Gateshead Council

Tynedale Promoting Independence Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days on 29 February and 1 March 2016. The service was last inspected in September 2014 and was meeting the regulations in force at the time.

Tynedale Promoting Independence Centre is a residential care home that provides respite, short break and assessment for up to 6 weeks. Accommodation and personal care is provided for up to 27 older people, prior to them moving to a permanent placement, or returning to their own homes. Nursing care is not provided. There were 20 people living there at the time of inspection.

There was a registered manager who had been in post since 2009. 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.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building and equipment were well maintained and there were regular health and safety checks undertaken by staff.

There were enough staff to meet people sometimes complex needs and the staff were trained, supervised and supported to effectively meet their needs. The service had a number of vacancies but was using existing staff to cover shifts.

Medicines were managed well by the staff and people received the help they needed to take their medicines safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professional's advice was sought appropriately.

People were supported by staff who knew their needs well and how best to support them. Staff were aware of people's choices and how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them reassurance that their relatives were being well cared for. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process.

People were supported to maintain a suitable food and fluid intake. Staff responded flexibly to ensure that people maintained their physical wellbeing and worked with people as individuals.

Staff were caring and valued the people they worked with. Staff showed kindness, empathy and humour in responding to people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe.

Privacy and dignity were carefully considered by the staff team, who ensured that people's choices and

previous wishes were respected. Our observations confirmed there was genuine empathy and warmth between staff and people living at the home.

People who were receiving end of life care had their needs appropriately assessed. Professional advice was sought where needed to promote advance care planning

The service responded to people's needs as they changed over time, sometimes responding promptly to sudden changes in people's needs. The service supported people to access appropriate support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider new ways to meet people's needs. The registered manager regularly consulted families and staff to look for ways to improve the service and audits and reviews of care delivery were carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to keep people safe and prevent harm from occurring. The staff felt they could raise any concerns about poor practice in the service, and these would be addressed to protect people from harm. People in the service felt safe and able to raise any concerns they might have.

Staffing was organised to ensure that people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were mostly managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received support from senior's to ensure they carried out their roles effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was required.

Arrangements were in place to access health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and subject to review.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and empathy. People could make choices about how they wished to

be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide personalised care. People were supported effectively by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences. Care records showed that changes were made in response to requests from people using the service and external professional's advice. Care records for those using the service long term did not always contain more personalised details of the person.

Staff knew people as individuals and respected their choices.

People felt they could raise any concerns with staff, and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well led. The home had a registered manager in place. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to improve.

The provider had notified us of any incidents that occurred as required. People were able to comment on the service provided to change service delivery over time.

People, relatives and staff spoken with all felt the manager and their deputy were visible, caring and flexible.

Tynedale Promoting Independence Centre

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 29 February and 1 March 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector, a specialist advisor 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.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team was also reviewed. They had no negative feedback on the service.

During the visit we spoke with nine staff including the registered manager, seven people who used the service and six relatives or visitors. Observations were carried out at a mealtime and during an activity, and a medicines round was observed. 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 also spoke with four external professionals who regularly visited the service.

Five care records were reviewed as were nine medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also checked people's weight monitoring records, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas, offices, storage, skills kitchen and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service and relatives agreed that people were looked after safely. One person told us, "The staff keep an eye on me when I come here for respite. I get run down when I'm alone and they pick me up again." We observed that people were supported discreetly, for example people went outside to smoke and staff either went with them, or observed them to make sure they were safe. A relative told us, "I am more than happy since [relative] came here. They were really ill and at risk, the staff here have kept them safe and helped reduce the number of falls." All the people and relatives we spoke with told us they felt the service was a safe place to be whilst they waited to either go back home or to another service.

Staff told us what they did to ensure people remained safe, for instance, by ensuring that people who needed supervision were supported by a staff member when they left the lounge to use a bathroom. They told us they had attended safeguarding training and could tell us what the potential signs of abuse might be in people with a dementia related condition. Staff we spoke with felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. We saw that where alerts had been raised by the registered manager they had been acted upon correctly. For example where there had been an incident between two people who used the service, both having a dementia related condition. The staff put in additional observations and checked for any signs of ill health, speaking to healthcare professionals and people's family members for advice.

We saw in people's care records there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. People's risk of poor diet and fluid intake were being managed and referrals to external professionals were made if required, for example a dietician. We observed that people who needed support to maintain their food and fluid balance were supported and encouraged by staff to eat and drink throughout the day. We saw that drinks were available at all times.

The registered manager and deputy undertook regular checks within the service to ensure the environment was safe for people living there. A maintenance record was kept and we observed that the building and grounds were clean, well maintained and secure. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers, were also checked regularly. We saw that some rooms were not in use and kept secure whilst repairs were being undertaken. People and relatives commented to us that the environment was always clean and tidy. Electrical testing of equipment in the service had just expired. When we brought this to the registered manager's attention they took immediate action to remedy this.

The registered manager explained to us how they ensured there was adequate staffing. This was based on a core staffing compliment and they had the ability to bring in additional staffing if required. Staff and people told us they felt there was enough staff and we observed that staff were able to respond quickly when required and still had time to spend with people. Whilst the future of the service was under review by the provider, staff told us they had staffing vacancies which meant staff had to cover additional shifts on occasion. We discussed this with the registered manager who advised that whilst the service was under

review vacancies were now covered by existing staff and they did not use agency. They told us this had not left the service understaffed.

We saw from records that the registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety in the service.

We spoke with members of staff and looked at personnel files to ensure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions or other concerns which makes them unsuitable to work with vulnerable people. These had been obtained before people started employment. Application forms included full employment histories.

We looked at the way medicines were managed. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. The staff we observed checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered.

People had 'medicine capacity' assessments in place to record if they were able to administer their medicines independently or needed staff support. We were told that one person self-administered their medicines; the risk assessment was signed by the person themselves. We did not see written guidance kept with the MAR charts, for the use of "when required" medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief. This meant that there was no written guidance for the use of "when required" medicines and staff may not have provided a consistent approach to the administration of this type of medicine. We brought this to staff attention who agreed to ensure that care plans were more detailed in this respect. The registered manager showed us medication audits which were undertaken by the duty manager on a weekly basis, to check that medicines were being administered safely and appropriately. We saw that no errors had been noted from the previous 6 months.

We spoke with cleaning staff and they told us there were plans in place to make sure all areas of the home were kept clean. Staff wore protective clothing when they were cleaning. The home was clean and tidy throughout.

Good

Is the service effective?

Our findings

People told us that staff knew them well and relatives told us they felt the care and support provided by the service met their family member's needs. We observed that staff were visible during the inspection, assisting people in recreational activities and the mealtime experience was positive. One person told us, "I have been here longer than planned as my accommodation isn't ready yet. The staff have told me about the issues and I am more than happy to remain here." Relatives we spoke with also told us how happy they had been for their family members to use the service. They felt the staff team knew what they were doing and chased up external professionals to help people move on. An external professional we spoke with told us the staff were "Good at their jobs. They get to know clients quickly and help us assess which kind of service is best for them in the future."

Records of staff induction showed that all staff went through a common process to prepare them for their roles. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended mandatory training such as moving and handling and had attended training on dementia care and behaviour support. The registered manager kept a training record for all staff that showed when refresher training was needed. However the staff training matrix had not been kept up to date and it was unclear if out of date training had been completed. We spoke to staff and checked other records and saw training had occurred or staff had been placed on refresher training. We discussed this with the registered manager who agreed to ensure the training matrix was updated with new courses and training attended.

All staff told us they were regularly supervised by senior staff. Records showed that supervisions included reviewing the changing needs of people as well as the performance and training needs of staff. Staff had an annual appraisal with a review after six months. Staff were given feedback on their performance, as well as advice about additional training that they could access if required.

Each person's care records had a consent form; however we found this was not always signed by the person or, if they were not able, by their representative. We discussed this with staff and the registered manager. They advised people or their representatives had often given their verbal consent whilst their care plan was devised, but before the final document was completed. We spoke to people and their relatives and they confirmed this to be the case. They told us they had been involved in discussions about people's care needs and had suggested changes, which had been made if required.

We recommend the service ensure that evidence of consent; and people's, or their representatives, involvement in care planning is recorded consistently.

We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do throughout the day, offering them choices and responding to requests.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty

Safeguards. 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). From records we saw that appropriate referrals had been made to the local authority where people's care amounted to a deprivation of liberty. The service had a process in place to review these as required.

There was evidence of joint working between the service, the local GP's and other community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to change their approach to working with some people. A visiting health professional told us they had a very good working relationship with the service and how they had recently supported a person during the end stages of their life. They felt the staff had managed this well and maintained the person's dignity as well as keeping the family involved. We spoke to social work professionals who told us the service was good at prioritising people's healthcare needs. Often helping people regain wellbeing after period of illness.

Good

Is the service caring?

Our findings

People told us they felt the service offered was caring towards them. One person told us, "I come here often, it's always nice. I wish I could work here instead so I could be here all the time." A relative told us how they and their relative who used the service looked forward to their respite stay. They said, "It gives us both a break, and when I come in to visit the staff are always glad to see me." We saw that the registered manager had recently offered to help someone remain at the service in the end stages of their life. This had been to avoid a hospital admission and helped the person and family remain in a place they knew well. Staff we spoke with about this supported this decision as they felt they could offer continuity of care at this critical stage.

People seemed happy and we saw smiles and positive interactions between people and the staff. We saw staff and people engaged in recreational activities throughout the visit and saw that staff knew people well, for example knowing which games people were able to play unassisted. Staff members talked about the service being under review, but only talked in terms of the impact it would have on people if the respite service was no longer available. They thought the service offered continuity for people over a long time, and that a change to another provider may affect people.

Some people had advanced dementia related conditions, and we saw that staff carefully monitored these people throughout the day. Staff told us how one person had initially been withdrawn when they first arrived and how they had encouraged them to mix more in the service. Another person was supported to remain as independent as they had been when living independently. They had been subject to abuse in the community and staff worked with them to be more aware of risks when they travelled alone. Relatives we spoke with also told us that staff contacted them regularly to keep them updated on any changes and they felt staff were always attentive when they visited.

During the inspection we observed that staff acted in a professional and friendly manner, treating people with respect and helping them maintain their dignity. For example records showed and staff told us how they supported people to maintain their independence as much as possible, only supporting people where this was required. We saw the service had a 'skills kitchen' where staff could assess people's self-care skills, and offer support and advice to decrease their dependence on support in a safe environment.

Staff were able to tell us about people's preferences in daily living, including their likes and dislikes. They were able to tell us about people's history, how best to support them and they were knowledgeable about individuals. One staff member told us, "I spend more time here with residents than I do with my own family, I think I know them as well as some of my own family and think of them as being all equal."

In the reception area of the home we saw information was available about advocacy services provided in the local area. There was also information about safeguarding adults, how to complain and a range of other services. The walls and doors were painted in such a way as to assist orientation in the building, or if people had a dementia related condition. This helped people familiarise themselves quickly in the service.

We were told and saw records that confirmed there were regular resident and relatives meetings where problems could be raised and changes discussed. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions.

We saw that care plans and records about people were kept in a staff area away from where they may be seen. Staff told us that when people came to the service in an emergency or at short notice for the first time they were often concerned about their privacy. Staff told us how they ensured this was reduced by ensuring that they knocked on doors and supported people to feel secure in their new environment.

We saw people had information in their care plans about their preferences for care at the end of their lives if this was required. Staff told us they were experienced in providing end of life care and this was supported by training records we saw. Staff said they linked in with local GP's and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans.

Good

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in creating their care plans and relatives told us staff actively sought their input into their relative's care. Relatives told us that the staff seemed to be knowledgeable on meeting their relative's needs. One relative told us, "Every time I come in they keep checking in to keep me aware of how [person] has been".

External professionals told us they were invited to take part in regular care reviews and that they could ask the staff team any questions at any time. We did see that sometimes reviews did not happen as planned if external professionals were unable to attend. We discussed this with the registered manager who told us these formal milestone reviews were often arranged, and then cancelled as external professionals could not attend. They agreed that these needed to be more clearly recorded in people's care plans as this was beyond the services control.

People had care plans created on initial admission, often at short notice, and the staff then contacted external professionals and relatives to gather information to create an initial care plan. These plans were sometimes rather generic in nature focussing on assisting people to gain self-care skills with rather broad and generic goals. As the service got to know people more these plans were then adapted to be more person-centred and additional goals were added. This was not always the case and some care plans remained generic in nature. We discussed this with the registered manager and staff, due to the short period of time most people remained at the service for assessment, these details were not added to care plans, but instead transferred to social workers when making future care arrangements for people. However for people who attended for regular respite they agreed more detail could be added to care plans to reflect the staff's knowledge of the person.

We recommend the service increase personalised details contained in people's care plans.

Staff told us they provided activities and one staff member led on this work in the home though all staff were encouraged to be part of activities. We saw that people had one to one time, as well as group activities such as ball or card games or people using a quiet lounge for time watching a film. Music was playing softly in some areas. We did not see anyone moving about the service without purpose and staff encouraged people to spend time out of their bedrooms during the day. The garden was used by people when the weather was good and activities were available for outside use. We saw staff and people engaging with each other in humorous conversation with lots of smiles and affectionate interaction.

Overall from April 2015 to February 2016 the service received 60 compliments. These included comments such as, "Thank you very much for the excellent care and kindness shown to our [Relative] during their stay here, with much appreciation"; "Many, many thanks for caring magnificently for my [Relative], you have provided a wonderful service, and with lots of help from you all, they are now looking forward to 'caring for themselves', words seem so inadequate but thank you so much"; "A heartfelt thank you, they have been so happy here"; "Thank you so much for the love and care you gave to [Name] during their stay, without you good people we would not have been able to take a break, keep up the good work".

The service had a system in place for handling complaints and concerns and we saw that the complaints policy was referred to in the booklet made available to each person when they came to live at the service. This meant people had written information available, to make them aware of their right to complain and were supplied with information as to how any dispute would be handled by the provider. We saw an individual 'complaints log' which detailed the nature of the complaint/query, the investigation undertaken and the outcome. Between February 2015 and January 2016 we saw 5 complaints had been raised. The registered manager told us that 3 complaints were still outstanding and that lessons learned were shared with staff at supervisions and staff meetings. This meant that there was a system in place to gather and act upon people's complaints and respond in a way which resolved the concern, in addition to minimising the risk of the same issue arising in the future. Compliments and complaints were used as a learning tool to ensure improvements in the service and to provide additional information regarding the standard of the service.

As people often stayed only for initial assessment the service had to pass information to other providers if the person continued to need on going care, either at their own home or in a residential setting. External professionals we spoke with about this told us the service gave them the information they needed to create future care for people. They told us a number of people had required only minimal support after leaving the service due to the progress made during their stay.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led and the registered manager was effective. They told us that the registered manager was approachable and down to earth; they felt that if they had an issue they would be listened to seriously by the whole staff team.

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their own family and friends. Staff told us the registered manager took the same approach and supported staff to think about the way they supported people, and how they would like someone to care for their loved ones. We saw that staff felt positive about the service they offered and they told us staff turnover and sickness was low as it was such a good place to work. However staff did tell us that due to the service being reviewed by the provider the future of the service was uncertain. From looking at staff meeting minutes and those of people using the service this was a regular conversation topic. Almost everyone we spoke with told us about this issue.

The registered manager told us that they monitored the quality of the service by reviewing the services quality monitoring tool, satisfaction surveys, reviews of care plans, complaints, compliments, meeting minutes and two weekly evaluations with service users themselves. When asked the registered manager told us they ensured that everyone knew the vision and values of the service, they told us they discussed these in supervisions, at staff meetings and by visual displays around the service and in staff areas. We found details of the vision and values clearly displayed as part of the 'statement of purpose' given to all people when they came to live at the service and kept in their bedrooms.

Regular checks and audits were carried out by the registered manager and other senior staff. For example, these analysed where people had experienced significant weight loss, the use of medicines, care plan reviews, and the accident and incident records. We saw this information was then used in people's care plans to review any areas of concern, such as weight loss and highlight this with relevant external health professionals if there was a need for further support.

The provider had a quality assurance programme which included three monthly visits by managers from other services to check the quality of the service. We saw a detailed report of the recent visit in February 2016 and action plans for any areas for improvements.

Staff told us that the service sought the views of people and their relatives' at the end of the person's stay at the service. They showed us the results from the monthly survey in December 2015 which was based on 66 responses, with 42 people rating the service as 'excellent', 23 people rating the service as 'good' and 1 person rating the service as 'fair'.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches and the providers other local services. The provider ran similar services in other geographic areas and the managers of these services shared experiences and learning between them.

The registered manager was clear in their responsibilities as a registered person, sending in required notifications and reporting issues to the local authority. We discussed the registration categories of people using the service. The service was registered for the category of 'Older people' but the needs of people using the service was becoming more varied, and following review may have included people who did not meet the criteria of 'older people'. We discussed this with the registered manager who agreed to review this further.

We saw that the registered manager met with staff, people and relatives regularly and used these meetings to gauge their views and inform them of potential changes to the service. We saw that staff were given feedback, and that other ways for families to get involved were discussed. The relatives and staff we spoke with about these meetings told us they were useful

People, relatives and staff told us the registered manager was very 'hands on' in the service. They told us the registered manager could turn their hand to any job in the service and could support staff with practical examples. We saw that people knew the registered manager well and they had positive interactions with people as they moved about the service.

External professionals we spoke with felt the service worked well with, seeking out their input and advice, but also managing people's complex needs and assisting them to regain independence.