Ashdown Care Homes Ltd

Tynevale Terrace

Inspection report

9 Tynevale Terrace
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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 inspection took place on 22 March 2018.

Tynevale Terrace is a care home. People in care homes receive accommodation and personal care as single package under contractual agreements. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is provided from one three storey building and accommodates up to three people who may have learning disabilities or autism spectrum disorder. Two people were using the service at the time of inspection.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People appeared safe and comfortable with the staff who supported them. There was a relaxed and friendly atmosphere around the home. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Arrangements for managing people's medicines were also safe. People received a varied and healthy diet.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The records gave detailed instructions to staff to help people learn new skills and become more independent. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

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.

People told us they were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. People told us their privacy, dignity and confidentiality were maintained.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People told us staff were kind and caring.

People had the opportunity to give their views about the service. There was regular consultation with people, staff and family members and their views were used to improve the service. People had access to an advocate if required. Staff said the management team were approachable. Training was provided and staff were supervised and supported.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

Tynevale Terrace

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 22 March 2018 and was announced.

We gave the service half an hour notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During the inspection we spoke with two people, the registered manager, the provider, the proposed registered manager, the deputy manager and one support worker. After the inspection we telephoned one staff member to collect their views about the care provided. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the service was managed. We looked at care records for two people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People told us they were safe and were well supported by staff. There were three support staff on duty during the day, these numbers did not include the registered manager. Overnight staffing levels included two people who slept on the premises.

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the registered manager would respond to and address any concerns appropriately.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw previous incidents had been well managed.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk.

Support plans were in place for distressed behaviour that provided instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team. This provided staff with specialist support to help some people manage their behaviour. One staff member told us, "We've had positive behaviour support training."

Analysis of any incidents and accidents took place. The manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

Maintenance certificates were available to show the property was well maintained and equipment was serviced. There were appropriate emergency evacuation procedures in place and regular fire drills had been completed.

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the registered manager told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. The manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for training to understand people's care and support needs. One staff member told us, "We do training on the computer." Another member of staff commented, "I've done training about restraint." A third staff member said, "I'm doing a level three diploma in health and social care."

Staff made positive comments about their team working approach, the support they received and training attended. All staff members told us they worked as a team. One staff member commented, "There is a good rapport amongst staff." Records showed that staff received induction, supervision and appraisal. Regular supervision sessions were held with each staff member. One staff member told us, "I have supervision every three months." This meant staff could discuss their professional development and any issues relating to the care of the people who lived at the home. Staff said they could also approach senior staff at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information
about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, distressed behaviour, personal care, epilepsy, mobility and communication.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that one person was currently subject to such restrictions.

Staff were aware of people's different nutritional needs and any special diets that were required. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Staff kept people's nutritional well-being under review and recorded their weight each month. People were involved in menu planning.

People were supported to access community health services to have their healthcare needs met. Their care

records showed that people had access to GPs, speech and language team, (SALT), opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance.

Good

Is the service caring?

Our findings

People appeared comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the home. Staff interacted well with people. One person told us, "I like living here."

Staff spent time interacting with people, laughing and joking with them in a relaxed way. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. The manager was motivated and keen about making a difference to people's lives. Staff understood their role as an enabler to support people to learn skills and to be involved in aspects of daily decision making.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People were encouraged to make choices about their day to day lives. Staff were respectful of their opinions and choices. One person told us, "I usually go to my room and I watch television in bed at night." Support plans provided information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain or agitated. People were actively encouraged and supported to maintain and build relationships with their friends and family. The service also respected people's wishes if they did not want family involvement.

Staff respected people's privacy and dignity. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their room.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The manager told us a formal advocacy service was available and was used when required.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They went out and spent time in the community. One person told us, "I like going to the races" and "I go to the pub for a drink." Records showed people enjoyed going for walks, watching football and sport. People were supported to go on holiday. Holiday plans included visiting Bournemouth or Ireland and Centre Parcs.

Care and support was personalised and responsive to people's individual needs and interests. The manager told us how they promoted a personalised service and how they enabled people to have a say about what they wanted to do with their lives. This involved making decisions about holidays, menus and planning programmes and activities. Staff we spoke with shared their enthusiasm for this person-centred approach.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives of people who were to use the service and other professionals. Support plans were developed from the assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs.

People's care records were kept under review. Monthly evaluations were undertaken by care staff and care plans were updated following any change in a person's needs. A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

The provider had a complaints procedure which was available to people, relatives and stakeholders. People were asked at their monthly meeting and care reviews if they had any complaints. A record of complaints was maintained.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2011.

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.

The provider and management team assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

The atmosphere in the service was relaxed and friendly. Staff and people said they felt well-supported. Staff told us the management team were approachable and accessible and visible within the service, working alongside staff and providing a positive role model. They said they could speak to them if they had any issues or concerns. Staff members comments included, "We're a good team, we work well together"

Records showed regular meetings took place with people. Topics discussed included menus, activities and outings. Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and their relatives. The analysis of feedback from the survey in December 2017 was positive.