

Tidings Care Homes Ltd

Tidings

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 January 2016.

Tidings is registered to provide care and accommodation to up to 13 people. The home specialises in providing care and support to people with learning difficulties and/or mental health needs.

This is the first inspection of Tidings since the provider changed their legal entity to a limited company – Tidings Care Homes Ltd, in March 2014.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the home was managed on a day to day basis by the nominated individual and an acting manager. The registered manager was part of the management team but did not take the lead role. People and staff described the management team as very supportive and approachable.

People felt safe at the home and with the staff who supported them. There was a stable staff team who were kind and caring. There was constant interaction between people and staff and more than one person described living at Tidings as like living in a big family. The home had a happy atmosphere and people were very relaxed.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure which made sure new staff were thoroughly checked before they began work. There was information about how to raise concerns and how to access independent advocates. People and staff were confident if they raised any concerns they would be dealt with appropriately.

People received effective care and support because staff were well trained. The provider used creative methods to make sure staff had the skills and knowledge to meet people's needs and protect their rights.

People's care was planned and delivered in a way that respected their wishes and took account of their changing needs. Each person had a care plan which they had been able to contribute to. Care plans were regularly reviewed to make sure they reflected people's up to date needs. People had access to healthcare professionals according to their individual needs and staff supported people to attend appointments.

People were able to take part in a variety of activities in line with their interests and abilities. Some people attended college, some went to a local resource centre and staff supported people to attend local clubs and access community facilities.

The provider had systems in place to monitor the quality of the service and to seek people's views. People felt involved in the running of the home and able to share their views and concerns.

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.

Risk assessments supported people to maintain their independence with minimum risk to themselves and others.

There were adequate numbers of staff to keep people safe and meet their needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were well supported and received training which promoted best practice.

People had access to health care professionals according to their individual needs.

People were always asked for their consent before staff assisted them and staff knew what to do if someone was not able to make a decision.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People received care in a family type atmosphere and had built excellent relationships with other people and with staff.

Is the service responsive?

Good ●

The service was responsive.

People received care which was very personal to them and supported them to pursue their interests and hobbies.

People were involved in the running of the home and knew how to complain if they weren't happy.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a management team who kept their skills and knowledge up to date.

The provider worked to continually improve the service offered to people by auditing and seeking people's views.

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 inspection took place on and was unannounced 21 January 2016. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection visit we spoke with nine people who lived at the home. We spoke with four members of staff, the nominated individual and the acting manager. We looked around the premises and observed care practices. We also looked at records which related to people's individual care and to the running of the home. These included two care and support plans, two staff personnel files, records of medication administration and provider quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "It's a nice place and staff are always kind to you." Another person said "The staff help me to keep safe."

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. Some people liked to go out without staff support and each person carried an Id card which they could show to anyone if they got lost or needed help. One person, whose mobility had decreased, told us how staff had talked with them about minimising the risk of falls when using the stairs. They said they had agreed not to carry items up and downstairs so they could more easily hold on to the bannister rails. During the inspection we saw staff offering to carry items for this person in line with their risk assessment.

Staff responded to changes in risk and up dated assessments following incidents. Where a significant incident had occurred the staff had worked with other professionals to agree a risk assessment that enabled the person to retain their independence and promoted their safety. The staff were very conscious that control measures put in place should not impact on other people's freedom or rights.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files we read showed all relevant documentation had been obtained before a new employee started work.

Risks of abuse to people were further minimised because staff had received training about how to recognise and report any suspicions of abuse. We heard from the staff and acting manager how this topic had been discussed in depth at a recent meeting and staff had been asked to think of all types of abuse in relation to the people who lived at the home.

Staff and people were confident any concerns raised would be fully investigated and action would be taken to make sure people remained safe. One member of staff told us when they had reported a concern it had been dealt with promptly and appropriate action had been taken by the provider. There was a poster in the dining room which gave details of who to contact if anyone had any concerns and felt unable to raise them within the home. Staff and people were aware of the poster and said if they needed to they would phone the number. One person said "We are all friends but if I was bullied I would tell [staff name] or ring the number."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us there were always enough staff to meet people's personal and social needs. People said there were always staff available to them if they wanted help at the home or if they wanted support to go out. During the inspection staff spent time assisting people with care and socialising. One person said

they wanted to go out to buy a paper and staff supported them to walk into town.

The provider kept staffing levels under review to make sure they continued to meet people's needs. The home did not provide waking night staff but had increased sleep in staff from one member of staff to two to improve safety for people in an emergency situation such as needing to evacuate the building.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. The home's policy stated that all medicines should be administered by two members of staff to minimise the risk of errors. One member of staff said "There's always two staff to do medicines. We have enough staff."

People received their medicines safely. Medication administration records gave details about how and where people wished to take their medicines. For example one person needed to have thickened fluids to assist them to swallow their tablets and minimise the risk of choking. This person had said they were happy to take their medicine in one of the communal areas. Staff were aware of the measures in place to enable people to take their medicines safely and how and where they liked to be supported.

There were clear plans in place to make sure people could be evacuated from the building in an emergency situation. Each person had a personal evacuation plan which took account of their mobility, sight, hearing and cognitive abilities. People were reminded at meetings how to safely evacuate the building and fire drills were held regularly.

Is the service effective?

Our findings

People received effective care and support from staff who were well supported by the provider. Morale amongst staff was good which led to a very happy and relaxed atmosphere for people. One person said "Everyone here is a happy person."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

The provider was creative in how they ensured staff had the skills and knowledge they required to work in line with current legislation and good practice. In addition to mandatory training for staff they had introduced a theme of the month based on the Health and Social Care Act Regulations. Each month one regulation was discussed at a team meeting and a group supervision session was held to discuss how the regulation related to people who used the service and what learning could be gained from any specific incidents. After this each member of staff was observed carrying out practice that related to the subject or was asked to research a specific issue. Learning from the theme of the month was discussed the next month before the next topic was introduced. This made sure staff were fully aware of up to date legislation and were practising in a way that promoted people's rights.

Staff were very complimentary about the training provided to them and told us it really made them think about how they worked. One member of staff said "The training really makes you think about things. We discussed safeguarding and it made us all check we did things in the least restrictive way." Another member of staff, who had completed a training course in mental health issues, told us it had made them think about different approaches to care which may benefit people. They said "It gives you confidence to do things."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No one living at the home required this level of protection but the provider had a policy should anyone's needs change. Staff were aware of the need to support people to make decisions for themselves and to ensure other relevant people were consulted if someone lacked the capacity to make a decision.

People told us staff always asked for their consent before they helped them with tasks. One person said "I don't have to do anything I don't like." Another person said "They always ask me what I want. Everything is my choice." Where specialist equipment, such as pressure mats which alerted staff when someone was moving around their room, was in use there was documentation to show people had consented to these.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff had received training and had the skills required to support people who required a specialist diet or needed to be supported with nutrition in a specific way. Everyone was very complimentary about the food at the home and said they had a good diet.

People had access to healthy meals, snacks and drinks. The main meal of the day was served in the evening as a number of people were out during the day. One person said "We have a snack at lunchtime and then all eat as a family in the evening." Another person told "We have some very good cooks and always have lovely meals."

The home arranged for people to see health care professionals according to their individual needs. 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 this person received effective care and treatment.

People told us staff supported them to attend appointments outside the home. Records showed people were seen by professionals including, doctors, dentists, opticians and social workers. One person said "Staff always take you to appointments if you want them to." Each person had a 'hospital passport.' These were documents that set out the needs of the person and provided clear information for anyone providing care to them. This meant that if the person was admitted to hospital, healthcare staff would have information about the person's abilities, communication needs and their preferences.

Is the service caring?

Our findings

The home promoted a family atmosphere and people had built up strong relationships with other people and staff. One person said "My friends are here. We look after each other." Another person told us "The nicest thing is how well we all get on. We live as a family really. I feel loved here."

There was a very stable staff team which enabled people to build relationships with the staff who supported them. Staff demonstrated an excellent knowledge of each person which enabled them to provide care in a very personalised way. During our inspection we saw staff were always kind and attentive to people. One person was unsettled and a member of staff asked if they wanted to spend time on their own or wanted to talk about what was upsetting them. The person said they would like to talk with the member of staff in their room. After a short time the person re appeared happy and chatting.

One person had limited verbal communication but staff took time to talk with them and waited for their responses. Staff told us this person had always taken great pride in their appearance and although they were now unable to care for themselves staff always made sure they chose what they wore. In the afternoon we saw a member of staff giving the person a manicure and painting their nails. The person showed how much they were enjoying this by smiling and laughing.

Throughout the day there was on-going social interaction between staff and people living at the home. People laughed with staff and talked about a variety of subjects including family and friends. People showed concern for other people and helped them when they were able. We heard two people talking about another person who was not in the communal areas and checking with a member of staff that the person was alright.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person had their own room which they had been able to decorate and personalise to their own tastes. One person said "Mostly I keep my door open and so staff just come in. If I close the door they know I want to be on my own and then they knock if they want anything." Another person said "My room is my space and they respect my privacy."

Tidings provided a long term home for people and the provider told us they aimed to care for them until the end of their lives if they were able to do so. The provider made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free. Specialist equipment such as tailor made chairs and wheelchairs were arranged to make sure people continued to be able to take part in the day to day activities of the home if they wished to.

There were ways for people to express their views about their care including how they would like to be cared for at the end of their lives. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person said "They write everything you like in your care plan." Another person told us "You have a care plan so you can do what you want and everyone knows about you." One care plan contained in-depth information about how the person

wished to be cared for at the end of their life. It demonstrated staff had spent time with the person recording their wishes for their care and arrangements for after their death.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. Personal records relating to people were securely stored and written records were individual and respectful. When staff discussed people's care needs with us they did so in a compassionate and professional way.

Is the service responsive?

Our findings

People received care that was extremely personalised to their needs and wishes. Staff supported people to take part in a wide range of activities which helped them to maintain and develop their skills. Some people told us they attended college and one person proudly showed us a certificate they had recently achieved. Another person said they went to college and to a local resource centre. They said "I love living here and all the things I do."

People took part in day to day activities within the home. One person told us they liked to keep busy and helped with tasks around the home such as laying the table and clearing away after meals. Another person said "They help me to keep my room nice. I can do what I want in my room and I like it to be nice."

People accessed community facilities in line with their interests and hobbies. One person said they enjoyed going out to bingo and another person had been to a local coffee morning on the day of the inspection. When people expressed an interest in something staff helped them to access community clubs so they could pursue their hobbies. One person enjoyed crafts and told us they attended a knitting club once a week.

The provider arranged holidays for people and two people told us about last year's holiday to Cornwall. One person commented "We had a lovely time and I shared a room with my friend." At the end of each month people and staff made a picture board of all the activities people had taken part in. The board was kept in the dining room and people showed us pictures of Christmas celebrations and parties they had attended in December. The manager told us the picture board had been in response to feedback from a relative who said they did not always know what the person they visited had been up to. The board helped people to talk about activities they had taken part in.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said "It's just like any family we go out to lunch sometimes, we talk a lot and sometimes we just watch the telly."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes and preferences. 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.

The staff responded to changes in people's needs. One person told us their mobility had declined. They said "I used to go out on my own now I only go out with staff. We discussed it all and they take me whenever I

ask." In response to changes in people's needs pendant call bells, which enabled people to summon assistance, had been supplied to some people.

One person had a long term condition which had meant their ability to care for themselves had reduced. The care plan for this person showed how care and support had been constantly reviewed and changed to make sure they continued to receive the care they required. Staff had received relevant training to make sure they had the skills to provide the appropriate level of care. We met with this person and they were comfortable and happy showing the care they were receiving continued to meet their needs.

People were involved in the running of the home and were able to make suggestions. There were monthly meetings for people who lived at the home. Minutes of these meetings showed a wide variety of subjects were discussed. Staff kept people up to date with any changes at the home and asked people's opinions. Some people spoke about their plans for the coming months and updated people about events in their family. One person said "Obviously you can talk to anyone at any time but you can bring things up at the meeting too." Another person said "We sort out activities and things at the meetings."

People knew how to make a complaint and said they would be comfortable to do so. One person said "I would be able to complain if I had anything to complain about." Another person said "If I wasn't happy I would tell my keyworker. They would sort it out." Minutes of one meeting showed people had been reminded that there were details about how to contact independent advocates on the notice board.

Is the service well-led?

Our findings

Tidings was a family run care home which, although it has recently re-registered as a limited company, has been owned and managed by the same family for about 15 years. The providers were very involved in the day to day running of the home and had an excellent knowledge of the people who lived there. There was a registered manager in post but the home was managed on a day to day basis by the nominated individual for the provider and an acting manager. The registered manager continued to be part of the management team. During the inspection we discussed with the provider and acting manager the management arrangements and they stated they would review the registered manager's position.

The management team were very approachable and aimed to create a family atmosphere for people. One member of staff told us "The management here are really supportive. We all work really well together." Another member of staff said "It's such a wonderful place to work. I couldn't ask for better managers or residents. I love my job."

People who lived at the home felt safe and secure and able to express their views and wishes. Staff told us they would not hesitate to raise concerns and felt that their suggestions were always listened to. One person told us "This is my home." Another person said "We live as a family. You can do what you like within reason and we all get along. We have our squabbles like any family but at the end of the day we love and care about each other."

The management and staff continually explored ways to improve care and well-being for people. This was achieved by on-going audits and seeking people's views. To ensure the safety of people there were regular audits of the building. One recent audit had highlighted a need for additional lighting and this had been installed. An audit of care plans had identified that some risk assessments needed to be more specific and these were being up dated at the time of the inspection.

Feedback from satisfaction surveys had resulted in the creation of an activities picture board each month. Satisfaction surveys had also highlighted that some visitors did not know who all the staff were and who was in charge when they visited. In response to this the provider was planning to have a board in the main hall with pictures of all staff with their names and roles.

The staff recorded all incidents and accidents and used these to identify if any changes to practice needed to be made. The provider aimed to ensure that responses to incidents were implemented in a way that did not restrict people's liberty. For example after one incident, following discussion with professionals, a buzzer was fitted to the back door of the house. This meant people could still come and go as they pleased but staff would be aware of when people went out. This practice had been reviewed and thought to be quite invasive for some people so there were plans to move the buzzer to the back gate rather than the door.

The provider and management of the home kept their skills and practice up to date by on-going training and reading. The home was a member of the Registered Care Provider Association (RCPA) which provides up to date guidance and support for registered providers in Somerset. The provider attended conferences

and training sessions held by the RCPA. They were also in the process of setting up a more local group which would enable small providers in the area to share good practice and keep up to date with local initiatives and changes.

The provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.