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Tylecote

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 

Overall summary

This was an announced inspection visit carried out on the 20 October 2015. The inspection visit was carried out by an adult social care inspector. The reason the inspection visit was announced was to ensure people were available on the day of our visit. Therefore we gave the service 24 hours' notice.

Tylecote provides residential accommodation for up to nine people. The property is a three storey building located at the west end of Morecambe close to local bus routes. Some bedrooms have en-suite facilities and bathrooms are provided for residents. There are two

lounges and one is used as a dining area. There are garden areas to the front and rear of the property. Street parking is available outside the home. At the time of the inspection nine people lived at the home

There was a registered manager in place who also owns the service. 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.

Summary of findings

At the last inspection on 25 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

During this inspection people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff had been safely recruited to ensure people would be supported by suitable personnel.

People were approached with a supportive and compassionate manner and staff had a good understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful and caring towards individuals.

Mealtimes were flexible with people eating at times that suited their lifestyle. Staff provided a variety of meals and choices of foods for the well-being of individuals who lived at the home.

Care plans were person centred and clearly showed input from the person who lived at the home. For example written in the person's voice they had recorded their aims

and goals they would like to achieve. The level of detail contained was exceptional. There was an appreciation of the person as an individual to develop skills and independence.

People were encouraged to follow their ambitions and individual interests within the community. They included, education, employment and social preferences. The service was very good at facilitating people who wanted to pursue their chosen hobbies, education or employment. One person who lived at the home said, "I would not have gone to college but for the staff they are great."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys and regular auditing of the service to monitor the quality of care being provided. We found people were satisfied with the service they were receiving.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff on duty to meet people's needs. Staff had been recruited in-line with national guidelines.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The registered manager had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not restricted.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and respect.

People were supported to give their views and wishes about all aspects of life in the home.

Staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

Care records were comprehensive and personalised to people's individual requirements. We observed staff had a very good understanding of how to respond to people's changing needs.

There was a programme of activities in place including education, employment and social events. People chose their preferred interests individually and staff supported people to follow them.

No complaints had been received by the service. However people were aware of the process.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The service had an open working culture and the registered manager had a visible presence within the home.

Quality assurance audits and checks to monitor the service were undertaken regularly.

The views of people who lived at the home and relatives were sought in a formal way on a regular basis.

Tylecote

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.

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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 also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection visit we spoke with the operations manager, registered manager, five people who lived at the home and three staff members. We had information provided to us from external agencies including the local authority contracts and commissioning team and social workers involved in the care of people who lived at the home. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of one staff, two care plans of people, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

We spoke with people living in the home. They told us they felt safe and that the staff were always around supporting them. They told us they were receiving safe and appropriate care which was meeting their needs. One person said, “You know I have been here ages it’s my home.”

We looked at two care records of people who lived at the home. They contained an assessment of people’s requirements, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks such as, medication, when people were out in the local area independently and environmental safety.

We found systems were in place to protect people from potential harm or abuse. Staff were clear and confident about procedures related to safeguarding and whistleblowing. Comments from staff we spoke with included, “I am aware of the safeguarding. I know not to investigate but report to the manager if I witnessed any abuse going on.” Also, “We have all received training around safeguarding adults.”

We checked how accidents and incidents were recorded and responded to. We found accidents had been documented along with a record of actions taken to reduce the risk of further incidents. For example one record described how a person tripped and fell over. The action was to check for any injuries and following an assessment appropriate action had been taken. A staff member said, “[Resident] has gained more confidence knowing staff are watching out for her.”

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm had been regularly checked and a record of testing weekly was

seen. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Records of regular temperature checks had been undertaken to ensure people’s safety.

We looked at the services staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. For example during the morning sufficient staff were on duty to enable a staff member to support two people who wished to go out in town shopping. A staff member said, “We have enough staff around to make sure people choices are being met.”

We looked at recruitment records of staff members. Checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. We spoke with a staff member who said, “All my checks had to be completed before I started work in the home.” These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The registered manager had safeguarded people against unsuitable staff by completing proper recruitment processes prior to people being employed.

The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw one person had received her medicine at the correct time as recorded. Medicines were given safely and recorded after the person had received their medicines. The staff member informed the person they were being given their medication and where required prompts were given. The staff member informed us only people who had received formal medication training administered medicines.

Is the service effective?

Our findings

People who lived at the home told us they felt staff and the registered manager were effective in their care, guidance and support provided. One person said, “The staff are very good, they have helped me attend college.”

People who lived at the home were supported by a skilled registered manager and staff team. They demonstrated a good understanding of their needs. The registered manager spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people’s specific support needs and backgrounds.

Staff told us they received training to support them to carry out their responsibilities effectively. Training records we looked at had been updated and staff files indicated what courses they had completed and what training was due to be updated. The registered manager had a programme of mandatory training that included, fire safety, food hygiene, medication, safeguarding adults and infection control. One staff member said, “No problems with training there is plenty going on.”

Staff told us they were also encouraged by the registered manager to further their skills by achieving professional qualifications. For example one staff member said, “I am doing my level 4 National Vocational Qualification (NVQ) level 4 supported by the manager.”

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Records we looked at confirmed this. They could also discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure

that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete MCA and DoLS training was in place. This meant clear procedures were in place so that staff could assess people’s mental capacity. This enabled to assess people’s ability to make decisions for themselves. We did not observe people being restricted or deprived of their liberty during our inspection.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The care staff were responsible for the preparation of food. Staff that were responsible for preparing meals had completed their ‘Food and Hygiene’ training. This was confirmed by talking with staff and looking at training records. Comments about the quality of food were all positive and included, “Yes plenty of food and always good.”

We observed lunch being served which consisted of fresh salad and omelettes which was what the people who lived at the home decided upon. A staff member said, “If somebody does not like it they can have anything they want. They choose.”

The kitchen area was clean and tidy with cleaning schedules available for staff to follow to ensure the kitchen area was cleaned daily. We observed people were offered drinks throughout the day and mealtimes were unhurried and relaxed. People were able to choose where they wished to have their meals.

People’s healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome

Is the service effective?

had been. Care records were updated following visits to health care professionals. This confirmed good systems were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People who lived at the home told us they were happy about living at Tylecote. One person said, "Yes I am very happy." Another said, "I am cared for by lovely people." We observed staff members on duty were caring and attentive towards people. For example one person was showing a staff member photographs of their family. The staff member was attentive, patient and showed an interest in the photographs spending time discussing each one in detail.

We spoke with five people who lived at the home and they made it clear they felt all staff and management team were caring and treated people as a family. One staff member said, "Some people have been here for years so we get attached like a family." A person who lived at the home said, "This is my home and family."

We observed staff interacted with people in a friendly, respectful and caring manner. Staff demonstrated a good level of awareness and understanding. For example staff told us they had received training around issues of respecting and caring for people who lived in a residential care setting. Also we witnessed staff knocked on people's doors and addressed individuals by their preferred names. A staff member said, "We feel it is important to understand people as individuals and treat everyone with care and respect."

People who lived at the home told us they were supported to give their views and wishes about aspects of daily life in the home. We observed the registered manager and staff enquiring about people's comfort and wellbeing throughout the day. People were relaxed and comfortable in the presence of all the staff.

We saw evidence in care records of people they had been involved with, and were at the centre of developing their

care plans. People we spoke with told us they were encouraged to express their views about how their care, aspirations and wishes would be supported. Care records contained information about people's needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and maintained. These described the daily support people were receiving and their routines both in and out of the home. The records were informative and enabled us to identify how staff supported people with their daily routines. For example one person enjoyed going out to the local shops. This was highlighted in their care plan and on the day of our visit we saw the person was getting ready to go out with a staff member. We spoke with the person briefly who told us he enjoyed going out with staff.

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs. One staff member said, "The care plans are so informative and it is important to keep them up to date."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they felt staff were responsive to their needs, requirements and ongoing support. Comments included, “I love going to college which they have done for me.” Also, “It’s fantastic here, I enjoy going out and about with people.” And, “I would not have gone to college but for the staff they are great.”

The pre admission process was excellent. For example people were encouraged to visit the home over long periods to ensure they liked the home and the service suited their needs. Also the people who lived at the home and their families were consulted to make sure the placement was suitable to all people concerned.

Before moving into the home people had their health, aspirations in terms of social, education and employment comprehensively assessed. For example one person wanted to attend college on a regular basis. The service sourced the best college and courses the person wanted to complete. The operation manager had excellent links with community organisations such as education facilities. Now the person attended college four times a week and had completed a number of courses. We spoke with the person who said, “Everyone has been great now I am doing cooking training and really enjoy it.”

Care plans were person centred and clearly showed input from the person who lived at the home. For example written in the person’s voice they had recorded their aims and goals they would like to achieve. The level of detail showed there was an appreciation of the person as an individual to develop skills and independence. For example the two care plans we looked at contained details of what was important to the person and how they wanted to spend their time. One person had especially wanted to attend further education. The staff resourced the best facility in conjunction with the person who now was in part time education. One staff member said, “Each person has their own identified aims and goals and we try and support them to achieve that.”

People who lived at the home were involved in various activities within the community. For example one person was employed on a voluntary basis and others attended further education colleges. People were active members of the community and the management team and staff had responded well to meet the aspirations and goals of

individuals who lived at the home. We noted staff had found innovative ways to support a person to follow their goal and learn about ‘animal care’ which was their favourite hobby. A college had been found for the person to attend and learn all about caring for animals.

Activities were taking place in the home and chosen by the people who lived there. People had chosen their routines and when they were in the building activities were arranged for them informally. They included card games, watching films and other board games. One staff member said, “People are out in the community a lot so when we are in together people choose what they want to do.”

The operations manager for Tylcote conducted a survey in 2009 about what type of activities people with learning disabilities would be interested in going to. This set their agenda for the next few years. They told us they had set up over the last 5 years a number of groups with specific activities such as a dining group and a cinema group which meet monthly. These services had been linked to people who lived at Tylcote to engage in and benefit from. For example people who lived at the home and staff told us these community events/meetings had led to building new relationships and friendships.

The organisation this year had arranged 5 discos open to anyone to attend at the local Cricket club. The people who lived at Tylcote enjoyed helping meet and greet everybody who attended and we found new friendships had been formed.

We found individual daily records were kept as a way to evidence staff monitored and responded to people’s changing needs. The registered manager told us, “We all work closely together and communicate really well, so we all know what’s going on.” The registered manager was rarely out of the home and had an in-depth awareness of people’s requirements.

We found each person who lived at the home had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We spoke with people who lived at the home about social events. People told us a trip had been arranged for the

Is the service responsive?

following Tuesday night to Blackpool illuminations. We spoke with a person who lived at the home who said, “We are looking forward to that. Hopefully we will have fish and chips as well on the night out.”

The operations manager of Tylecote was actively involved in the community as the chairperson for the ‘friends and relationship task group’. This group encourages relationships between people who lived in care and the local community to set up activities for all to enjoy. We spoke with the local authority social work teams about the service. They told us they found the service always worked

well with health and social work professionals. They found they made very good links with families and worked extremely well in building relationships within the community so that people who lived at Tylecote would benefit.

We found the complaints policy the provider had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed.

Is the service well-led?

Our findings

People who lived at the home told us how supportive the registered manager was. Comments included, “Always around it is a small home so we are all together. She is always there.”

We observed during the inspection visit the registered manager was part of the staff team providing the care and support people required. One staff member said, “The manager is very supportive we all chip in together. It is a good atmosphere to work in.”

The service was well led and staff told us people were clear about their responsibilities and what the registered manager’s role was. One staff member said, “It’s a great place to work everyone is so supportive.” All staff members we spoke with confirmed they were supported well by the registered manager.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. This ensured the service was constantly seeking the views of others to make sure Tylecote continued to develop.

Surveys were sent out annually to relatives. We looked at completed surveys they were positive. However the registered manager and operations manager would analyse the responses and act on any negative comments.

The operations manager had recently introduced a ‘relative support group’ that meets every three months at a local

venue. These were held to discuss any issues or improvements people felt could improve the service for their relatives. One relative said, “The manager always asks us if there is anything they feel could be improved or if we have any ideas which would help the home.”

Resident and staff meetings were held on a regular basis. At the last ‘resident meeting’ held on 22 September 2015 attendees raised a suggestion they wished to see Blackpool illuminations. This was discussed with the management team and arrangements had been made to go on Tuesday 27 October. One staff member we spoke with said, “We do try and listen to residents suggestions and if at all possible carry them through. They are useful and give people a forum to put forward any ideas or discuss any issues.”

We spoke with the registered manager about the people who lived and worked at the home. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who lived at the home.

We found there were a range of audits and systems put in place by the registered manager and the provider. These were put in place to monitor the quality of service provided. Audits were taking place approximately every month. Senior members of staff within the organisation undertake audits and they look at for example, the environment, staff training and medication. We were also informed they carried out ‘observational audits’. For example how people carried out an activity, what their involvement was and did people enjoy the event.