Mr & Mrs C Thomlinson

Tweedmouth House

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

Tweedmouth House is a 'care home' People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and care for up to 55 people, some of whom are living with dementia. Accommodation was divided into three smaller areas. People who had general nursing and personal care needs lived in 'Royal' and 'Tweedmouth.' Those who had a dementia related condition lived in 'Orchard House.' There were 49 people living at the home at the time of the inspection.

We last inspected the care home in August 2017 and rated the service as requires improvement. We identified a breach of the regulation 'fit and proper persons employed.' One nurse's registration with the Nursing and Midwifery Council [NMC] had lapsed. Nurses are legally required to be on the NMC register in order to practise. Following the inspection, the provider sent us an action plan which stated what they were going to do and by when to meet this regulation.

At this unannounced inspection on 25 September 2018, we found the provider had taken action to improve. An effective system was now in place to ensure nursing staff were registered with the NMC.

The provider was a husband and wife partnership. One of the partners was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

An assistant manager was in post; they were applying to be registered manager. The current registered manager was planning to reduce their management hours to take on a more supportive role and eventually retire from 'hands on' management duties. They would however, be overseeing the management of the service as the provider and owner of the home.

Checks and tests had been undertaken to ensure that the premises were safe and secure. There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. They told us that they had not witnessed anything which concerned them. The local authority safeguarding team informed us there were no organisational safeguarding concerns regarding the service. Medicines were managed safely.

There were enough staff deployed to support people to stay safe and meet their needs. The skill mix ratio of registered nurses and care workers helped ensure that people's needs were met effectively and safely.

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.

Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported though an appraisal and supervision system. Many of the staff had worked at the home for a considerable number of years. This experience contributed to the skill which they carried out their duties.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff talked about caring for people like members of their family. We asked staff if they would be happy for a friend or relative to live at the home. They confirmed they would.

There was an activities programme in place. Two activities coordinators were employed to meet people's social needs.

There was a complaints procedure in place. No complaints had been received since our last inspection. We discussed with the assistant manager about the introduction of a central system for the recording and monitoring of any minor concerns. A central monitoring system would enable managers to have oversight of all issues to help ensure that appropriate action was taken and reduce the risk of a formal complaint being raised. She told us that this would be addressed.

Various audits were completed to monitor the quality and safety of the service. Action was being taken to streamline the quality assurance process.

Staff told us that they enjoyed working at the home and said morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

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.

Action had been taken to improve. All nurses were now registered with the Nursing and Midwifery Council. Safe recruitment procedures were followed. There were enough staff deployed to meet people's needs.

There were safeguarding procedures in place. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Training was carried out to ensure staff were suitably skilled. Staff were supported though an appraisal and supervision system.

Staff followed the principles of the Mental Capacity Act 2005 which was evidenced in the records we viewed.

People's nutritional needs were met and they were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. Staff talked about caring for people like members of their family.

Staff promoted people's privacy and dignity. They talked to people respectfully.

The service supported people and relatives to be actively involved in people's care.

Is the service responsive?

Good

The service was responsive.

There was an activities programme in place. Two activities coordinators were employed to help meet people's social needs.

Staff were knowledgeable about people's preferences and life histories.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Good

The service was well-led.

Action had been taken to improve. An effective system was now in place to ensure that all nursing staff were registered with the NMC.

There was a registered manager in place. An assistant manager was also in post and they were applying to be a registered manager.

Various audits were completed to monitor the quality and safety of the service. Action was being taken to streamline the quality assurance process.

Staff told us that they enjoyed working at the home and said morale was good.

Tweedmouth House

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 checked 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.

The comprehensive inspection took place on 25 September 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to our inspection, we checked all the information we had received about the service including notifications the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable us to monitor any issues or areas of concern.

We contacted Northumberland and Scottish Borders local authorities' safeguarding and commissioning teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of the inspection.

The assistant manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing our five key questions and what improvements they plan to make.

During the inspection, we spoke with seven people who lived at the home and eight relatives. We spoke with the assistant manager, three nurses, five care workers, the cook and maintenance man. The registered manager was not on duty on the day of the inspection. We contacted them afterwards for their feedback. We examined five people's care plans and medicines administration records. We also checked records relating to staff and the management of the service.

During the inspection, we spoke with a community matron for nursing homes. Following our inspection, we contacted a medicines technician from the local NHS to gather their feedback.

Good

Is the service safe?

Our findings

At our last inspection, we rated this key question as requires improvement. We identified a breach of the regulation relating to fit and proper persons employed. One nurse was not registered with the Nursing and Midwifery Council [NMC]. At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check. DBS checks help ensure that staff have not been subject to any actions that would bar them from working with vulnerable people. References and an identify check were also carried out.

The provider employed 13 nurses. All nurses were registered with the NMC. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

The systems, processes and practices in place helped safeguard people from abuse. There were safeguarding policies and procedures in place. People told us they felt safe which was confirmed by relatives. Comments included, "When we go away, we don't worry," "I feel that [name] is safe here. I don't have to worry about him. It's great" and "She never gets any bruises, they look after her well."

Staff told us they had not observed anything which had concerned them. They said they would have no hesitation in reporting any concerns to their line manager. The local authority safeguarding team informed us there were no organisational safeguarding concerns at the service.

There were enough staff deployed to support people to stay safe and meet their needs. Comments from people and relatives included, "Oh yes, there's always someone around," "There are enough staff. He doesn't have to wait for care" and "Staff are always very busy but I never feel that he does not get the attention that he needs."

Staff carried out their duties in a calm unhurried manner. Call bells were answered promptly. The skill mix ratio of registered nurses and care workers helped ensure that people's needs were met effectively and safely.

Risks to people were assessed and their safety monitored and managed so they were supported to stay safe and their freedom was respected. Risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers.

Checks and tests were carried out to ensure the premises were safe. This included, gas, electrical and water safety tests. A keypad entry system was in place for security. Effective infection control systems were in place to help protect people from the risk of infection. One relative said, "Cleaning standards are very good. Any issues and they are there straight away." Staff had access to and used personal protective equipment such as gloves and aprons.

There were safe systems in place for the receipt, storage, administration, recording and disposal of medicines. The medicines technician from the local NHS Trust had carried out a review of people's medicines. She told us, "I did not witness any issues on the MAR (medicines administration records) charts for the residents reviewed. The home manager has always been agreeable to implements changes I have recommended in the past." We found several minor recording issues which the assistant manager told us would be addressed immediately.

Accidents and incidents were monitored and analysed to ascertain if there were any trends or themes. Action was taken if concerns were identified. High/low beds and sensor alarms had been purchased for those at high risk of falls.

Good

Is the service effective?

Our findings

There was an effective system in place to ensure that staff had the skills, knowledge and experience to deliver effective care and support. People and relatives told us that staff were well trained. One relative said, "Everyone seems to know what they are doing." Staff informed us they felt equipped to carry out their roles and said there was sufficient training available. One staff member said, "The training is good. I have been on courses – podiatry and skin integrity."

The provider had a dedicated training co-ordinator who delivered and sourced training. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Many of the staff had worked at Tweedmouth House for a considerable number of years. This experience contributed to the skill which they carried out their duties.

People were supported to eat and drink enough to maintain a balanced diet. People and relatives were complimentary about the meals. Comments included, "The food is very good; fresh and homemade" and "Food – they get far too much and it is always fabulous. They eat more than I eat and there is a good variety of food."

Staff were attentive to people's needs at meal times and offered discrete support when required. The cook was knowledgeable about people's likes and dislikes. He explained that one person did not like corned beef and another person preferred brown bread for their sandwiches. He told us, "Whatever is in my power they can have. If they want a bit of salad I'll go and get them some salad."

Staff referred people to the speech and language therapist (SaLT) if there were any concerns about their swallowing abilities. Guidance from the SaLT was kept in people's care plans as well as the kitchen. Some people required a texture modified diet. A texture modified diet contains foods of an appropriate consistency which can be more easily chewed and managed by a person who has swallowing problems. The cook prepared foods for those people who required a modified diet. We saw there was not a great distinction between the various levels of textures. We spoke with the assistant manager about our observations. She told us that she would check the consistencies of people's diets.

One person received nutrition, fluids and medicines via a percutaneous endoscopic gastrostomy [PEG]. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. We identified minor shortfalls with regards to PEG documentation which the assistant manager told us would be addressed.

The 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 provider was working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. Staff had submitted DoLS applications to the local authority in line with legal requirements. There was a delay in the authorisation of applications for people who had previously resided in Scotland. This was due to external factors and was not due to any oversight by the provider.

Prior to our inspection, we found that the principles of the MCA had not been followed with regards to one person's care. This issue is being dealt with outside of the inspection process.

Mental capacity assessments had been carried out and best interests decisions recorded for specific important decisions such as the covert administration of medicines. Covert administration involves disguising medicine in food and drink where it is deemed in the person's best interests because of serious risks to a person's health or wellbeing if the medicine was not taken. Staff were now asking whether people had a Lasting Power of Attorney [LPA] in place and copies of LPA documents were in place for most people who had a LPA. LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. There are two types of LPA; property and financial affairs and health and welfare. This information is important to confirm whether an attorney has been appointed and what type of LPA was held to ensure the correct attorney is involved in the correct decisions.

People were supported to access healthcare services and receive ongoing healthcare support. Comments from relatives included, "They are proactive with health checks," "Her physical and mental health is very well catered for" and "The nurses are so good. They are quick to get the doctor. It is fabulous care and they will speak to me when I come in." A community matron for nursing homes visited during our inspection. She told us, "They make timely and appropriate referrals. Guidance is acted upon and followed."

Records confirmed that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, SaLT, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

People's individual needs were met by the adaptation, design and decoration of premises. In Orchard House, appropriate signage helped people identify bathrooms and toilets. Pictures and items of interest were displayed for people to look at and touch. There was also a 'quiet' room where people and their relatives could sit. In 'Tweedmouth' and 'Royal', there were a number of sitting areas where people could relax. There was a conservatory, patio area and garden. Many of the rooms had lovely views overlooking the river Tweed.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments included, "It's my home here. I couldn't think of a better place to be," "The staff are so very, very caring," "It's friendly and caring and not officious," "The thing that makes it is the staff – they are so lovely," "I'm very happy with the care. Nothing would really make it better," "It's not the poshest of places, but the care is very good and that is what matters" and "When I come in and they don't know I'm there – I can hear how lovely they are being to [relative]." One person said to their relative, "We like this place don't we pet." Their relative agreed.

Health and social care professionals were also complimentary about staff. The community matron for nursing homes said, "The relationship between the staff and residents is good. They know their residents well." We read a number of thank you cards where relatives had written comments such as, "You spoilt my [relative] to bits," "You made sure they never felt lonely or left out" and "Wonderful care."

Staff were knowledgeable about people's needs and could explain these to us. Comments included, "I know all about them, where they worked, what they like and don't like," "[Name] likes a big pillow to snuggle into" and "[Name] likes to hold my hand if she is in her wheelchair." One staff member explained how one person was unable to communicate verbally. They said that staff were able to understand what the person needed by the number of verbal sounds they made. We heard how another person enjoyed a 'tipple' [drink] at a particular time in the afternoon.

We observed positive interactions between staff and people. One person blew a kiss to a staff member, the staff member smiled and said, "How lovely – kisses for me." Another staff member complimented a person on their appearance. The staff member said, "You look like a movie star with your hair like that," the person smiled.

Staff promoted people's privacy and dignity. This was confirmed by people and relatives. One relative told us, "He is always kept very clean and tidy, I am so happy he is here. They so want him to have his dignity. They always dress him nicely." We heard staff speaking with people in a respectful manner and they knocked on bedroom doors before they entered.

People's human rights were protected by the service. Article 8 of the Human Rights Act; Respect for your private and family life, was important to the service. Staff talked about caring for people like members of their family. We asked staff if they would be happy for a friend or relative to live at the home. They confirmed they would. Some staff also brought their children or grandchildren to the home. They explained and photographs confirmed that people enjoyed seeing the children. One staff member told us, "I tell them what [name of their child] has been up to, it makes them laugh." A relative said, "It is absolutely fabulous. I can't fault it. It's is like a family."

The service supported people and relatives to be actively involved in people's care. Comments from relatives included, "There is very good dialogue between the home and myself. It is mostly with the nurse on duty" and "They consult with me about important decisions."

The provider sought to ensure advocacy arrangements were in place for those people who were unable to express their wishes. Two people had a relevant person's representative (RPR) from the local advocacy service. The role of an RPR is to maintain contact with the person and represent and support them in all matters relating to decision making.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. Comments included, "She is just so settled – they have done so well," "She is smiley and happy and relaxed – we have nothing but praise, we are so grateful" and "[Relative] came in with the most dreadful legs, they were black and swollen, but they have got them down."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. Some care plans were more detailed than others; however, we were able to ascertain people's needs from the information we viewed. Care plans were reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

There was no one receiving end of life care at the time of our inspection. Information relating to people's end of life wishes was included in care plans. The home had a syringe driver. A syringe driver is small pump which releases a dose of medicine at a constant rate. They are often used in the last few weeks and days of life but they can be useful for managing symptoms at any stage.

People were supported to follow their interests and hobbies. Most people and relatives told us that there was enough going on to occupy people's attention. One relative told us that their relation would appreciate more trips out into the local community. We passed this feedback to the assistant manager for their information.

There were two activities co-ordinators employed to help meet people's social needs. The provider had their own bus which was used to take people out into the local community. People were supported to go out into the local community and visit towns such as Eyemouth and Seahouses. There were various one to one and group activities carried out during our inspection. People's spiritual needs were met. Church services were held and there were regular visits from representatives from the local churches.

The provider was complying with the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Information about people's communication needs was included in their care plans. The assistant manager explained that they could provide information in any format should this be required.

Technology was used to help ensure people received timely care and support. Call bell systems were in place in people's rooms and communal areas. Sensor alarm mats were also in place if people were at risk of falling.

There was a complaints procedure in place. No complaints had been received since our last inspection. We discussed with the assistant manager about the introduction of a central system for the recording and monitoring of any minor concerns. These were currently documented in people's care files. A central monitoring system would enable managers to have oversight of all issues to help ensure that appropriate

action was taken and reduce the risk of a formal complaint being raised. The assistant manager told us that she would look into this.

Good

Is the service well-led?

Our findings

At our last inspection, we rated this key question as requires improvement. An effective system to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC) was not fully in place. At this inspection, we found that improvements had been made and the provider was now meeting all the regulations we inspected.

The provider was a husband and wife partnership. One of the partners was also the registered manager. An assistant manager was in post to support the registered manager. The registered manager was not on duty on the day of the inspection. The assistant manager facilitated our inspection.

The assistant manager was applying to be a registered manager. The current registered manager was planning to reduce their management hours to take on a more supportive role and eventually retire from 'hands on' management duties. They would however, be overseeing the management of the service as the provider and owner of the home. The registered manager wrote to us and stated, "We are in a transitional stage where I am supporting [name of assistant manager] to expand some aspects of management, such as budgeting, staff payroll and general management of the accounts, to build on her skills in her role. She is in the process of applying [to be the registered manager] and as this progresses, I will maintain my support and remain part of the business structure but in a supportive role. I am satisfied that residents, staff and visitors are happy so I feel it is the best way to move forward and ensuring successful continuity of the home." The provider was training and supporting one of the nurses to be the new assistant manager. The nurse was undertaking a Master's degree in management.

People and relatives were complimentary about the home and management. Comments included, "I would say it's outstanding – it ticks all of the boxes" and "[Assistant manager] is very proactive." Staff were also complimentary about the support they received from the managers. One staff member told us, "[Name of registered manager and assistant manager] are the best managers – they are so good."

An effective system was now in place to ensure that all nursing staff were registered with the NMC. Monthly checks were carried out. Various audits were completed to monitor the quality and safety of the service. These included checks of medicines, health and safety and infection control. We found the system was extensive and difficult to navigate at times. The assistant manager told us they were looking to streamline the quality assurance process. The registered manager contacted us following our inspection and stated, "As I hope you saw, we have made significant changes in our documentation to ensure we reflect good practice in care. I feel we are very fortunate with the staff we have and particularly lucky with the nursing team we have, providing a strong back bone to our practice."

Staff told us that they enjoyed working at the home and said morale was good. Comments included, "I love it here – there's something different every day," "It's a job you have to like to stay and I love it" and "I come in and say, 'how is my little work family.'" We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. The assistant manager told us, "From the domestics to the nurses to the carers to the managers – we are all as important as each other. We all work as a team."

People, relatives and staff were engaged and involved in the service. Surveys and meetings were carried out to obtain feedback from people, relatives and staff. We read the most recent completed questionnaires. Feedback was positive. One relative had commented, "We could not have found a better home anywhere in the country or better staff."

The service worked in partnership with other agencies including health and social care professionals, local churches and schools.