensure people's right to confidentiality was upheld.
- Further work was needed to maintain and enhance people's independence. Although independence was promoted in some areas such as medicines management, care plans contained little information about how staff should promote people's independence in other areas. This posed a risk people may receive inconsistent support in this area.

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

- Staff were kind and caring, however, staff did not always have enough time to ensure people received a truly person-centred service.
- Feedback about the approach of staff was positive. A relative told us, "Staff all work really hard. They talk to people normally, not talking down to them or in a patronising way, it's really nice. They have a joke with [Name]."
- In contrast other people told us staff did not have time to get to know them and were task focused. One person said, "Staff are nice but functional." This was supported by feedback from some staff members. A member of staff summed this up saying "We are always rushing. We do not have enough time for social interactions."
- People told us changes in the staff team had meant they found it hard to develop relationships with staff. One person said, "Lots of change with staff, they come and go" and they indicated this upset them. However,

most people told us this was improving. Another person said, "We don't have so many agency staff now, that's nice because we can get to know the carers better and they can know."

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

- People were not consistently involved in decisions about their care and support.
- We asked one person who had chosen what was on the TV in their bedroom, told us said staff had just put it on and not asked them, they asked us to turn it off for them.
- This inconsistency was also reflected in our observations, some staff took time to offer people choices, but other staff provided care without consulting with the person.
- Some people had been involved in planning their care and support. Again, this was inconsistent. People's involvement in some care plans was evident as there was person centred information about what and who mattered to them. Other care plans did not contain this information. The registered manager told us this was work in progress.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last comprehensive inspection in May 2019, we found that people were not provided with person centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found further improvements were still needed and the service remained in breach of the legal regulations.

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

- People did not always receive personalised support in a timely manner.
- People told us there were not enough staff to provide personalised care. Several people explained this had resulted in delays to their care, for instance, if they wanted to go to the toilet.
- This was confirmed by our observations, several people chose to spend long periods of time in their bedrooms, staff checked on people every two hours. Several people required support and asked us for assistance. Some of these people said they were reluctant to ask staff for support as they knew they were very busy. This had a negative impact upon their experience.

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 did not consistently have enough to do with their time and some people were socially isolated.
- Several people used words such as "bored", "lonely" and "isolated" to describe how they felt. One person said, "It is monotonous here."
- Although we observed activities were underway at the time of our inspection these did not accommodate some people's diverse needs or reflect their preferences. One person told us they were not able to get involved in the knitting activity as they had a visual impairment, this had not been considered and consequently they did not take part. Several people told us the activities were not appropriate for their age group, so they chose not to take part.
- Some people who chose to spend their time in their bedrooms told us they had very little social interaction or activity, other than when staff provided support with personal care. One person told us, "I am just alone in here with my thoughts for company." This meant people's social needs were not met.

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.

- People's communication needs were not always met.

● Staff did not always have the time or skill to communicate with people. For example, one person needed extra time to converse with people. They told us staff took messages from them but did not have time to have a conversation with them.
● Another person used some Makaton to communicate. Makaton uses signs and symbols to help people communicate. Staff had not had training and consequently staff use of Makaton was inconsistent.

The provider's failure to provide person centred care was an ongoing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● After our inspection visit, the registered manager told us about their plans to improve activities, reduce social isolation and communicate better with people. We will assess the impact of this at our next inspection.
● People were supported to stay in touch with family and friends.
● A relative told us, "I am getting married in a few weeks and one of the carers, is bringing [Name] to my wedding."
●The home had made provisions for families to stay overnight if they had travelled to see their relation and families were accommodated when people were coming towards the end of their lives.

End of life care and support
● People received caring and compassionate support at the end of their lives.
● One person was coming towards the end of their life. We spoke with the family who described the care their relation received as "fantastic", they told us the activity coordinator found time to sit with them and keep them company and described the staff team as exceptionally caring. They also told us the staff team provided support to the whole family throughout this difficult time.
● The registered manager told us, they had moved the person them to a larger bedroom to enable their family to spend time with them.

Improving care quality in response to complaints or concerns
● People's complaints and concerns were handled appropriately.
● Since our last inspection improvements had been made to systems to ensure complaints were recorded and responded to.
● There was a complaints procedure in place and complaints had been investigated and addressed in a timely manner. The registered manager had written to people and offered an apology for any upset caused.
● Most people told us they felt comfortable raising any complaints or concerns. A relative told us, "We can talk to any of the staff, they're really helpful." However, some people told us they did not raise concerns as they did not want it to affect the quality of care they received. The registered manager was aware that some people felt like this and was working with them to try and gain their trust.

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent.

At our last comprehensive inspection in May 2019, we found that failings in governance and leadership had a negative impact upon the quality and safety of the care people received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and there was no longer a breach of the legal regulations. However, some further work was needed to ensure people received consistently high-quality support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had a clear vision to provide high quality care, however further work was needed to implement and sustain this.
- Feedback from people and our observations showed that care was not always person centred, staff were not always responsive to people's needs and this meant outcomes for people were not always positive. We have reported upon this further in the 'caring and 'responsive' sections of this report.
- Following our inspection, the management team told us about actions they had taken or planned to improve the culture of the home. This included additional training and prompts for staff and the deployment of additional staff at key times of day. We will assess the impact of this at our next inspection.

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

At our last inspection we found there had been a failure to notify CQC of some events within the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

- At this inspection we found the provider had notified us of all events as required. This meant the provider was no longer in breach of the legal regulations.
- The provider had displayed their most recent rating in the home and on their website as legally required.
- Overall systems to ensure the safety and quality of the service were effective. The registered manager completed quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff. Overall, these were effective in identifying issues and driving improvement. Consequently, the management team were aware of several of the concerns we found during our inspection and were already in the process of addressing them.
- The management team were proactive and told us that action would be taken to rectify the other issues found during our inspection.

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

● Work was underway to better involve people, families and staff in the running of the home.

● People and their families told us they had been invited to meetings to share their views about the home. Records showed these focused on areas such as activities, food, staffing and ways to raise concerns or complaints were also discussed.

● Systems to share information with the staff team had been introduced since our last inspection. A staff meeting had taken place and the registered manager used a secure social media site to share updates about the service with staff.

● A member of staff told us, "[The registered manager] is keen for us all to work well as a team. She welcomes feedback. I hope things continue to improve, we've had a lot of unsettled times, but now lots of changes are being implemented."

Continuous learning and improving care

● People, their families and staff told us there had been improvements since our last inspection. A relative told us, "We can see an improvement over recent months, the staff seem happier."

● The registered manager was passionate about improvement. They told us, "I love to learn." In order to keep up to date with good practice, they subscribed to update services from several national good practice organisations and told us they planned to attend local and national forums in the future.

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 management team understood their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following complaints, to offer an apology and try to prevent the same from happening again.

Working in partnership with others

● The registered manager worked in partnership with others, such as health and social care professionals to ensure people got the care they required and to make improvements.

● The registered manager told us they planned to work on building new relationships with key partners and with the local community once they had got the fundamentals right within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not consistently provided with person centred care and support. People did not have enough to do with their time and some were socially isolated. Regulation 9 (1)