

Swanton Care & Community (Autism North) Limited

Tynedale

Inspection report

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Date of inspection visit:

15 January 2018

18 January 2018

Date of publication:

19 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 and 18 January 2018 and was unannounced. Which meant the provider and staff did not know we would be visiting.

Tynedale 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. Tynedale is registered to provide residential care and support for up to four adults with a learning disability or autistic spectrum disorder. At the time of our inspection four people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was absent and we were supported by the deputy manager and the Positive Behaviour Support (PBS) practitioner.

During this inspection we found the service had breached two regulations. The service did not have systems in place to monitor the level of cleanliness. We noted areas of the home were visibly dirty. The provider did not actively encourage feedback about the quality of care and support provided.

Identified risks to people were assessed and managed. Sufficient staff were available to ensure people's needs were met. Medicines were managed safely. The provider had systems in place to analyse information from a range of sources to identify and recognise lessons learnt.

Training was up to date and was constantly reviewed. An action plan was in place to monitor and deliver regular supervisions and appraisals. The service had a robust recruitment process in place. Safety checks of equipment and premises were routinely carried out. The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training.

People were supported to maintain a balanced diet. The service worked in partnership with external health care professionals ensuring people received joined up care. The provider had an action plan in place to improve people's environments. People were supported to maintain good health and had access to healthcare professionals.

People were able to make day to day decisions about where and how they spent their time. People were supported to maintain relationship important to them and to take part in their preferred interests and hobbies. Care plans were individualised and contained personalised information about the person and their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives told us they were not always involved in reviews of their family member's care and support. Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family structure.

Relatives and staff were complementary about the deputy manager. We observed staff were supportive of each other. The deputy manager was passionate about implementing new ideas to improve people's lives. Whilst the service had quality assurance processes to monitor the quality and safety of the service provided it was not consistently completed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service did not have effective systems in place to ensure the premises were clean.

Medicines were managed safely.

The provider ensured checks were in place to maintain the safety of the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service did not ensure environmental issues were dealt with in a timely manner.

Training was up to date and regularly monitored.

People were supported in maintaining a healthy and balanced diet.

Is the service caring?

Requires Improvement ●

The service was not always caring.

All relatives we spoke with expressed dissatisfaction about the level of communication from the home.

Relatives told us staff were kind and caring.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred.

People were supported to take part in activities which were

important to them.

The provider had a complaints process to deal with people's concerns.

Is the service well-led?

The service was not always well-led

Feedback was not regularly sought from people, relatives and staff in order to monitor and improve standards.

Quality assurance processes to monitor the quality of the service provided were not consistently completed.

Relatives told us they had seen improvements following the appointment of the deputy manager.

The service worked in partnership with people's local authorities, multidisciplinary teams and safeguarding teams

Requires Improvement 

Tynedale

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 15 and 18 January 2018 and was unannounced. During this inspection the registered manager was absent and we were supported by the deputy manager and the Positive Behaviour Support (PBS) practitioner.

The inspection team consisted of one adult social care 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.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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.

People who used the service were not always able to verbally communicate with us. Therefore we spoke with their relatives to gain their views on the home. During this inspection we spoke to four relatives, the PBS support practitioner, deputy manager, and four staff members.

We looked at two people's care records and four staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the

service.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home, visited people's bedrooms with their permission.

Is the service safe?

Our findings

At our inspection in November 2015 we rated this domain as 'Good.' At this inspection we found the provider had deteriorated to Requires Improvement.

The home did not ensure appropriate arrangements were in place to make sure that premises were kept clean and hygienic. On our initial walk around the home we found two people's bathrooms were visibly dirty. Baths and basins had established debris on the surfaces. In one person's bathroom personal grooming items were left in an unhygienic position in a soiled container. Another person's toilet had faeces visible on the seat and lid and the walk in shower floor was dirty.

We asked the deputy manager how the level of cleanliness was monitored. They advised it was staffs responsibility to clean the areas and there was no cleaning schedule in place. They assured us that the rooms would be clean immediately and a cleaning schedule introduced including an effective monitoring system.

We were not able to view other people's bathrooms as they did not wish for us to enter their allocated areas. The deputy manager told us the rooms were clean.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Relatives told us they felt their family members were safe at Tynedale. One relative told us, "Yes I'm sure they are safe." Another relative said, "Yes the family feel they are safe." A third relative commented, "They love it there."

The provider had systems in place to ensure people were protected from abuse. We saw safeguarding concerns were investigated and referred to the local safeguarding authority. The information was reviewed centrally to identify trends and patterns. This information was then discussed at manager meetings and any lessons learnt cascaded to all staff.

Staff we spoke with were able to describe what action they would take if they witnessed any safeguarding concerns. One staff member told us, "I have never witnessed any abuse but if I did I would speak to the manager." Staff told us they were aware of the provider's whistleblowing policy and were confident appropriate action would be taken if they raised concerns.

Procedures for assisting people with their money were in place. Following a safeguarding incident we saw improvements and additional safeguards had been introduced which demonstrated the service identified lessons learnt.

The service identified risks faced by people. These were person specific and covered areas such as absconding, self-harming, choking/eating, behaviour, money and medication. However, it did not always provide staff with enough information to ensure the risks were reduced. For example one person had

choking/eating identified as a risk we noted a risk management plan had not been completed. The PBS support practitioner advised that the person's care records were currently being rewritten.

There were sufficient numbers of staff to support people safely. Relatives and staff told us there were enough staff to meet people's needs. We saw when required additional staff were deployed to support people on external activities. Staff were visible throughout our inspection and supported people in line with their care plans.

The provider had systems and procedures in place for the safe management of medicines. Medicines records we viewed were up to date and accurate. Medicines were stored safely and checks were in place to review the appropriate storage of medicines. For example, daily temperature checks of the treatment rooms and medicine fridges. Staff had completed medicines training and received regular assessments of competence in regard to the management of medicines.

PRN (as required medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and often people require additional medicines such as pain relief medicines. The deputy manager advised they ensured medicine reviews were conducted regularly by the person's GP to protect people from the excessive use of medication to control people.

The provider continued to operate a safe and effective recruitment process. We saw the provider conducted pre-employment checks including obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to minimise the risk of unsuitable people from working with vulnerable adults.

The provider ensured checks were in place to maintain the safety of the home. We found all records were completed and up to date, including regular assessments for fire alarms, fire equipment, electrical safety, water temperatures and gas safety. Fire drills were regularly carried out. Staff told us when possible a full evacuation is conducted involving both staff and people living at the home so people become familiar with the process.

The provider had a plan in place to ensure people would continue to receive care following an emergency. A grab bag was stored in the entrance for easy access for staff. It contained a personal emergency evacuation plan (PEEP) for each person this detailed how staff were to provide support in an emergency. People had a missing person plan in place. This outlined what action to take and included information to support the police if the person was to go missing.

Incidents and accidents were logged, investigated and action taken to help keep people safe. The provider analysed the information across each of its services to identify trends or patterns. Lessons learnt were cascaded via manager meetings.

Is the service effective?

Our findings

At our inspection in November 2015 we rated this domain as 'Good.' At this inspection we found the provider had deteriorated to Requires Improvement.

People had their own dedicated areas including, bedrooms, sitting rooms and dining areas. One person's dining room was located in the conservatory which was a thoroughfare from the main house to the office. Rooms were equipped with basic furniture. We noted one person had personalised their rooms. However other areas throughout the service had no decorations or pictures and did not have any personal possessions to identify individual rooms.

We noted flooring through the home was raised and bubbled in areas. The deputy manager advised that they had requested the flooring be replaced. In one person's room we noted the flooring was raised and the base of the bed was torn. The large window did not have a blind or curtains. There was privacy frosting on the lower part of the window but this was damaged.

Records shown the lack of blinds had been identified in October 2017 and had still not been addressed. We discussed the impact of disturbed sleep due to the lighting issues with the deputy manager. They advised that blinds and curtains were not suitable due to the person's behaviours that challenged but that the matter would be looked at and an alternative solution put in place.

The deputy manager showed us where she intended to develop a 'snoozelen' room utilising an area of the home. A 'snoozelen' room is a multi-sensory environment creating a relaxing space that can help reduce agitation and anxiety. They [staff] were passionate about making changes for the good of the people living at Tynedale.

Whilst the Deputy Manager had only been at the home for two weeks and they had already identified areas for refurbishment and requested funding. Following the inspection the deputy manager advised funding had been agreed.

Relatives told us staff were well trained. We found that training and development was up to date. Staff completed a range of training including subjects such as equality, diversity and Inclusion, mental capacity, deprivation of liberty, safeguarding vulnerable adults, medication and health and safety. One staff member told us, "The training is good. It covers all we need." The provider had recognised the need for specialist training and developed a training plan for all its services, for example, staff working at Tynedale were booked in for epilepsy awareness training.

Staff told us they received supervisions however records showed these were not regularly conducted. Staff advised when the deputy manager had taken responsibility for the home they had conducted supervisions immediately. We saw supervision and appraisal plans were now in place.

People were supported to access healthcare professionals. Care records showed people had regular input

from a range of health care professionals, such as GPs and speech and language therapists (SALT). The service monitored people's annual health appointments.

People were supported to meet their nutritional needs. Meals were planned and prepared by a cook. Staff worked with people to ensure they had a healthy balanced diet. One person advised that they wished to lose weight, and would try to eat healthy options at meal times. The support plan outlined guidance for staff to follow, it stated, "Staff are not to prompt [person] with this however are to reassure them that it is their choice." Another person was being supported to reduce the amount of chocolate and crisps consumed. Staff discretely monitored the amounts and offered healthy alternatives such as fruit.

People were supported in making meals and to be as independent as possible. People ate their meals with staff in their own allocated dining areas. People were offered two meal choices to choose from and a pictorial menu was displayed. We noted this had the previous day's menu choices however this was changed later in the day. We saw when required people had adapted equipment to support them at mealtimes. The cook enquired a number of times if people were okay and if they were enjoying their meal.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had a system in place for monitoring and requesting authorisations to ensure no people were deprived of their liberty without authorisation. Records showed the registered manager had submitted DoLS authorisation requests to the local authority in a timely manner. Systems were in place to monitor the DoLS authorised.

Staff supported people to make choices and decisions. Staff described how they used images or objects to assist a person to make a decision. Staff were clear about the need to seek consent and to maintain people's independence.

The provider used an electronic care record system. All information required inputting on to a computer system including daily records, professional contact and weight records. The system was password protected and only authorised staff members with permission to update records were able to gain access.

Is the service caring?

Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider had deteriorated to Requires Improvement.

All relatives we spoke with expressed dissatisfaction about the level of communication from the home. One relative told us, "I get no information, the occasional letter." Another relative said, "Overall ok, but the communication with us is not particularly good," "They don't let me know about things." We advised the deputy manager of our findings. They told us that they had contacted relatives on their appointment and were working on improving communication.

The service did not always protect confidential information. We noted confidential information was stored in a communal area which was accessible by everyone who lived at the service. We discussed this matter with the deputy manager who removed the documents to a suitable location.

Most relatives we spoke with were positive about the care and support provided at Tynedale. One relative said, "Yes they are caring, they welcome us, and they treat [person] with dignity and respect." Another relative said, "All the staff are nice, they bring [person] here every fortnight, they look after them marvellous."

People were supported to maintain relationships important to them. The deputy manager advised that people's families did not live locally and visiting the home posed a problem for some. The service made sure that people were supported by staff to go home regularly. Relatives told us when they visited the service they were made welcome. One relative told, "The staff do care, they are friendly and we are made to feel welcome." Another relative said, "We are made very welcome, always get a cup of tea."

Staff supported people to be as independent as possible. One relative told us, "They are supporting them to do washing and cooking, they get out shopping." We observed staff encouraging people to take part in daily routines. For example, one person was supported to clear their lunch plate and pick their dessert.

People were involved in decisions about their day to day care. Records reported on people's preferences. One staff member told us, "We always give choice. For [person] we give two choices as more can make them anxious."

People were treated with dignity and respect. A number of people received one to one support and this was provided in an unobtrusive manner. We observed staff readily available and were quick to respond to people's changing needs from one activity to another. Staff interacted with people as defined in people's care records. For example, we observed lunchtime and noted the staff member did not speak to the person during the meal. We saw within the person's care records this was assessed as required, due to the person's anxiety.

Staff were knowledgeable about the people they supported. All staff we spoke with described people in a

caring manner and were able to tell us about people's preferences and likes and dislikes. One relative told us, "The staff know him." The PBS practitioner told us how the provider ensured the staff mix reflected society to support people with equality and diversity.

The deputy manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA).

Is the service responsive?

Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's care and support needs were assessed prior to them moving into the service. This was so the service could ensure they could meet the needs of the person.

Care plans contained information about people and how they wished to be cared for. We looked at two people's care plans and saw these contained personalised information about the person, personal details and a profile called 'Understand me.' This described briefly how the person was to be supported in certain situations. For example, 'What should people do when I'm stressed', 'How do I communicate?' and 'How do I participate in my local community?.' We noted not everyone's social background information had not been completed. This had been highlighted and an action was in place for this to be addressed by staff working with people's relatives.

Support plans were written in a person centred way and outlined the support desired. For example in one person's communication support plan it stated, "Communicating with [Person] and allowing [Person] time to process information without overwhelming them." In another person's Hobbies and Interests support plan it recorded, "[Person] likes to spend time colouring in and drawing and listening to music. [Person] historically likes you to not bother him at these times but his 1:1 staff will be there to offer emotional support when needed."

Information from external health care professionals had been adopted into people support plans. This gave staff current up to date information on the best way to support the person.

Relatives gave mixed comments about their involvement in the planning of the care and support their relative received. One relative told us, "I get information for the review to read but I'm not involved." Another relative said, "I can't remember when we had the last review." However one relative did tell us they were involved with an annual review.

People were supported with their preferred activities. People had activity plans in place which reflected their likes and interests as well as any identified development needs. The service monitored people's levels of participation and whether they enjoyed the activity or not.

People were involved in a range of activities including arts and crafts, listening to music, shopping and trips to the pub. We observed one person playing football in the garden with a staff member. Staff told us how much the person enjoyed sitting in the garden. The PBS practitioner told us how the provider was exploring the opportunity for the person to attend football group sessions.

Relatives told us about activities their family member had taken part in. One relative told us, "They take

them out to the pub and the shops, they have a pint of Stones [type of beer], they are happy." Another relative told us, [Family member] goes out for walks, they watch TV in their room, they love horse racing, they like to sit and chill."

The service had a complaints process in place. Relatives told us they knew how to complain if they had concerns about the care provided. One relative told us, "I would complain to the general manager if I needed to."

Is the service well-led?

Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider had deteriorated to Requires Improvement.

We found poor communication on a number of levels. The service did not offer people and relatives regular opportunities to discuss their care and support. Relatives told us they did not recall receiving a questionnaire or survey to gather their opinions or views about the service. Relatives told us communication was poor. One relative told us, "They don't ask for my suggestions." Another relative said, "They don't let me know about things." The deputy manager advised that this matter would be addressed.

Staff did not always have an opportunity to provide feedback about how to improve the service and people's care. Team meetings were not held regularly. However, staff told us the communication had improved since the deputy manager had been in place. One staff member told us said, "I can ask [deputy manager] anything." Another staff member said, "We had a team meeting recently but we haven't had them for a while."

There was a system of checks and audits in place to assess the quality and safety of the care people received. The provider's senior management conducted a monthly 'governance and quality audit' which covered areas such as CQC notifications and behavioural incidents. Whilst the service had quality assurance checks in place covering areas such as medicines, care records, infection control and health and safety. We found these were not regularly completed. An action plan was in place for future audits to be completed.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The home had a registered manager. 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.

At the time of this inspection the registered manager had been temporarily re-located to another home to provide additional support. The provider asked the deputy manager to step up in their absence. The deputy manager had only had full responsibility for the service for two weeks. Within that short period staff and relatives we spoke with told us improvements had been made.

We noted the majority of issues we had identified on our inspection the deputy manager had highlighted and had started to put actions in place. For example, refurbishment to the environment, they had sourced new flooring and consulted with a person on their preferred colour for their dining room.

The service had clear plans in place for the improvement of the environment and care records. The deputy manager had also created additional systems for the support of monitoring supervisions and appraisals.

Staff told us morale had improved since the deputy manager had commenced working at the home. One staff member told us, "The place has had its ups and downs. With [deputy manager] it's a brighter future I couldn't see it happening before. Staff morale has improved." Another staff member told us, "What a difference [deputy manager] has made. We all know what we are doing now." We observed staff worked well together and supported each other. Staff enquired about the welfare of each other and people throughout the day.

Relatives were also extremely positive about the changes made at the home. One relative told us, "I can see an improvement. [Deputy manager]'s done more in two weeks, than has been done for years and years."

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. Records showed the service worked in partnership with people's local authorities, multidisciplinary teams and safeguarding teams ensuring people received joined-up care.

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 15 HSCA RA Regulations 2014 Premises and equipment The service did not have systems in place to monitor the level of cleanliness, areas of the home were visibly dirty. 15(1)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not actively encourage feedback about the quality of care and support provided. Quality assurance checks were not regularly completed. 17(2)(a), 17(2)(e)