

Mr & Mrs C Thomlinson

# Tweedmouth House

## Inspection report

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29 August 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Tweedmouth House provides care and accommodation for up to 55 people, some of whom are living with dementia. Accommodation was divided into two main areas. People who had general nursing and personal care needs lived in 'Tweedmouth House.' Those who had a dementia related condition lived in 'Orchard House.' There were 45 people living at the home at the time of the inspection.

There was 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 in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected the care home in October 2016 and rated the service as requires improvement. We identified a breach of the regulation relating to the need for consent. There was a lack of evidence to demonstrate that staff followed the principles of the Mental Capacity Act 2005 [MCA].

Following the inspection, the provider sent us an action plan which stated what they were going to do to meet this regulation.

At this unannounced inspection on 22 and 29 August 2017, we found the provider had taken action to ensure records demonstrated that the principles of the Mental Capacity Act were followed. However, we identified a new breach relating to fit and proper persons employed.

We found that one nurse's registration with the Nursing and Midwifery Council [NMC] had lapsed in October 2016. Nurses are legally required to be on the NMC register in order to practise. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. We referred our findings to the NMC, local authority safeguarding and commissioning teams and Northumberland Clinical Commissioning Group.

There was a quality assurance system in place. We found however, that the provider did not have an effective system in place to ensure nursing staff were registered with the NMC.

Since 2012, we found the provider was breaching one or more regulations at five of our eight inspections at this service. Since 2015 we have rated the service as requires improvement on three occasions. At this inspection, we identified one breach of the regulations. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

Prior to our inspection we received information of concern about people's safety. We checked the concerns raised during our inspection and concluded that people were cared for in a safe environment, with suitable equipment and caring staff.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

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

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support. Care plans were in place which detailed the individual care and support to be provided for people.

Arrangements for social activities met people's individual needs. There was a complaints procedure in place. No complaints had been received since our last inspection.

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

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

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?

**Requires Improvement** ●

The service was not always safe.

One nurse's registration with the Nursing and Midwifery Council [NMC] had lapsed. Nurses are legally required to be on the NMC register in order to practise.

There were sufficient staff deployed to meet people's needs.

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

### Is the service effective?

**Good** ●

The service was effective.

Action had been taken to ensure records demonstrated that the principles of the Mental Capacity Act were followed

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

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

### Is the service caring?

**Good** ●

The service remained caring.

### Is the service responsive?

**Good** ●

The service remained responsive.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

There was a quality assurance system in place. We found however, that the provider did not have an effective system in place to ensure nursing staff were correctly registered with the NMC.

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

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# Tweedmouth House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 22 August 2017 and was unannounced. A further announced visit was carried out on 29 August 2017. The inspection was carried out by an inspector, a specialist advisor in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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

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

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

During the inspection, we spoke with five people who lived at the home and four relatives. We also contacted a relative by phone following the inspection.

We spoke with the registered manager, deputy manager, three nurses, five care workers, two members of the domestic team, a laundry assistant, two activities co-ordinators, the chef and maintenance man. We also spoke with two nurses and two care workers from night duty to find out how care was delivered at night. We examined five people's care plans and medicines administration records. We also checked records

relating to staff and the management of the service.

We contacted a number of health and social care professionals during our inspection and received feedback about the service from a continuing health care assessor, a relevant person's representative from the local advocacy service, a member of the behavioural support team, a pharmacy assistant, a care manager, a GP and a tissue viability nurse.

Following our inspection we referred our findings to the NMC, local authority safeguarding and commissioning teams and Northumberland Clinical Commissioning Group.

# Is the service safe?

## Our findings

At our last inspection we rated this key question as good. At this inspection, we identified a breach of the regulation relating to fit and proper persons employed. We took this into account when rating this key question.

The provider employed 13 nurses. We checked whether they were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. We found that one nurse's registration had lapsed in October 2016. Nurses are legally required to be on the NMC register in order to practise. The registered manager took immediate action and removed the nurse from their nursing duties until they re-registered with the NMC.

We referred this matter to the NMC, local authority safeguarding and commissioning teams and Northumberland Clinical Commissioning Group.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Following our inspection, the registered manager wrote to us and stated there had always been another registered nurse on duty with the unregistered nurse. She told us that no concerns had been raised about the unregistered nurse's conduct.

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

Prior to our inspection we received information of concern about people's safety. We checked the concerns raised during our inspection and concluded that people were cared for in a safe environment, with suitable equipment and caring staff.

People and relatives told us people were safe. Comments included, "It's marvellous here, better than I expected, I feel very safe," "If I didn't feel safe I wouldn't stay here," "I'm not frightened anymore because there's always people around me. I used to have lots of falls and they frightened me" and "I've got no worries or concerns, he has settled in here really well."

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

Staff had access to and used moving and handling equipment such as hoists and slide sheets. One person told us, "I have to use a hoist but the girls make it as comfortable as possible." Moving and handling



equipment had recently been checked. Certificates of servicing were not yet available. We therefore contacted the company who carried out these checks. They confirmed they carried out six monthly examinations of all moving and handling equipment at the home. They said that only minor concerns had been found with a couple of moving and handling slings. The deputy manager told us that these were no longer in use.

Checks and tests were carried out to ensure the premises were safe. This included, gas, electrical and water safety tests. A keypad entry system was in place for security.

People, relatives and staff told us there were sufficient staff deployed at the home. Comments included, "There's always someone at hand to help," "If I press the call bell they're here before I've taken my finger off it – the staff are unbelievable" and "They come quickly. I need help every two hours during the night." We observed that staff carried out their duties in a calm unhurried manner. We spoke with members of night staff who said there were sufficient staff on duty to meet people's needs through the night and early morning.

Risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. This meant that risks were minimised and action was taken to help keep people safe.

People told us they received their medicines as prescribed. Comments included, "They make sure I take my tablets on time," "I take quite a lot of medication and they watch me taking it" and "I get my tablets when I need them and they check to make sure I've taken them – the nurses are every bit as good as the carers." We spoke with a pharmacy assistant who told us, "I have no concerns – I wish all the homes were as organised with their ordering as Tweedmouth House. They are tiptop, there are no issues. We have a good relationship with them."

We found there were safe systems in place for the receipt, storage, administration, recording and disposal of medicines.

# Is the service effective?

## Our findings

At our last inspection we rated this key question as requires improvement. Records did not always demonstrate that staff followed the principles of the Mental Capacity Act. At this inspection we found that action had been taken and the provider was now ensuring good outcomes for people in this key question.

People and relatives told us that staff effectively met people's needs. Comments included, "The nursing staff are high calibre" and "They [staff] are excellent." Health and social care professionals spoke positively about the effectiveness of staff. One health and social care professional stated, "I have found the home to be very welcoming and the staff are very willing to engage with the work we do"

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Mental capacity assessments had been carried out and best interests decisions recorded for specific important decisions such as the covert administration of medicines. This involves disguising medicine by administering it in food and drink where it is deemed in the person's best interests because of serious risks to a person's health or wellbeing if the medicine was not taken. The manager was in the process of ensuring that documentation was available for all important decisions.

Staff informed us they felt equipped to carry out their roles and said there was sufficient training available. Comments included, "Training is all up to date" and "There's always training going on. They also give us the option of doing outside training as well [external face to face training]." The provider had a dedicated training co-ordinator who delivered and sourced training. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal.

We checked whether people's nutritional needs were met. Staff told us there was sometimes a difference in the quality of meals provided at the home. People however, were complimentary about the meals. Comments included, "I get fed up of eating the same food so if I don't fancy something they will make me what I want," "I have all of my meals in my room, whatever you want it's there," "The food is fine and there's plenty of it. I can even have a dram if I want one but I don't bother" and "The food is alright, I've put on

weight since I came in and there's plenty to drink.

Menus were available; however, the choice of meals for people who required a soft or pureed diet was not always clear. The manager told us that this would be addressed. We saw that staff were attentive to people's needs at meal times and offered discrete support when required.

Food and fluid charts were completed when people were at risk of malnutrition or dehydration. We read that one person was reluctant to eat or drink. An individualised daily fluid intake goal was recorded in their care plan. Staff were to administer subcutaneous fluids if this goal was not reached. We spoke with the person's relatives who said, "They put in the time to get [name] to drink – they've been inspiring" and "[Name] has only had the drip [subcutaneous fluids] once." We examined 30 fluid charts and noted the person had reached their goal intake each day. Subcutaneous fluid administration is the term used to describe giving fluids into the space under the skin from where it can be slowly absorbed by the body.

People and relatives told us and records confirmed that staff supported them to access healthcare services. Comments included, "Everything is available to you, doctors, dentist, optician, hospital, if you need it they can get it" and "They involve the doctor and whoever is necessary which is good."

A GP and continuing health care assessor visited during our inspection. We saw evidence in records that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

Staff used the 'Situation, Background, Assessment and Recommendation' [SBAR] to communicate between health care professionals such as GPs. The SBAR technique provides a framework for communication between members of the health and social care team about an individual's condition. The Institute for Health Improvement describes the tool as an effective and efficient way to communicate important information.

# Is the service caring?

## Our findings

At our last inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

Prior to our inspection we received information of concern about some of the care provided at Tweedmouth House. We checked the concerns raised during our inspection and concluded that people received compassionate care which met their needs.

People and relatives were complimentary about the caring nature of staff. Comments included, "They're always very caring, kind and they never grumble," "The staff are unbelievable, can't fault any of them. Every morning someone comes in to see if I'm alright. We have a bit of a chat. I'm very comfortable and well looked after," "It's a pleasure to come here, the staff are all caring," "It's a very personalised service," "The care given in this home is excellent. The staff are really kind, responsive and do actually care about the individuals," "Everyone [staff] smiles a lot" and "They seem to have oodles [a lot] of patience." One staff member told us their relative lived at the home. They said, "They wouldn't be in here if I thought that this place was not good."

Health and social care professionals were also positive about the care. Comments included, "Their nurses are very caring and have demonstrated to me great compassion for their patients" and "They are genuinely committed to providing the best care that they can."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "I come in and try and make their day a lot nicer," "I love it because of the residents," "You fit around them, everyone is different" and "I would be happy to have my relative here."

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. We heard one person tell a staff member, "I love you." The staff member said, "I'm here with you now...I'll sit with you." They sat next to the person and gently rubbed their hand.

Staff came in on their days off to see people. A member of staff brought in her baby to show people; other staff visited with their dogs. One person had a cat which lived in their room. A member of staff said, "Pets are always welcome here. The carers bring their dogs in to see the residents too and they love it." One person enjoyed watching the deputy manager and a health care professional re-enact a recent horse riding experience.

People and relatives told us that staff promoted people's privacy and dignity. Comments included, "They're very good and they protect my dignity as much as they can," "I told staff that I didn't want a male carer giving me a bed bath and they listened to me so I only have girls" and "They don't make anything undignified. They are very kind and considerate." We heard staff speaking with people in a respectful

manner and knocked on bedroom doors before they entered.

People and relatives told us they were involved in decisions about people's care. Comments included, "I'm involved in my care plan and I control the support I need" and "They involve us - it is a team and they regard us as part of the team – it all works." We read the results from a recent relatives' survey which had been carried out. One relative had commented, "Staff always discuss options and take my view into consideration."

The provider sought to ensure advocacy arrangements were in place for those people who were unable to express their wishes. A relevant person's representative [RRP] from the local advocacy service visited two people who had a DoLS in place. She told us, "[Name of deputy manager] makes you feel welcome and embraces her role and sees it as a good thing [advocacy]." The role of a RPR is to maintain contact with the person and represent and support them in all matters relating to decision making.

## Is the service responsive?

### Our findings

At our previous inspection we rated this key questions as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People and relatives told us that staff were responsive to people's needs. Comments included, "The staff are marvellous," "If we've mentioned anything, they are already on top of it and are thinking what to do next," "It's been brilliant – they fixed [name's] legs" and "They are amazing, we can't praise them enough."

Health and social care professionals were also complimentary about the responsiveness of staff. Comments included, "I can thoroughly recommend it," "They make the right decisions...They do everything by the book," "I have never had an issue with their care plans," "I have not had any concerns about pressure sores – they always refer" and "Some of the work they have done independently has been really excellent...They care for some really quite complex and challenging individuals these days."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave specific information about how people's needs were to be met and gave staff instructions about the frequency of interventions.

Care plans were reviewed to ensure people's needs were met and relevant changes were added to individual care plans. This was confirmed by people. Comments included, "My care plan changed because the help I need changed" and "If there's any change needed to my care I just talk to them and we just work it out together."

There were two activities co-ordinators employed to help meet people's social needs. The provider had their own bus which was used to take people out into the local community. We spoke with both activities co-ordinators and observed that various group and one to one activities were carried out. People were supported to access the local community on the days of our inspection.

There was a complaints procedure in place. No complaints had been received since our last inspection. None of the people or relatives with whom we spoke raised any concerns. Various feedback systems were in place to obtain people's and relatives' views. Surveys were carried out and meetings held. Feedback from surveys and meetings was positive.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as requires improvement. The provider's quality assurance system had not highlighted the omissions in relation to the MCA. At this inspection we found that an effective system to ensure nursing staff were registered with the NMC was not fully in place. The deputy manager explained that nurses were asked at six monthly intervals about their registration with the NMC. We identified however, that the provider did not always undertake direct checks with the NMC to confirm the registration status of the nursing staff employed.

Following the inspection, the deputy manager told us that monthly checks with the NMC were now being carried out.

Since 2012, we found the provider was breaching one or more regulations at five of our eight inspections. Since 2015 we have rated the service as requires improvement on three occasions. At this inspection, we identified a breach of the regulations. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

The provider was a husband and wife partnership, Mr and Mrs Thomlinson. Mrs Thomlinson was also the registered manager. A deputy manager was in post to support the registered manager.

People, relatives and health and social care professionals were complimentary about the home and management. Comments included, "I'm so much happier with mum living here," "I couldn't have found a better place," "I believe the service they give is safe, effective, caring, responsive and well led," "I would definitely think of Tweedmouth/Orchard as a good home at the present time," "It's very well managed" and "It's well organised and I've no complaints."

Various audits and checks were carried out to monitor the quality and safety of the service. These included checks of medicines, health and safety and infection control. We found the system was extensive and difficult to navigate at times. The deputy manager told us they were looking to streamline the quality assurance process.

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

Staff told us that they enjoyed working at the home and said morale was good. Comments included, "I love my job," "It's so good, we are like a family" and "I love it here – I totally do." Staff said they felt supported by the manager and deputy manager. One staff member said, "They [provider and managers] are really good people" We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

Surveys and meetings were carried out to obtain people and relatives' feedback. We read the most recent

questionnaires which were completed in February 2017. All the feedback was positive. One relative had commented, "Staff have gone to great lengths to make Tweedmouth House a very homely place with a good atmosphere."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	One nurse was not registered with the Nursing and Midwifery Council in line with legal requirements. Regulation 19 (1)(4)(a).