

Swanton Care & Community (Autism North) Limited

Tynedale

Inspection report

Ashbrooke Range
Ashbrooke
Sunderland
Tyne and Wear
SR2 7TR

Tel: 01915101421
Website: www.barchester.com

Date of inspection visit:
07 January 2019
10 January 2019
11 January 2019

Date of publication:
13 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7,10 and 11 January 2019 and was announced. The inspection was announced to ensure people who used the service would be present.

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.

The registered manager had deregistered on 18 December 2018 and had taken up the post of deputy manager. A registered manager from another of the provider's services had taken on the role of interim manager on the 4 January 2019. The regional director had started their application to become the registered manager of the service. 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.

At the last comprehensive inspection in January 2018 we rated the service as 'Requires Improvement' overall. We identified two breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We found the service did not have systems in place to monitor the level of cleanliness and areas of the home were visibly dirty. The provider did not actively encourage feedback about the quality of care and support provided and quality assurance checks were not regularly completed.

Following the inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve in the areas identified. The provider sent us a plan showing what actions would be taken to address the issues.

During this inspection we noted improvements had been made to the environment and the premises were clean and tidy. The service advised us that a survey was to be sent to families to gather feedback in summer 2018. We found this had not happened. The deputy manager advised a survey was sent on the day we gave notice of our inspection. The regional director told us the provider had considered various methods to capture people's and relative's views but had not concluded what method they wished to use.

We found that quality assurance systems remained ineffective. Whilst audits had been introduced to

address the issue of the cleanliness of the premises, other quality assurance systems had not identified the issues we found during the inspection relating to Deprivation of Liberty Safeguards (DoLS) applications, medicines audits, people's finance records and training records.

The management team at the service did not have clear oversight of training which meant training had lapsed in a number of areas. Staff told us they had regular supervisions and an annual appraisal.

The service did not have effective systems in place for people's DoLS. One person's application was made the day after it had ended which meant the person was restricted unlawfully. The status of other people's ongoing DoLS applications were not recorded.

Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required. Although medicines audits did identify issues, the service was unable to confirm what action it took and no associated documents were available.

This meant the service was continuing to breach regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing levels were determined by people's needs. The service ensured people had a core team of regular staff.

Staff had completed safeguarding training and were confident in identifying the signs of abuse. Safeguarding matters were investigated and the information was collated by the provider. Safeguarding concerns and accidents and incidents were analysed for trends with learning points cascaded to all staff.

The service recognised risks and created risk assessments to mitigate the hazards identified. Environmental and person specific risk assessments were in place. These clearly identified the risk posed and the control measures to take to support the person to remain safe.

The provider carried out regular health and safety checks. A business continuity plan was in place to ensure people continued to receive care during unforeseen emergencies.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People were supported to meet their nutritional and hydration needs. The service had close links with healthcare professionals. People were supported to gain access to support and treatment in a timely way.

Relatives told us staff were kind and caring. Staff clearly knew people well and were able to discuss people's likes and dislikes and described people's personalities.

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.

The provider had recently asked relatives for direct feedback. We received mixed comments regarding communication with relatives.

Staff told us they felt supported by the management and the provider. Staff we spoke with told us they enjoyed working at the service.

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.

Issues identified during medicine audits were not addressed.

Improvements had been made to the environment and systems were in place to maintain the cleanliness of the premises.

Safeguarding matters were investigated and referred to the appropriate agencies. Although lessons learnt were not always followed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training was not monitored and had been allowed to lapse.

Staff told us they had regular supervisions and appraisals

People were supported to maintain good health and had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about people's support needs and preference.

Relatives told us staff were kind and caring.

People appeared happy in the company of staff.

Is the service responsive?

Good ●

The service was responsive.

Relatives were involved in the creation of their family member's support plans.

People were supported to participate in their preferred activities.

Relatives were aware of the complaints process and were confident matters would be addressed.

Is the service well-led?

The service was not always well-led.

Quality assurance processes had not identified the issues we found during the inspection.

The service had recently sent a survey to relatives to gather their direct feedback.

Staff told us they enjoyed working at the service and were supported by the management team.

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 7,10 and 11 January 2019 and was announced. The inspection was announced to ensure people who used the service would be present.

The inspection team consisted of one adult social care inspector. We visited the service on 7 January 2019 and conducted telephone interviews with relatives and staff members on 10 and 11 January 2019.

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 contacted the local authority commissioners for the service, 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.

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

We looked at two people's care records and three 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 conducted general observations throughout the day and with permission visited people's rooms.

Is the service safe?

Our findings

At the last comprehensive inspection in January 2018 we found a breach of regulation in relation to premises and equipment. The service did not have systems in place to monitor the level of cleanliness and areas of the home were visibly dirty.

We found the provider had made improvements. The home was clean and tidy. Cleanliness was discussed at team meetings and staff were fully aware of their responsibility in maintaining and supporting people to retain the cleanliness of the service.

People received their medicines as prescribed. The service had systems for the receipt, return, administration and disposal of medicines. The medicines administration records (MAR) we viewed showed no gaps or discrepancies. Medicines were stored securely in a locked room. Audits were conducted and were effective in identifying issues. However, the deputy manager was unable to tell us what follow up action had been taken place and was unable to locate the associated documents relating to the investigations into the matters. We asked the deputy manager to address this matter.

Whilst safeguarding matters were full investigated we found lessons learnt were not always fully implemented. For example, the service had investigated financial irregularities and put actions in place. We found that the service was not always following these actions or the provider's financial policy which meant people were at risk of financial abuse. We asked the manager to address this matter immediately.

A business continuity plan was in place to ensure people would continue to receive care following an emergency. Monthly health and safety checks were conducted. Records relating to the maintenance and safety of the building were up to date and monitored. Fire drills were regularly carried out. Staff told us people took part in simulated fire drills and they were confident people were safe at the service.

Staff we spoke with told us they had completed safeguarding training. They were able to describe what action to take if they had any concerns. The service identified safeguarding issues, these were collated and analysed by the provider to identify any trends or patterns with lessons learnt discussed with staff. The provider used the same system to record and analyse information gathered from accidents and incidents and complaints.

The service engaged with people, their relatives and health and social professionals to carry out a full assessment prior to people moving to the service. Staffing levels were determined by people's needs. Staffing rotas were constantly reviewed to ensure enough staff were available to support people on external activities.

The provider conducted pre-employment checks including obtaining two references 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. Identified risks were assessed and managed with basic information for staff to follow to ensure the person

remained safe. General risk assessments for the environment and premises were also in place.

Is the service effective?

Our findings

At our last inspection we noted flooring through the home was raised and bubbled in areas. 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. We found at this inspection these matters had been addressed. The service had replaced shower rooms, bathrooms and flooring.

The premises were designed around people's needs and preferences. People had their own areas which included a bedroom and lounge. Rooms were furnished in a way to ensure people remained safe. We observed that one person was supported to personalise their room.

The service did not have effective systems to ensure staff had up to date training to support people. The deputy manager told us the training record system was not accurate as the provider was moving to a different computer system. We asked the service to review their systems and provide an accurate up to date record. We were provided with a record that did not include all staff and showed training was not up to date. We asked the service to provide a training record that reflected the current situation. We were provided with a further training matrix which showed that staff training was out of date in a number of mandatory areas. We noted nine out of 20 staff had completed Non-Abusive Psychological and Physical Intervention (NAPPI) level 3 training. No dates were available to identify when this had lapsed. We were informed that staff were booked on additional training on the 8th February 2019. Records provided highlighted 39% of staff had completed first aid practical, 56% of staff had completed infection prevention and control and 57% of staff completed Mental Capacity Act (MCA).

We found the provider's monthly management assessment did not include a review of training records.

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

Staff told us they felt supported by the provider. Staff confirmed they regularly took part in supervisions and also had an annual appraisal.

Relatives we spoke with felt staff were well trained. One relative said, "I think they are well trained. They are great with [person] they understand their needs." Another relative told us, "Yes, they have all the training."

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. We found the systems in place for monitoring and applying for people's DoLS was not effective. One person's application had been made a day after it had expired. An application had been made for one person, but no confirmation had been received and the service did not have any records of checking its status with the responsible local authority.

Staff told us how they involved people in decision making where possible, for example when choosing what to eat or wear.

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. The information was incorporated into people's support plans.

People were supported to access healthcare professionals. Relatives told us the service was responsive to people's care needs and ensured healthcare professionals were involved with their family member's care.

People were supported to meet their nutritional needs. People were involved as much as possible in the planning of menus. A staff member told us, "We get to know what people like. They let us know and we plan the menu around them."

The service had lost the post of a dedicated cook which meant staff were responsible for preparing meals for people. The deputy manager told us staff had expressed concerns that staff were taken away from supporting people. As a result, the deputy manager had put a case forward to the provider for the post of cook to be reinstated and this had recently been successful.

People were supported in making meals and to be as independent as possible. We observed one person with support from their key worker prepare lunch for everyone. They clearly enjoyed helping.

Is the service caring?

Our findings

Relatives we spoke with told us they were happy with the support their family member received. Comments included, "I know [family member] is happy as they would let me know," and "The staff are brilliant."

At last inspection all relatives we spoke with expressed dissatisfaction about the level of communication from the home. At this inspection relatives' comments were mixed. Relatives reported that they received information and were telephoned regularly with updates. However, one relative told us that the communication was not as effective following the change of key worker. We asked the service to address this matter.

During our inspection people appeared happy and comfortable with staff. Staff were sensitive to people's needs and had an understanding of situations that might cause a person to become distressed. We saw many happy and friendly interactions between people and staff. Staff recognised when people wanted private time and this was supported sensitively.

People were supported to maintain relationships important to them. A number of people did not live locally. When relatives did not have access to transport, the service used their own transport to ensure people could have home visits.

Staff supported people to be as independent as possible. We observed a staff member supporting and encouraging a person to prepare lunch. A relative told us, "They encourage [person] to get involved. [Person] is doing much more here."

People were involved in decisions about their day to day care. One staff member told us, "We offer two choices as more can make [person] anxious." This was reflected within the person's support plans.

People were treated with dignity and respect. Staff supported people in line with their support plans. We observed one person received one to one support, this was provided in a discreet manner. Staff had remained at a distance but were quick to respond to the person's needs. Staff were able to explain how they maintained the privacy and dignity of the people they supported.

People were supported to gain access to the support of an independent mental capacity advocate (IMCA) when required. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Is the service responsive?

Our findings

Relatives told us the service was responsive to their family member's needs. One relative said, "They recognise when [person] is having a good or bad day and get them through that day."

The service was in the process of returning to hand written notes rather than it's computer system as it identified that worked better at this service. Support plans were available as hard copies for accessibility for people rather than gaining access to the computer system.

New support plans were being introduced. Support plans covered a range of needs including, communication, health care needs and medication. Each outlined, 'Why I need support,' 'Aims' and 'Intervention required.' These contained detailed guidance how best to support people and outlined their preferences. For example, within communication it reported, "It is important for staff to speak slowly and clearly to [person], he can respond well to short sentences but if you overload [person] with lots of information this will confuse [person]."

People had hospital passports to support them if they had an emergency medical situation. Hospital passports are created to support people with a learning disability and provide hospital staff with information they need to know about them and their health when they are admitted to hospital.

People were supported to take part in activities and access their local community. Individual activity programmes were designed following consultation with people and their relatives. One staff member told us, "We are constantly looking at different activities for people. We try new things and record people's reactions." A relative said, "They get [person] out and about and they have taken them on holiday." Another relative told us, "[Person] is supported to get out in the community. They tell me [person] has been to the pub and restaurants."

The interim manager told us, "We are reviewing people's activities and working with people to identify goals to work towards."

Relatives told us they were involved in discussions about their family member's care and support. They took part in annual reviews and were constantly updated on their family member's wellbeing.

Relatives we spoke with told us they were aware of the complaints process and were confident that matters would be addressed. The service recorded all complaints and these were reviewed at provider level to ensure appropriate responses were made and also to identify any lessons learnt.

The provider ensured it complied with the Accessible Information Standard (AIS). Easy read formats, images and photographs were used throughout the service. One person used PEC cards to support with communication.

At the time of the inspection no one was receiving end of life care.

Is the service well-led?

Our findings

At our last inspection we identified a breach with regard to good governance, we found that feedback was not regularly sought from people, relatives and staff and quality assurance checks were not regularly completed.

Whilst audits had been introduced to address the issue of the cleanliness of the premises. We found quality assurance audits continued to be carried out intermittently and did not identify the issues we discovered. For example, medicine audits identified issues but the service was not able to provide evidence of the action taken. DoLS applications were not monitored effectively and people's finances were not audited in line with the provider's policy which meant people were at the risk of financial abuse. The service did not have an oversight of staff training and mandatory training had been allowed to lapse without any action taken.

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

The regional director told us that the service had been through a period of change over the last year with the role of service manager changing three times. They said, "It's not an excuse, but it has had an impact on the service."

The provider told us in their previously submitted action plan that they intended to send out a survey to relatives in summer 2018. We found this had not happened. The regional director advised that the provider was considering the best format to use and it had not come to conclusion. They told us a paper survey had been sent out the week before our inspection.

Communication with staff had improved. Staff we spoke with told us they had opportunities to discuss people's care and support and the running of the service. One staff member said, "I can discuss anything at my supervision and we have team meetings." The interim manager recognised that further work was needed to maintain the level of communication.

Staff told us they felt supported by the management team and the provider. They were clear on their role and were passionate about ensuring people had the best possible support. One staff member told us, "I feel listened to, I can suggest ideas. What [Person] might like to do."

Relatives told us they were happy with the service they received. One relative told us, "I am happy as it seems [Person] is happy, they seem much calmer." Another said, "I think [deputy manager] does a great job." We noted not all the relatives we spoke with were aware of the change in the management team. We asked the deputy manager to address this matter.

The registered manager had moved to the position of deputy manager and had deregistered with the CQC on 19 December 2018. An Interim manager was put in post three days before the inspection and was due to remain in that role for three months. The regional director advised that they had started their application to

become the registered manager of the service

The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The service supported people to access the local community and had developed links with the provider's other services. 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 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems to assess, monitor and improve the quality and safety of the services. Regulation 17(2)(a)