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 was an unannounced inspection carried out on 22 January 2016.

We last inspected Tynevale Terrace on 3 June 2014. At that inspection we found the service was meeting all the legal requirements in force at the time.

Tynevale Terrace provides accommodation and personal care for up to three adults with learning disabilities. Nursing care is not provided.

A registered manager was 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.'

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.

People received their medicines in a safe way. 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.

There were some opportunities for staff to receive training to meet people's care needs. We considered some courses such as the safe handling of medicines needed to be more intensive with systems in place to check staff understanding of their learning. Staff received supervision and appraisal.

Some areas of the environment were showing signs of wear and tear.

Staff knew the people they were supporting well and there were enough staff on duty to provide individual care to people. People's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People's nutritional needs were met and they received a choice of food. People were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies and were introduced to new activities.

People were supported to maintain some control in their lives. They were given information that helped them to understand and encourage their involvement in every day decision making.

Staff said the registered manager and management team were supportive and approachable.

Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service. There were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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.

People were kept safe as systems were in place to ensure their safety and
well-being. Regular checks were carried out to ensure the building was safe and fit for purpose. Appropriate checks were carried out before staff began work with people.

Staffing levels were sufficient to meet people's needs safely and flexibly.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff received the training they needed and regular supervision and appraisals to support their professional development.

People received food and drink to meet their needs.

Effective communication ensured the necessary information was passed
between staff to make sure people received appropriate care. Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

The environment was showing signs of wear and tear in some areas.

Is the service caring?

Good

The service was caring.

People said the staff team were kind and caring. Good

relationships existed and staff were aware of people's needs and met these in a sensitive way that respected people's privacy and dignity.

Staff spent time interacting with people and they were all encouraged and supported to be involved in daily decision making.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Good

The service was responsive.

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver their care.

People were provided with a range of opportunities to access the local community.

A copy of the complaints procedure was available for people

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service told us the management team was supportive and could be approached at any time for advice and information.

There were systems in place to monitor the quality of the service, which included regular audits. Actions had been identified to address shortfalls and areas of development.

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.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

This inspection took place on 15 January 2016 and was an unannounced inspection. It was carried out by an adult social care inspector.

We undertook general observations in communal areas and during a mealtime.

As part of the inspection we spoke with the three people who were supported by Tynevale Terrace staff, the registered manager and the deputy manager. We observed care and support in communal areas and checked the kitchen, bathroom and bedrooms after obtaining people's permission. We reviewed a range of records about people's care and checked to see how the home was managed. We looked at care records for two people, two peoples' medicine records, the recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits the registered manager and deputy manager completed.

Good

Is the service safe?

Our findings

People told us they were safe and could speak to staff if they were worried. Their comments included, "I like living here," and, "I feel safe here." One person's care records referred to their 'social story' which gave staff information to reassure the person and help keep them person safe.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were able to describe various types of abuse. They could tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. Records showed and staff confirmed they had completed safeguarding adults training. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future.

The registered manager was aware of potential safeguarding incidents that should be reported. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. Five safeguarding incidents had been raised appropriately with the local authority safeguarding adult's team since the last inspection. They had been incidents between people who used the service and the appropriate action had been taken by the home and these had been resolved.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored. Medicines records were accurate and supported the safe administration of medicines. Medicines were given as prescribed and at the correct time.

Assessments were undertaken to assess any risks to people and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan. There was a clear link between care plans and risk assessments addressing for example, distressed behaviour, nutrition, epilepsy, mobility needs and risks.

Care plans were in place to show people's care and support requirements when they became distressed. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. Care records provided detailed and up to date information for staff to provide consistent support to people and help them recognise triggers and to de-escalate situations if people became distressed and challenging.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. There were three people who were living at the home. We were told by staff and staffing rosters showed staffing levels were flexible depending upon what people were doing. For example, at the time of the inspection three people were going to the cinema with a support worker. From 5:00pm and overnight one support worker was available. Three or four staff were on duty if people were going out so people had the option to go out or stay at home.

Staff had been recruited correctly as the necessary checks to ensure people's safety had been carried out

before people began work in the service and relevant references had been obtained. A result from the Criminal Records Bureau, now the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had also been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Good

Is the service effective?

Our findings

Staff told us when they began work at the home they had completed an induction. They said they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. Staff had been following a localised induction to tell them about their role. The registered manager told us new staff would complete the new Care Certificate in health and social care as part of their induction training. This would be as well as the localised induction for staff to tell them about the home and how to meet people's needs.

The staff training records showed and staff told us they received training about safe working practices. Training was updated but some training was not carried out within the required frequency, it was carried out three yearly rather than annually. For example, safeguarding, medicine's management, fire training and health and safety. Staff told us topics such as safeguarding and health and safety were discussed at supervision and staff meetings to keep them up to date. We were told by the registered manager some of the training was done by staff on computer and other training was practical or face to face training for staff. We discussed this with the registered manager, the need to balance 'on-line' learning with more intensive and face to face training. For example, medicine's training. The registered manager told us that this would be addressed and staff were to study for a more in-depth safe handling of medicines course. Staff completed some training that helped them to understand people's needs and this included courses such as equality and diversity, distressed behaviour, communication, supervision, appraisal and mental capacity.

Staff told us they received supervision from the management team, to discuss their work performance and training needs. We saw supervision records which showed when supervisions had taken place and their next planned date. Staff comments included, "I have supervision every two months," "I supervise some support workers and I've had training about supervision and appraisal." Staff told us they could also approach the registered manager at any time to discuss any issues. Arrangements were in place for staff to receive an annual appraisal to discuss their personal development and training needs to make sure they complemented the needs of the service and future service provision.

We looked around the premises and saw the bathroom walls and flooring were marked and discoloured. The stair carpet was showing signs of wear and tear on some treads and could be a slip hazard. The carpet on the back of some of the 'risers' on the stairs were also ripped. The arm rests of the three piece suite were marked. The registered manager said that this would be addressed. Other areas of the building were well-maintained. People's bedrooms were well-decorated and they were personalised according to individuals' tastes.

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 people 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had been advised no person at Tynevale Terrace required a deprivation of liberty. However, we considered some people would be at risk if they went out into the community without staff support. The registered manager completed the applications for the local authority during the inspection. This would allow the applications to be considered to check if a legal authorisation was required.

People using the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

We checked how people's nutritional needs were met and found people were assisted to access food and drink appropriately. We were told no person at the current time was at risk of poor nutrition but systems were in place to identify if there was a risk when people would be supported to maintain their nutritional needs. Care plans recorded people's food likes and dislikes and any support required to help them eat. One care plan stated, "I am able to eat and drink independently." People accessed the kitchen to make their own drinks as they wanted and staff offered support as required. One care plan recorded, "I like to make my own cups of tea but this could be every ten minutes. I have now got a care plan in place which says I have a cup of tea every hour."

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so that staff were aware of the current state of people's health and well-being. There was also a diary that provided information about people's health care appointments and the daily care entries in people's individual records. Staff told us a handover of verbal information took place for staff between each shift. One staff member said, "Communication is very good."

People were supported by staff to have their healthcare needs met. Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), psychiatrist, psychologist, behavioural team and other health professionals. We saw the relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Good

Is the service caring?

Our findings

During the inspection there was a relaxed and pleasant atmosphere in the service. Staff interacted well with people. People spoke positively of the care provided by staff. They told us staff were kind and caring.

People were supported by staff who were kind, caring and respectful. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. People appeared comfortable with the staff that supported them. People said they were happy with the care and support they received. People's comments included, "I'm happy here, the staff are good to me," and, "I like it here, I've lived here some time." During the inspection we saw staff were patient in their interactions with people and took time to listen and talk with people.

Records were individual and provided details about people's feelings, dreams and aspirations. For example, one care plan stated, "When I dream of my Mum I feel sad. Staff will talk to me and go through my photograph album with me." Another care plan showed a person wanted to visit Yorkshire. Staff told us they were looking at arranging a holiday for the person in Yorkshire because of the person's interests in a particular programme that was televised there.

People told us they were involved and kept informed of any changes within the home and staff kept them up to date with any changes in their care and support. Everyone had a communication care plan that provided information about the person and advised staff how people communicated. For example, a care plan was in place for a person who had been referred to the speech and language therapist. Information stated, "When speaking to me it is best to keep any requests short and simple. This will help me answer what has been asked."

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example, when to get up and go to bed, what to eat, what to wear and what they might like to do. Care records detailed how people could be supported to make decisions. For example, "I like to know what I'm doing and when I'm doing it," and, "(Name) needs routine but also some flexibility in their lifestyle." We observed staff interacted well with people and offered them choice. For example, people were asked if they wanted to go to the cinema.

We saw information was available for staff about how a person might express if they were in pain. For example, a care plan recorded, "(Name) will verbally inform staff if they are in pain and they will ask for a Paracetamol pain killer."

Staff respected people's privacy and provided people with support in the way the person wanted. Care records showed how people's privacy should be respected as care was provided to them. We saw people being prompted and encouraged considerately. Staff were observed to be attentive, friendly and respectful in their approach.

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. The registered manager told us if necessary a more formal advocacy arrangement was put in place. One person had been supported by an advocate. Advocates can represent the views of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People said they were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. Comments from people included, "I like horror films and the army," "I go to church," "I like shopping," "We watch football," "I've been on holiday to Blackpool and Belgium," "I play golf," "I go line dancing," and, "We play bingo sometimes."

People were having lunch out and going to the cinema on the day of inspection. Records showed there were a range of other activities and entertainment available for people. For example, going on holidays, pool, snooker, bowling, wrestling, meals out, college, music, baking and any areas of interest to the person.

We were told each person had a monthly meeting to plan activities, look at menus and check if there were other areas they wished to discuss. Meeting minutes showed areas of discussion included, entertainment, going to a museum, shopping for Christmas, films, plans for a cookery course, complaints and involvement in choosing the décor.

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.
Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they
included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to personal care, mobility and communication needs.

Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs. We were told people made their own breakfast, helped clean their bedroom, were supported to wash their clothes and were involved in cooking and shopping for the household. One care plan stated, "I like to go shopping and enjoy choosing DVDs and my toiletries." We saw a financial care plan was in place for the person to help them manage their finances.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, "I like to listen to music in my bedroom," "I like to sit and have time with staff in the evening," and, "I like to arrive in time when doing my activities. I have a routine that I prefer to stick to."

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. For example, a person's care plan recorded, "I spend time with my sisters, they are the most people in my life. When they visit me we go shopping and out for lunch."

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.

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection. We saws several cards of appreciation were available from families to thank staff for their care and support with their relative.

Good

Is the service well-led?

Our findings

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

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture the manager encouraged promoted person centred care, for each individual to receive care in the way they wanted.

Staff said they felt well-supported. Comments from staff included, "The manager is very approachable," and, "I like working here, there are opportunities for development."

We saw records that showed meetings were held with the registered manager and staff every month. Staff could give their views and contribute to the organisation's running. Areas of discussion included, health and safety, safeguarding, service issues, training and needs of people who used the service. Meeting minutes were made available for staff who were unable to attend meetings.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager so that appropriate action could be taken to prevent further incidents occurring.

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 wide range of daily, weekly, monthly, quarterly and annual checks. They included health and safety, infection control, financial, environment, training, medicines, personnel documentation and care documentation. We were told one of the people who lived in the home was involved in the weekly environmental check and they went around the premises with staff to check if there were any repairs required. Results of the weekly audit were given to the registered manager to analyse and to check that any appropriate action was taken. Other audits also identified actions that needed to be taken.The manager told us a separate audit was carried out by the provider to provide an independent view of the service. Their monthly visit was to speak to people and the staff regarding the standards in the service. They also audited a sample of records, such as care plans and staff files. These 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 provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and relatives. We were told surveys had been completed by staff, relatives and people who used the service in December 2015. The registered manager told us the results were being analysed and were therefore not available.