

Tynefield Care Limited

# Tynefield Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Tynefield Care Limited is a residential care home providing personal and nursing care to up to 49 people. The service provides support to older people, younger adults and people with a physical disability. At the time of our inspection there were 45 people using the service. The care home accommodates people in a purpose-built ground floor building.

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

People received their medicines as prescribed. People received the support they required with their medicines from staff who were regularly assessed as being competent. Systems and processes were in place to protect people from harm. Areas of risk in people's lives had been identified and were regularly reviewed. There were enough staff safely recruited to meet people's needs. Infection prevention and control measures were in place to help keep people safe.

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

People were supported by staff who knew them well and what was important to them. People and relatives were involved in decisions about their care. Care was personalised and took into account people's personal preferences.

There was a positive culture within the home and the staff were led by a registered manager passionate about providing high quality care. People and staff had opportunities to give feed back and felt listened to. There was a governance system in place that monitored the quality of the service and the provider had plans in place to drive forward improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 January 2021). An outstanding breach of regulation 9 was not inspected. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tynefield Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Tynefield Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Tynefield Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tynefield Care Limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 8 relatives about their experience of the care provided. We spoke with 10 members of staff including members of the domestic and catering teams, the clinical lead, the registered manager and the operations manager. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 1 professional during their visit to the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely at the service. People and their relatives told us they felt safe and well looked after. One relative told us, "We have no concerns with the care."
- People were supported by staff who were trained to keep them safe. Staff were able to recognise the areas of potential abuse. Staff were confident to report any concerns.
- Effective systems were in place to help keep people safe. Safeguarding incidents had been recorded and reported as per the provider's policy. The provider regularly reviewed incidents and updated people's risk assessments and care plans to mitigate the risk of ongoing harm.

Assessing risk, safety monitoring and management

- Systems were in place to ensure people's risks were identified and managed. The provider's electronic record system identified when assessments and care plans were due for review and alerted staff to updates and changes.
- Staff knew people's risks and how to help keep them safe. Staff knew how to identify changes in people's needs and how to action these. For example, staff had reported when a person experienced swallowing difficulties and a referral for a professional assessment to identify actions to reduce the risk of choking was made.
- People's health needs were identified and met. For example, where people had been identified as needing support to maintain skin integrity the care plan provided guidance for the management of this, including weight monitoring, visual checks, position changes and use of equipment.
- Some people experienced anxiety or agitation at times, requiring support from staff to keep themselves and others safe. People's care plans contained detailed guidance for staff to understand possible triggers and interventions which could reduce the persons anxiety.
- Systems were in place to monitor safety risks, for example, the daily walkabout carried out and recorded by the registered manager. On the day of inspection, the registered manager took immediate action on finding a damaged mattress.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People were supported by staff who were recruited following safe procedure guidance. Pre-employment checks of applicants included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager used a tool to calculate the number of staff required to care for people safely. There were enough staff deployed to meet people's needs, including individual one to one support hours where required.
- Staff were confident and competent to support people safely. Staff were trained to use equipment such as mobility aids. One person told us they felt safe when staff used the hoist to help them to move when they wanted to use their wheelchair.

#### Using medicines safely

- People were supported to have their medicines as prescribed. Correct procedures were followed when medicines needed to be given without a person's knowledge or consent, for example, in food or drink. Care records included detailed guidance for staff to be able to support people to take their as required medicines, for example, pain relief.
- Some prescribed items such as dressings and nutritional supplements were found to be stored in people's rooms. Prescribed items should be stored correctly, and people's environments maintained to be clutter free and safe. The registered manager took immediate action to identify appropriate storage for these items to be moved and stored safely.
- Staff were trained to manage medicines safely. Staff followed guidelines for the safe management of controlled medicines. The competence of staff who administered medicines was checked and regular update training made available.
- Errors involving medicine administration were identified, recorded and responsive action taken, for example, where a minimum interval between doses of a medicine had not been followed appropriate medical advice was sought and support identified for staff to improve their practice

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- The provider operated a booking system for visitors to the home. This was implemented in response to the outcomes of people's individual risk assessments to ensure safe visiting could be implemented. The provider had consulted with people and their relatives and were confident these measures did not result in any restrictions and everyone who wanted visitors was able to receive them in their home.

#### Learning lessons when things go wrong

- The registered manager introduced more frequent audits of medicine management following the investigation of an incident when medicines were not available in the service. This meant any potential shortfalls of medicines could be identified early and appropriate action taken to ensure medicines were available for people as prescribed.
- The registered manager took on board all issues identified on the day of inspection and took immediate responsive action to make improvements. For example, where issues with the environment were discussed, the service improvement plan was reviewed with the provider and immediate action taken to bring forward the refurbishment of floors, the servery area and bathrooms.
- The registered manager analysed incidents and used lessons learned to improve outcomes for people. For example, a simple risk reduction tool was put in place to be used in the event of a person using the service going missing.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our inspection on 20 November 2019 people were not consistently provided with person centred care and support. People did not have enough to do with their time, and some were socially isolated. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised to include details to ensure staff knew about people's lives and their current needs. People, or their representatives, were involved in developing their care plans and made choices about how they wanted to be supported. One relative told us they had been involved in a recent care plan review.
- People's care plans identified their individual protected characteristics, including sexual orientation, race and beliefs. Information was available to staff to understand and support people's needs in these areas. People had a named key worker who ensured people's needs were known and met. One relative told us, "[My relative] can be [challenging] but staff understand them and work with them".
- The provider employed staff responsible for coordinating activity opportunities for people. People participated in group activities such as seasonal events and theme nights as well as individual activities of their choosing such as going out shopping and woodworking.
- The provider was aware of the risks of isolation and provided opportunities for people to feel valued and make choices. For example, an allocated voting champion supported people to vote if they wanted to. Arrangements were in place for regular visits to the home from a local church reverend and their inclusive team who also offered individual visits to people if requested.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified through assessment and their care plans identified how best to communicate with people. A visiting professional confirmed staff understood people's complex communication needs and communicated appropriately.

- The provider implemented methods to support people's individual communication, including prompt cards, technology, photos and the aid of an interpreter to promote effective communication.
- People were supported by staff who knew them well and understood their individual communication needs. One relative told us their family member had difficulties with speech and did not always understand others, they told us, "somehow they (staff) make it work".

#### Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to following the provider complaints policy, outcomes and actions were recorded and shared.
- The registered manager was able to demonstrate learning from complaints. For example, following a complaint from a relative, measures were implemented to ensure staff had immediate access to equipment they needed, therefore reducing wait times for people. Relatives did tell us this situation had improved since making a complaint.
- People or their relatives understood how to make a complaint and who to. One relative told us, "If I have any queries I can ring, or email and they are sorted straight away."

#### End of life care and support

- The provider implemented a policy to care for dying people to ensure they and their families were supported through communication, involvement and planning.
- The provider had developed leaflets for people and their families to provide information on what to expect during end of life care and guidance on what to do after a loved one had passed.
- At the time of the inspection there was no one in receipt of end of life care. The home implemented an end of life assessment and care plan template when required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The atmosphere in the home was warm and welcoming. People and staff were happy to talk to us and were consistently positive in their feedback about the home and the registered manager. One relative told us "[The registered manager] is on top of everything. Now the management is second to none".
- The registered manager and provider had a shared vision of providing high quality care. Staff understood the visions and values of the service and this was reflected in their care.
- Staff enjoyed working in the service. Staff told us they liked getting to know the needs of the diverse group of people who lived there.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints about the service were well managed. We reviewed a complaint the service had received. We found this had been investigated and the outcomes and lessons learned shared with people, their relatives and staff.
- The provider was knowledgeable about the duty of candour. We reviewed the records in place and found that the correct actions had been taken to meet this regulation. One relative told us, "[My relative] had a fall and was taken to hospital. I was contacted straight away by staff at the home and told what had happened".
- Notifications were submitted as required under the provider's registration. Notifications provide details of events at the service and the action the registered manager has taken, which assists us to monitor the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Oversight and governance arrangements were in place. The registered manager completed audits of various areas and undertook analysis of accident and incidents to improve outcomes for people.
- Audits had been used to drive improvements. A service improvement plan had been developed in response to the findings of the internal and external audits.
- During the inspection it was identified some areas of improvement were not recorded on an audit. The registered manager demonstrated where these issues were included in the overall service improvement plan and said this would be recorded on the relevant audits going forward for clarity.
- The provider and the registered manager held regular meetings to discuss all aspects of the home,

including issues identified and any action to address them. The provider was keen to demonstrate improvements to the environment and was able to take immediate action to bring forward some refurbishment plans in response to feedback on the day of inspection.

- The medicines audit has been improved by the clinical lead in response to feedback from professionals to ensure it was effective and identified any recording issues.
- The registered manager took action in response to finding a mattress needing immediate removal and replacement by adding a check to be completed by staff onto each person's care task list. This reduced the risk of people using unsuitable mattresses.

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

- People and staff were involved in the development of the service. For example, people had been consulted on the menu planning. The cook met with people and identified their meal preferences and their cultural needs. People were offered choices of food and drink by staff.
- The registered manager sought feedback from people or their representatives. Examples included mealtime and activity surveys, an annual quality assurance questionnaire and relative meetings. The analysis of the feedback resulted in actions being taken in response to people's suggestions, for example, themed meal experience events.
- Not all relatives had received recent feedback questionnaires. The registered manager was aware there may be issues with the distribution of these and planned to take action to ensure all preferred contact information was updated.
- Staff meetings regularly took place. We reviewed the minutes of these meetings and found key information was shared. For example, updates to risk assessments and care plans and changes to practice guidelines, specifically those relating to infection prevention and control.
- Staff felt valued, listened to and supported by the registered manager. Staff identified the registered manager as approachable, caring and an effective leader.

Working in partnership with others

- The registered manager had developed good working relationships with local professionals and improved the reputation of the service. The home had been successful in being awarded a health care contract.
- The registered manager and clinical lead were working closely with a new local pharmacy to ensure systems were set up to be effective, for example, re-ordering of medicines and stock control to improve procedures for staff and outcomes for people.
- The registered manager worked closely with local authority staff in response to safeguarding alerts to ensure effective support for people, staff and themselves.