

# Tidings Care Homes Ltd

# Tidings

## Inspection report

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Minehead  
Somerset  
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Tel: 01278741468

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Tidings is a residential care home for 13 people. The home specialises in the care of people who have mental health issues and/or a learning disability. Some people at the home had degenerative conditions and had complex specialist mental and physical healthcare needs.

The home is located in a residential area of Minehead with easy access to all local amenities. At the time of the inspection 13 people were living at the home.

The provider works in accordance with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

There is a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Tidings is a family run home which has been owned and managed by the same family for 17 years. The registered manager is part of the management team, which is made up of members of the family who own the home.

Tidings was well led by a management team who were fully involved in the day to day running of the home. They had a commitment to excellence, empowering people and providing an inclusive environment where people were encouraged to achieve their goals. This commitment was shared by a stable staff team who were well supported and supervised to make sure these values were put into practice.

There were systems in place to keep people safe. These included making sure people had information on how to keep safe and that staff knew how to recognise and report abuse. The open and inclusive culture in the home made it easy for people to share any concerns. One person told us, "I know all about abuse. I would talk to staff and they would sort it out."

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 only received care with their consent and were able to make choices about all aspects of their day to day lives. One person told us, "I can do what I like. Everything is your choice." Where people lacked capacity

to make decisions staff made sure their legal rights were protected.

Risk assessments were used to promote people's independence not to restrict them. Where people wished to take part in particular activities or learn new skills the staff supported them to do so with minimum risk to themselves or others.

Staff were knowledgeable and skilled in providing personalised care to people. Staff had access to bespoke training which ensured they were able to effectively support people with their very specialist needs. Staff provided people with kind and compassionate care.

People received their medicines safely in their chosen way. Staff monitored people's health and supported them to attend appointments with other professionals.

The staff worked in partnership with other professionals to make sure people received care and support which was extremely personalised to their needs and wishes. People had opportunities to take part in a wide range of social activities in accordance with their wishes and interests.

When people reached the end of their lives, they could be assured they would receive high quality, professional care. At the end of their lives people received care in accordance with their wishes and beliefs. Staff always made sure people's dignity and comfort was promoted.

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?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

### Is the service well-led?

Good ●

The service remains Good

# Tidings

## **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 was a comprehensive inspection and took place on 11 April 2018 and was unannounced. It was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with nine people who lived at the home, two visitors and five members of staff. Before the inspection we received written feedback from three healthcare professionals.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records, which related to individual care and the running of the home. These included two care and support plans, records of compliments, minutes of staff and service user meetings, medication records and quality monitoring records.

# Is the service safe?

## Our findings

People received care that was safe and supported their independence and choices.

The provider had a commitment to providing a safe environment for people, which did not restrict their rights to freedom or ability to fulfil their wishes. People were provided with information to enable them to keep safe whilst taking part in activities of their choosing. Staff used risk assessments to empower people not to restrict them.

People felt safe at the home. One person said, "I feel very safe here. The staff are lovely." Another person said, "This is a safe place to live." One visitor told us how they felt able to go away because the person they visited was "Very safe." Another visitor said, "I know they are completely safe."

The provider told us in their Provider Information Return (PIR) that since the last inspection they had changed how they carried out risk assessments. They had a system where people completed risk assessments with their preferred member of staff. This new system was put in place to make sure people were able to fully participate in this process with a member of staff they felt relaxed and comfortable with.

The balance between people's safety and their freedom was well managed. Risk assessments were in place to promote people's independence. Care and support plans contained risk assessments regarding people's routine care. This included issues regarding, mobility, sensory impairment and risks which could be caused by people refusing care and support. One professional who provided feedback to us wrote, "Their risk awareness is very good and they understand when specialist input is needed and seek out support for themselves, and the client, in these situations."

Risk assessments were seen as a dynamic tool, which enabled people to take part in activities of their choosing when they wished to. Staff files gave evidence of observed practice when staff had discussed with people about individual situations as they arose. For example, one person, who had poor mobility and lacked insight into this, had requested to go out into town. The staff member had discussed the possible risks with the person and a compromise had been reached which enabled them to go out but with measures in place to minimise the risks identified.

Some people liked to go out without staff support. Risk assessments were carried out to make sure people were safe to do this. People who went out alone were invited to carry an identification card with them, which gave contact details of the home. This meant people retained their freedom but if they got into difficulty when out, they had the contact details for the home where they could ask for support. One person said, "I go to town on my own. I tell staff I'm going and I have a phone number."

People were well protected from the risks of abuse because there were systems and processes in place to raise awareness about abuse and monitor practice. Staff had discussed issues of abuse and discrimination with people and ensured they knew how to raise concerns. We asked people what they would do if they felt uncomfortable with anything. One person said, "If anyone was unkind to me I would tell [member of staff's

name.]" Another person pointed to a poster on the wall and said, "You must report it." One person told us, "I know all about abuse. I would talk to staff and they would sort it out."

People could be confident staff knew how to recognise and report abuse. All staff undertook training in safeguarding adults and observed practices were used to check their competence in this area and promote discussion. All staff we spoke with said they would not hesitate to report any concerns and all were confident action would be taken to keep people safe.

People's individual vulnerability to abuse was discussed at staff meetings. For example, the minutes of one staff meeting showed staff had discussed a specific person and how they could be vulnerable in a particular situation. This helped to raise awareness for staff. At the next staff meeting there was evidence that this person's vulnerability had been further considered and the measures in place to minimise risk were outlined. The measures included involvement of the person's family member as part of the checking process, which demonstrated openness and transparency in identifying and minimising risk.

People lived in a home where staff constantly reflected on their practice and took action to make improvements. Monthly staff meetings were used to reflect on the service and identify areas that could be improved. This enabled staff to learn lessons from things that did not go well and make adjustments. For example, it had been identified that staff required specific training and the provider was sourcing this.

People were supported by sufficient numbers of staff to meet their physical, emotional and social needs. Staffing levels were monitored and adjusted according to changes in need and preferences. For example, additional staff had been put in place for the afternoons and following this staff had been asked for their views about whether this was beneficial to people. Following staff opinions, this change had been made permanent. People and staff said there were always enough staff. One person said, "There's always lots of staff to help you." A member of staff said, "There's always enough staff. The management are brilliant and very hands on."

There was a robust recruitment process which helped to make sure only suitable staff were employed at the home. Staff files showed the provider followed safe recruitment procedures, which included seeking references and carrying out checks. All staff initially worked a probationary period which ensured their practice and attitude was monitored when they began work. This enabled the provider to further ensure that only suitable staff were employed. Any concerns about staff were promptly dealt with through the staff supervision or disciplinary process.

People received their medicines safely from staff who had received specialist training and regularly had their competency assessed. Each person had a profile which gave clear information for staff about how and where they wished to take their medicines. For example, one person liked to have their tablets given to them on a small plate so they could easily pick up each tablet.

The provider liaised with other healthcare professionals to make sure people's medication was reviewed and changed in accordance with their changing needs. When changes were made to medicines this was written in people's plans of care and signed off by a member of the management team. This was then discussed at handover meetings to make sure all staff were aware of the changes and were able to look for any adverse effects.

One person refused to take medicines. This was continually discussed with healthcare professionals and there were plans in place, which could be implemented if at any time it was deemed that medicines were essential. The provider had a policy to enable them to give medicines covertly (without people's knowledge)

if needed. This would only be used if someone lacked mental capacity in this area and it had been deemed to be in their best interests by a multi-disciplinary team.

Some people were prescribed medicines on an 'as required' basis. There was clear guidance for staff to follow to make sure these medicines were given in a consistent way. The use of 'as required' medicines was regularly audited by a member of the management team. This helped to make sure these medicines were not being given routinely which may indicate the person's needs had changed and they may require their medicines to be reviewed with their GP.

People lived in a home which was kept clean and fresh. Staff had received training in how to prevent the spread of infection to minimise risks to people. Staff had access to personal protective equipment, such as disposable aprons and gloves, and used these where appropriate. There were regular audits and checks relating to infection control. The last audit showed high standards in this area. One visitor said, "Whenever I visit everything is pristine. Standards of hygiene seem excellent."

The provider was pro-active about ensuring people's safety in an emergency situation. Each person had a personal emergency evacuation plan to make sure they could be safely assisted in the event of needing to leave the building in an emergency. There were arrangements in place with local facilities if the building needed to be evacuated during the day or at night.

The provider had put together an information folder that could be easily taken out of the building in an emergency situation. The folder contained all information needed if for any reason they could not re-enter the building for any length of time.

The provider had purchased snow chains for their vehicle to make sure transport was available to get staff to the home, or people to medical assistance, in the event of adverse weather.



# Is the service effective?

## Our findings

The service continued to be effective.

Tidings is a large older style house which is well maintained and provides a pleasant environment for people to live in. Where adaptations were needed to support people with their daily life, such as assisted showering facilities, these had been put in place but maintained a homely feel. Equipment to meet people's individual needs was sourced in consultation with relevant professionals.

People had their needs fully assessed before they moved to the home to make sure it was the right place for them to live. Following the assessment, individual care plans were drawn up with people to show how their needs would be met. People said they had been involved in writing their care plan. One person said, "My keyworker does the care plan with me."

People received personalised care and support which took account of their preferences as well as their needs. Each care plan contained information from staff about people's needs and further information from people about how they wanted to be cared for. This meant care plans were truly reflective of people's preferences and views but also contained up to date guidance about how their needs should be met in a safe way. Care plans were very comprehensive and contained personal information about the individual to make sure staff had an excellent knowledge of the person, their likes, dislikes and lifestyle preferences. Pictures were used in some care plans to make sure they could be easily understood and were meaningful to people.

The provider worked in partnership with a range of health and social care professionals to ensure people received care and support which met their needs. One healthcare professional who provided feedback about the service said, "They work in collaboration with outside agencies." Some people attended a local day facility and staff worked in partnership to make sure risk assessments afforded people the same freedoms as they had within the home. Professionals also provided training and advice to support staff in meeting people's needs.

People were supported by staff who had many different opportunities to learn new skills and reflect on their practice. People who lived at the home had a variety of complex needs and the provider made sure staff had access to specialist training. One professional who provided feedback to us said that the provider was always keen and open to identifying gaps in knowledge and seeking training and advice to fill the gaps. This enabled staff to meet people's complex and individual needs.

There was a high emphasis placed on making sure staff had the skills and knowledge needed to effectively support people. Bespoke training was arranged to address people's individual needs. For example, one person had specific needs regarding how staff should support them to move. A specialist occupational therapist had met with staff to demonstrate all equipment provided and how it should be used with the individual. The person's care plan contained photographs to assist staff. These included a photograph to show exactly how and where the person should be placed in bed.

Staff told us the training they received was excellent. There was also clear information in people's files regarding their diagnosis and how it may affect them. One member of staff said, "We have excellent training which means we can meet people's very specialist needs." Another member of staff said, "Before [person's name] moved in we had the training we needed to help them."

People were supported to have a healthy diet and were able to make choices about the food they ate. At lunch time we saw people who were at the house had a variety of snack meals according to their wishes. The main meal of the day was served in the evening when everyone was at home. People were complimentary about the food served. One person said, "Staff cook really nice food." Another person said, "I always like the meals." One person told us they enjoyed helping with meal preparation.

Staff monitored people's weight and sought advice from healthcare professionals if they had concerns about a person. One person said, "I've lost weight and they took me to the doctors." The appointment and the advice given was recorded in the person's care plan.

Care plans showed people were seen by healthcare professionals to support them with long term health conditions and to treat acute illnesses. Where a person had a long term health condition there was information in the care plan to make sure staff were aware of how this affected them and how to best support them. The provider was in contact with specialist healthcare support which ensured people received effective care and treatment.

People had hospital passports with details of their medical needs. This helped to ensure that if anyone was admitted to hospital, medical staff would have good information about the person even if they were unable to express themselves at the time. On occasions, staff from the home had supported people admitted hospital to make sure their specialist and complex needs were fully understood by other professionals.

Staff supported people to attend medical appointments and were pro-active in ensuring people got the help and treatment needed. Staff advocated on behalf of people at medical appointments if they were unable to fully express themselves. We heard examples of how staff made sure healthcare professionals were aware of people as individuals and raised issues such as how the person may not be able to express if they were in pain or discomfort. This helped to make sure a range of treatments were explored to meet the person's needs.

People only received care with their consent and people were able to refuse care at any time. One person told us, "I can do what I like. Everything is your choice." During the day we heard a member of staff asking a person if they agreed to the staff phoning a family member to share information with them. This showed staff always sought consent.

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. The staff had a good understanding of how to support people to make choices. They used pictures and photos to help people who found it difficult to verbally express their choices. When people were unable to make decisions for themselves they made best interests decisions in consultation with the person's professional and personal representatives.

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) Where people required this level of protection to keep them safe appropriate arrangements had been put in place and staff worked in accordance with the conditions of the authorisation.

# Is the service caring?

## Our findings

The service continued to be caring.

Tidings was a busy home with a happy atmosphere. Throughout the day, there were comings and goings as people attended activities, went out to town or followed their own interests. When people returned to the home they were greeted by everyone and were able to chat about what they had been doing. Visitors told us they were always made welcome and felt included.

The management team led by example to create an atmosphere where people were valued and fully included. They ensured people were always treated with respect and they were able to make choices about all aspects of their lives. One member of staff said, "Dignity and respect is so important here. It goes through everything we do." Another member of staff said, "We just want people to be empowered to achieve the things they want to achieve."

People were supported to express their views by one to one meetings with staff and by residents meetings. One person who lived at the home was responsible for taking notes for residents meetings. The notes showed people talked about a variety of subjects relating to the home and their lives. People were asked for their opinions on things and were always reminded about issues of abuse and how to make a complaint.

People said they were asked for their opinions about new staff. One person said, "New staff only work with the old ones to begin with and they make sure you like them."

People and/or their relatives were fully involved in planning their care. Care plans gave information about how people wanted to be supported and the things that were important to them. Visitors told us they were kept informed and were fully involved, with the person's permission, in all decisions. One visitor told us, "I'm involved in everything."

People felt at home at Tidings and the staff promoted a family type atmosphere. A number of people had built strong relationships with other people who lived at the home. People showed care and concern for each other and chose to spend time together. One person told us, "We're just one big happy family." Another person said, "It's just home. We have our ups and downs just like in any other home but at the end of the day we are there for each other."

Staff were highly motivated and all told us they loved their jobs. All staff said they felt extremely well supported, which enabled them to provide care and support which was compassionate and kind. Several people told us it was a very happy place to live. One member of staff commented, "Everything here is so friendly and welcoming. There's no them and us between the management, the staff or the folks that live here. We are all one big team." Another member of staff said, "I feel very well looked after too. "

A very consistent management and staff team knew people extremely well and displayed genuine warmth and affection for the people they cared for. One visitor told us how much progress their relative had made at

the home and praised the consistency and attitude of the staff. They said, "The way they have cared for [person's name] is remarkable. They are a different person and that's due to their care and encouragement." Another visitor told us, "The care here is so good. They care for [person's name] like they were a member of their own family."

People had built trusting relationships with the staff who supported them. Throughout the inspection there was happy chatter and laughter which showed people were extremely relaxed in their environment. There was constant interaction between staff and people who lived at the home. This created a happy and inclusive environment which enabled people to express their views about things.

People were complimentary about the staff who supported them. One person said, "The staff are lovely." Another person told us, "I love all the staff. I am so happy here." One professional who provided feedback to us said, "They [staff] always go the extra mile for the people that live with them and there is a real sense that they really, truly, care."

Throughout the inspection we heard and saw examples of how staff treated people with kindness and took account of the things that were important to them. One person had always taken great pride in their appearance but was now physically unable to care for themselves. Staff told us they continued to offer the person choices of their clothing in a way that enabled them to point to what they wanted to wear. They even made sure their hair was dyed as it had always been when the person had been able to do it for themselves. One person said, "At night [staff members name] comes to say night, night. They tuck me in and it makes me feel loved."

Staff helped people to celebrate special occasions such as birthdays. People were able to decide what they wanted to do to celebrate and other people at the home helped with preparation. One visitor said how lovely it had been that everyone organised a party for their relative's special birthday. One person told us when it was someone's birthday they often clubbed together with other people to buy them a present.

Staff supported people to understand their emotions and learn techniques to improve their well-being. For example, one member of staff had taught two people anger management techniques. This had helped the people to take more control of their emotions.

People's privacy and dignity were respected and staff supported people in a way that helped them to be independent. Where people required help with personal care, such as washing and dressing, this was always provided in private. People were able to choose who helped them with their personal care to ensure they felt comfortable. We saw that one person had requested to only be supported by a female member of staff and we were assured that this was always respected.

People had bedrooms where they could spend time alone if they wanted to. People had personalised their rooms which gave them a very individual and homely feel. One person told us, "I have my own room that I can go to whenever I want." Another person said, "I like to be on my own sometimes and in the afternoons I just go to my room."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and wishes and personalised to them as people.

People received extremely personalised care because staff had an excellent knowledge of people as individuals. Care plans provided comprehensive information about people and their lifestyle choices and personalities. This helped staff to provide care that was truly personalised. One healthcare professional who provided feedback to us praised how well the staff personalised their care to each person. They wrote, "They know all about their social history so that they know them as a person, not just what their care needs are."

Tidings provided care and support to people of varying ages and abilities. Care was provided to meet each person's needs. One person said, "You don't have to do what everyone else does." Another person said, "You can do what you like. It's your choice."

People were able to follow their own routines and took part in activities of their choosing. Everyone had a very active social life, which provided them with opportunities to spend time with other people and pursue their hobbies and interests. One person chose to go for lunch each day and they were supported to do this. Some people attended clubs and day centre facilities. One person told us they liked to do arts and crafts and said, "I go to college to do arts and crafts. I enjoy it." Another person said they liked to do things around the house such as tidying up and laying the tables. They said, "I like helping out. But I also like going out and I do that a lot too."

The staff were continually looking for opportunities to meet people's social interests. One person has expressed an interest in horse riding and a suitable facility had been found. Some people were planning to attend a formal ball. One of these people said, "I'm so looking forward to it. I will have to dress up. It will be wonderful." Another person said that staff were going to support them to have a flight on a hot air balloon.

Care was adapted to meet people's changing needs and abilities and staff helped people to achieve their goals. For example, when people had said they would like to go out without staff support, staff had helped them to achieve this goal. They initially accompanied people to help them to learn how to keep safe but then gradually reduced the support so people had their independence.

People were supported to learn new skills. One person wished to have a job outside the home. Staff supported them in this by helping them with interview skills and how to meet and greet strangers in the workplace. They used role-play to help the person to improve their confidence and gain voluntary employment.

The staff at Tidings aimed to provide people with a home for life as far as they were able. Some people had degenerative diseases, which meant their care needs changed as their disease progressed. The home had become very specialised in providing care to people which met their varying and changing needs. They worked with other professionals to meet people's needs and promote their dignity and comfort.

When people's abilities declined the staff ensured that care was adjusted to meet their changing needs but made sure they retained their quality of life. For example, when one person required a specialist chair to support their posture. Staff advocated on their behalf to make sure the chair enabled them to see everything around them. A member of the management team told us, "The original chair meant they would be looking up all the time. There's no quality of life looking at the ceiling all day so I'm afraid it was back to the drawing board with that one." We met this person during the inspection and saw how the chair eventually provided enabled them to continue to be part of life in the home. They were able to sit and interact with others using smiles and gestures which kept them fully involved and valued.

The staff worked with professionals from the local hospice to ensure people's end of life care needs and wishes were met. The staff had built excellent relationships with hospice professionals which enabled them to seek advice and support at any time. Staff were provided with specialist training which enabled people to be cared for by staff they knew well and trusted. The staff made sure appropriate medicine was available to provide pain relief immediately, for anyone who was approaching the end of their life.

People could be confident that the care they received at the end of their life would be compassionate and professional. Extremely detailed care plans were drawn up when people reached the end of their lives to make sure staff were fully aware of people's wishes. The provider wrote in their Provider Information Return (PIR), "The care planning and advance treatment plans that have been devised with service users, their friends and family and their healthcare professionals reflect preference, personality, fears and aspirations." Care plans we saw gave details about who people wanted to be with them, religious beliefs and wishes, and if relevant, what they would like to wear when they died. This demonstrated the importance staff placed on making sure people's wishes were respected. Professionals who provided feedback to us praised the personalised care that was provided to people.

Staff made sure people continued to make choices at the end of their life. For example, when a person lost the ability to communicate verbally staff had made a photo book to make it easier for them to express their wishes. This included things they may like to eat such as ice creams that they were particularly fond of.

The provider ensured people's comfort and emotional needs were met when they approached the end of their lives. For example, when a person had been unable to take fluids staff had sourced specialist small, flavoured mouth swabs to promote their comfort. They had also purchased moulds, which enabled their favourite drinks to be frozen and placed on their lips so they could experience the flavours. Additional staff were made available which meant people were never alone. In one instance the management team had stayed with a person during the nights before their death. One member of staff told us, "The managers were brilliant. They stayed up every night with them."

Other people who lived at the home were encouraged to spend time with people whilst they were receiving end of life care. This demonstrated the staff's respect for the friendships that people had formed at the home. People who lived at the home also attended funerals if they wished to enable them to say their good byes. One relative had written to the home thanking them for the care they had provided. They wrote, "Thank you for the care and dedication shown to [person's name] especially during their last couple of weeks, they couldn't have been in better hands. How happy they were was down to the staff."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Information around the home and provided to people was in a variety of formats to make it accessible to all. These included pictures and easy to understand flow charts. The management team informed us that if anyone required further help to communicate this would be sourced because of the importance of good communication with everyone.

People's detailed care plans ensured their communication needs were met. For example, one person had a sensory impairment and the care plan gave clear details of how the equipment used by them should be checked to make sure they were always able to express themselves.

People were reminded at resident's meetings about how to make a complaint. People told us if they were unhappy with any aspect of their care they would talk to a member of staff. One person said, "I'd talk to my keyworker. She'd listen and sort it." Staff said they would be able to recognise if anyone who was unable to fully express themselves was not happy at the home. One member of staff said, "We know people very well. It would be easy to see if someone was off colour or unhappy so we would do everything to find out what was upsetting them."



# Is the service well-led?

## Our findings

The service continued to be well led.

There was registered manager in place. 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.

Tidings is a family run home which has been owned and managed by the same family for 17 years. The registered manager is part of the management team which is made up of members of the family who own the home.

The management team were extremely involved in the day to day running of the home. They had a commitment to excellence, empowering people and providing an inclusive environment where people were encouraged to achieve their goals. This commitment was shared by a stable staff team who were well supported and supervised to make sure these values were put into practice.

The management team were aware of the importance of ensuring staff and people knew how to raise concerns outside the home. There were posters giving contact details which people could report concerns to and a whistle blowing policy. One member of staff said, "The managers make sure we know about you guys and the local authority safeguarding team."

The management team had systems in place, which made sure they were aware of everything that happened at the home. This enabled them to be fully assured that people received a high standard of care and support. For example, all accident reports were seen and signed by a member of the team. Staff recorded all medical appointments people had attended and these were all seen by the management team. If action needed to be taken regarding accidents or appointments this was clearly recorded and dates for follow up were set, such as monitoring a new medication for a set period of time.

People were extremely happy at the home and felt well cared for. One person said, "I'm just really happy here. I feel part of everything." Another person told us, "I'm very happy. It's good here." One visitor commented, "One of the nice things is the staff will play with them and make them laugh and smile, I know they are happy here." A professional who provided feedback to us wrote, "I wish there were more places like The Tidings." One person who sent a letter to the home described Tidings as 'This wonderful residential home.'

People were cared for and supported by a staff team who were well motivated and happy in their jobs. They felt well supported by other members of staff and the management team. One member of staff said, "As soon as I started work here I felt so welcome. Everyone is supported and everything is about the residents." Another member of staff told us, "Communication and team work is just excellent." This all helped to create a happy place for people to live.

The management team monitored the service provided and looked at ways to continually improve. They did this by on-going audits and meetings with people and staff. Following a recent audit, it had been decided that staff would now take responsibility for various audits and areas of practice and these would then be overseen by the management team. This would help to show how much staff were valued.

The improvement agenda was embedded into the culture of the home. A staff team who regularly had opportunities to discuss their practice and be part of improvement plans cared for people. Staff meetings were used to share information, to raise awareness of issues, and for reflective practice. Each month the staff looked at one area of practice or piece of legislation and its relevance to people at the home. Staff were encouraged to talk about things that had worked well and how they could improve on things that had not gone so well. For example, one meeting had been dedicated to talking about safeguarding which had sparked conversations about people's vulnerability particularly when outside the home. From this, a new risk assessment had been put in place with one person, which acknowledged their vulnerability but respected their right to take risks.

Following staff meetings members of the management team carried out observed practice sessions with staff looking at the areas that had been covered in the meeting. This ensured that staff had fully understood the issues raised and were able to put their learning into practice.

People lived in a home with an open culture which encouraged people to share their views. Friends and families were always made welcome at the home which helped people to stay in touch and also demonstrated the open nature of the home. The management team told us they welcomed suggestions which would help them to improve. One professional who provided feedback to us said they were always welcomed into the home but it was clear that the people who lived there were the priority. Another professional said the staff and management team were very open and approachable. They wrote, "I have always found them to be responsive to change, insightful and real advocates for the people who live at Tidings."

Staff and people felt very involved in the running of the home and felt suggestions were always welcomed. A member of the management team always attended resident's meetings so people could share their views and they could act on suggestions made. There were also satisfaction surveys for people, staff and visiting professionals which helped people to be involved and engaged in the monitoring of the home. All feedback was collated and examined to see if there were ways for the home to improve.

The management team were extremely knowledgeable and continued to research, attend training and network with other professionals. This made them pro-active in their approach to care. For example, research into people's diagnosis had often led to the management team identifying future needs. This enabled them to make sure, in advance, that people had access to appropriate professionals and equipment when they needed it. It also highlighted areas that staff may require additional training in and this was sourced in preparation for people's future needs.

The staff worked extremely well with other professionals to promote people's health and well-being. Some people who lived at the home required very specialist care as their conditions progressed. The close links with medical professionals and open culture within the home ensured people could continue to be cared for in their own home by staff they knew well. It also made sure people always had access to specialist services, such as hospice professionals and psychiatrists, when required. In some instances, staff had worked with professionals in other counties and had been praised for their care and communication.

People who lived at Tidings continued to be part of the local community. People attended clubs, churches

and leisure facilities on a daily basis. The staff actively promoted inclusion for people and supported people with any activities of their choosing regardless of their abilities. The management team were active in promoting people's rights and access to services. They had recently become involved in sourcing alternative learning for people when the local college closed. They wrote on their Provider Information Return (PIR) "As part of our commitment to community, opportunity, involvement and participation, we are striving to support new opportunities, in light of recent closures of some community services."