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Tunncliffe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tunncliffe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. Tunncliffe House is a small domestic style building in a quiet cul-de-sac that offers two-storeys and can accommodate up to 16 people. At the time of the inspection 13 people were receiving support.

In June 2017, CQC published *Registering the Right Support*. The service had not been developed and designed in line with the principles and values that underpin this publication and other best practice guidance. This guidance reflects the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service was registered for people with mental health needs and four people with learning disabilities. However, there was no one living at the service with a learning disability. The provider advised they would review the principles in practice to see how they could update the service to reflect best practice.

We have made a recommendation for the registered provider to review best practice guidance in updating their service and on reflecting the principles of 'Registering the Right Support.'

People's experience of using this service and what we found

Quality assurance measures were informal and had no recorded checks in place. They lacked any process to show oversight and general management of the quality of the service. The registered provider was proactive during the inspection and took actions to improve all aspects of records to demonstrate appropriate audits and checks within the service.

The registered provider was knowledgeable about the actions they took to keep people safe. However, aspects of health and safety needed improving. There was a lack of records to show how risks were managed for the environment, for evacuating people in the event of a fire and the health and safety policy was out of date.

The management of medications needed review as staff had not routinely signed in the delivery of medications each month. This meant it was difficult to accurately audit medications.

Aspects of the environment were well maintained but needed updates to reflect a homelier environment. For example, bedroom doors had some frosted glass windows which did not reflect good practice in promoting privacy. The provider took immediate actions to cover windows to promote each person's privacy. The use of CCTV within the building had not been appropriately registered and managed. The registered provider made the decision to remove the use of CCTV during the inspection.

Support plans and risk assessments generally contained the correct level of information in relation to the

support people needed. However, the records needed improving as they did not always record updates or reviews.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, records were not always updated to reflect people's choices and in identifying people's consent.

The registered provider had a complaints procedure in place. Complaints records were brief and in need of improvements to reflect a full audit trail of investigating people's concerns. No one raised any complaints during the inspection. People and their relatives told us they would speak with the staff at any time to raise any issues.

People told us that they were happy with the support they received. There was a friendly atmosphere at the service. People were relaxed and comfortable with staff. People and relatives told us they liked Tunnicliffe House and got on well with all the staff. Although most people lived independently, some people suggested they would like regular meals out with staff and a holiday each year.

Staff were familiar with people's likes and preferences and positive relationships had developed between them. Staff were long standing members of staff offering great stability and most people had lived at the service for many years.

Rating at last inspection and update The last rating for this service was 'good' (published 12 May 2016.)

Why we inspected This was a planned inspection based on the previous rating.

Enforcement We have identified breaches in relation to 'health and safety' and 'good governance' at this inspection. The provider has taken action during the inspection to mitigate the risks identified.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Tunncliffe House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Tunncliffe House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 June and ended on 18 June 2019. We visited the office location on 14 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with the registered provider, two members of staff, five relatives, we met everyone living at the service and spoke with eight people. We looked at support records of two people receiving support, one staff recruitment file, medication records, health and safety checks and other records and documentation relating to the management and quality monitoring of the service.

We received a copy of the recent Health watch report for the service. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who had visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'requires improvement.' This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered provider had good knowledge of all aspects of the service and could describe actions they would take to safely manage the building and keep people safe. However, systems were informal there was no evidence of recorded audits or governance checks to safely manage all aspects of health and safety.
- The service did not have an up to date electrical installation certificate and areas of monitoring of health and safety were not always in place to show safe overview.
- An assessment carried out by an external company in 2018 identified a number of actions for improvement. During the inspection, the registered provider took immediate action to rectify these issues. This included their fire risk assessment, out of date health and safety policy and personal fire evacuation plans for each person, (PEEPS.) Following the inspection the provider has advised they have updated all aspects of health and safety records within the service.
- We identified risks regarding people who smoked. One door on the first floor leading to the fire exit had potential for anyone to access the flat roof. Recorded risk assessments were not in place for these risks. Risk assessments seen were not dated or signed and records did not demonstrate safe overview of potential risks. Following the inspection, the registered provider confirmed they had fire smoking blankets and they had consulted their health and safety advisers who have updated their risk assessments.
- Care records contained individual risk assessments for some people, but were not always signed and updated regularly.

The above issues demonstrated a failure to adequately assess and respond to risk and manage aspects of health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives, we spoke with said they felt safe living at Tunnicliffe House. They shared comments such as, "They are very organised, nothings too much trouble for them" and "It's very well run, they know what they are doing we are well looked after." Relatives told us, "It's the best thing that happened them coming here, we know they are safe and well looked after" and "Yes I know they are safe and their health is a lot better I don't have to worry."

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding and whistleblowing procedures; they knew the processes they needed to follow to report any concerns. However, we noted that some staff had not received this training since 2016.
- There was a safeguarding policy and procedure in place. We noted brief records in the complaints book

that had potential for one incident to be treated as a potential safeguard referral. Although records were brief, the registered provider was able to tell us how they had effectively dealt with the incidents. The registered provider acknowledged a need to improve record keeping and advised they would review further incidents to include any potential referral to the local authority safeguarding team.

Using medicines safely; Learning lessons when things go wrong

- People were supported with their medications by trained staff.
- Medication records were well maintained, each day to show the administration of medications. However, there was no record or checks in place when medications were delivered each month to the service. This meant it was difficult to carry out checks on the accuracy of the storage and auditing of medications. We noted a lock on the door by the medication cabinet leading to the dining room which had potential for locking people into this room. The registered provider removed this lock during the inspection.
- Most people at the service were independent and maintained their own day to day needs. One person was supported to self-medicate. Staff described safe systems to help support this person but there was no recorded risk assessment in place to show how this risk was being managed and reviewed.
- There were no audits or monitoring arrangements in place to review incidents and accidents. Although staff knew people well, there was no effective overview to show a structure to safely support people.
- It was not always clear from records how lessons were learnt and what actions were taken to improve the quality and safety being delivered. However, the provider was able to describe previous incidents where they had supported people to achieve improved standards of living in relation to their mental health, which helped to avoid acute treatment.

The above issues demonstrated a failure to provide good governance and checks to monitor the quality for managing risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment processes were in place. Appropriate checks were completed before new staff started work. We noted there was little staff movement and just one new member of staff was recruited in the last two years. The long-standing staff team showed great stability with some staff employed over 15 years. Staff files did not always provide sufficient information in relation to previous education, employment dates and interview notes. The provider acknowledged the need to evidence detailed interview notes if they ever recruited more staff.
- Rotas showed two support staff and one domestic on duty each day and one staff member at night. The registered manager was supernumerary. People were very independent and most people went about their daily lives in the community and did not need any support from staff. Staff and people living at the service felt that there were enough staff on shift to adequately support people.

Preventing and controlling infection

- The kitchen staff and facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by the food standards agency
- Infection control procedures were in place and staff were provided with personal protective equipment (PPE). The service was clean and tidy throughout the building.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as 'good'. At this inspection this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Tunncliffe House is based in a residential building close to local facilities. Externally, there was nothing to indicate that it was a registered care home which helped to promote the concept of community living. However, some aspects of the interior of the building needed updating to promote a more homelike environment. For example, bedroom doors had windows with frosted glass.
- This was not comparable to normal living conditions and needed review to promote more private designs for bedroom doors. The registered provider took various action during the inspection and arranged for curtains and coverings for all doors that had windows in them.
- People were encouraged to personalise their bedrooms as they desired. Some people had brought their own furniture into the service to make their room as comfortable as possible. The service had four double bedrooms which were shared by eight people. Having shared facilities makes it harder to personalise a room. People we spoke with told us they were comfortable sharing their room as they had lived with each other for many years.
- Although the service was clean and tidy there was no evidence that people were included in the decorating and design of their home.
- The registered provider told us they would refer to guidance about 'Registering the Right Support' to help them update their practice in developing the environment with more home like facilities.

We recommend that the registered provider reviews best practice guidance in updating their service to reflect the principles of 'Registering the right support' and other publications for advocating building better lives.

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and learning development.
- Staff told us that were well supported with training and with supervision by the registered manager and provider. Staff were very knowledgeable about each person they supported and told us the training had helped them over the years to understand people's different needs and conditions.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At this inspection 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 had the appropriate legal authority and were being met and were being met.

- The service was operating within the principles of the Mental Capacity Act (2005).
- People had their levels of capacity assessed. Nobody living at the service had a DoLS in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care record documentation was not always updated to show that people had agreed to their support plans. Records needed updating to show regular agreements that the person receiving support had provided consent and agreed with their plan for support.
- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed. Staff discussed examples of how they supported people's individual needs. For example, they sought guidance in supporting people with acute mental health needs from health care professionals to prevent the need to be admitted to hospital for acute care. One person was supported with their anxiety when leaving the building and one to one support was in place to enable them to attend appointments in the community.
- Staff had good relationships with visiting professionals. We received very positive comments from one professional regarding the results the service had achieved in supporting people.

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback about the quality of food offered, people told us, "I like the food, they know what we like" and "The meals are good here."
- People received appropriate support with specialist diets such as gluten free. Staff were aware of any allergies and specific needs of people,
- People told us they went out independently most days and came back for their evening meal which was served at set times. People told us they were happy with the routines in the service and didn't really want to see anything change. The registered provider said they would review the principles of Registering the Right Support to help promote a more person-centred approach.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Confidential records and private information was stored or protected in line with General Data Protection Regulation (GDPR). However, the service had CCTV in operation within all communal areas of the building with no reference to registering this system or gaining peoples consent. Not everyone was aware that CCTV was being used in their home. The registered provider removed the CCTV during the inspection.
- People told us the staff were respectful to them and knew them well, especially with what they liked and didn't like. People told us they felt safe and liked to come home to the staff team when they had been out all day.

Supporting people to express their views and be involved in making decisions about their care

- People living at the service told us they had regular discussions and meetings with staff about their support. People were encouraged to raise their comments and suggestions through general discussions and in regular meetings. Minutes of meetings were brief and did not reflect detailed discussions. The registered provider advised they would review their records to reflect more detail regarding the discussions and comments made by people.
- Staff told us they encouraged people to make decisions about how they spent their days. However, this was not always clear within support plans that choices and flexibility were offered for support with, for example, accessing a choice of meals outside set meal times. meals.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received support from a 'nice group of staff' who were kind and caring. We received lots of positive comments about the staff from people receiving support and their relatives. These comments included, "I like all of the staff they are all lovely" and "It's the best thing I have ever done coming here, they sort everything for me and help whenever I need them."
- Relatives were very positive they acknowledged good communications from the staff and expressed how well their family members were. They attributed that to receiving good care.
- We observed several examples where staff spoke to people with kindness and respect throughout the inspection. We observed positive relationships, people were comfortable in the company of the staff team.
- Staff were clear about their responsibilities in relation to meeting each person's individual needs and equality and diversity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good' and remained the same at this inspection. This meant people's needs were met.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints in the previous 12 months. They had a record of informal comments which contained very brief notes including what the registered provider had done. Records needed review to show an improved audit trail of how each complaint had been investigated and the outcome.
- Everyone we spoke with, including relatives, told us they had no complaints. They said if they did have concerns that they would feel comfortable raising an issue with any member of staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans contained individual information in relation to each person's preferences, needs and likes. However, one person's record contained minimal detail in relation to their social needs and requests.
- Staff were familiar with people's personal histories and their preferences as they had known people for many years. They used this information to hold conversations and to engage people in activities. Some people were reluctant to participate in group activities, but their decision was respected. Most people went out independently and engaged in their own individual hobbies such as fishing, interactive games, visiting family and shopping.
- Records were limited regarding the social activities provided by staff. People at the service told us they occasionally went out as a group for a pub meal, but some people would like to do this more regularly. One person told us they all used to go away on holiday each year, but it had stopped a few years ago. They suggested the staff reorganise this activity. Relatives told us they could visit their family member anytime and there were no visiting restrictions in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- Accessible Information was available upon request for people who required extra support in relation to their communication needs. Nobody currently needed extra support with communication.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- Where people had expressed a preference, staff made sure that their wishes were recorded. One health care professional gave positive feedback regarding the support a person received prior to them passing away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as 'good'. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were no effective auditing systems in place to monitor the quality of the service.
- For instance, support plans and risk assessments were not always signed and dated. Safer systems for health and safety were required. Minutes of meetings, maintenance plans and complaints records needed more details to show how they were being managed.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered provider was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- We received positive feedback about the registered provider from staff, people living at the service and their families, external organisations and health professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There was a registered manager in post at the time of the inspection. The registered manager was on sick leave and the registered provider was managing the service in their absence. They were available throughout the inspection and were responsive to the feedback provided. Aspects of the service needed review to improve records. The registered provider was able to tell us how the service was managed. However, records could not always demonstrate day to day management of the service. The registered provider took actions during the inspection to improve records and advised they would plan further reviews and improvements.
- Some aspects of people's support and accommodation required updating. For example, the frosted glass in bedroom doors. The registered provider started to make positive changes and improvements to the environment during the inspection which included the removal of CCTV.
- The registered provider was aware of their legal responsibilities, the importance of investigating incidents and events and were open and transparent.
- We received positive feedback about the culture within the home and the support people received. People told us, "They are very good here, I couldn't live anywhere else, (the registered manager) always helps me" and "The (registered provider) always sorts things out for me, they are very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved in the provision of care being delivered. They were invited to attend regular meetings and could also choose to speak less formally with staff.
- Staff were supported to offer their views and contribute to the development of the service at team meetings. The staff told us they could approach the registered manager or the provider at any time and had a good rapport with them.

Continuous learning and improving care; Working in partnership with others

- The registered provider had developed positive working relationships with external professionals and local authorities. They had received continuous positive feedback from the local authority monitoring team and the local Health Watch group. Both organisations had visited the service and made positive comments about the service.
- The service had good links with local healthcare professionals and social services. This ensured that people had access to specific support when they needed it, this helped to promote their health and lifestyle.
- The registered provider acknowledged various areas of improvement were needed and they demonstrated their commitment to this during the inspection. They told us they would also familiarise themselves with good practice publications such as Registering the right support, to help influence and adapt aspects of the service to improve flexibility, revise set routines such as meal times and further develop the environment.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate measures in place to keep people safe.</p> <p>Failure to adequately assess and respond to risk.</p> <p>The service had no PEEPS in place for people living at the service.</p> <p>There was no recorded risk assessment for people who smoked.</p> <p>There was no recorded risk assessment for the first-floor door that leads out to the fire exit.</p> <p>The service did not have an up to date electrical installation certificate.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate quality assurance measures to monitor, assess or improve the quality and health and safety of care being provided.</p> <p>There were no audit tools and recorded checks on the management of medication.</p> <p>There was no auditing tool and checks of support plans, complaints records, use of CCTV, safeguarding and incidents.</p>

