Hereward Care Services Limited

Tynecroft

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Tynecroft care home is situated in a suburb of the city of Peterborough and is registered to provide support and non-nursing care for up to 16 adults who have a learning disability. The care home is a domestic-style dwelling and is divided into two separate buildings with a shared garden/courtyard. At the time of our inspection there were 15 people living at the home.

The inspection was unannounced and was carried out on 02 and 03 December 2014 by one inspector. The last inspection was carried out on 08 August 2013 when we found the provider was meeting the requirements of the regulations.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected people from the risk of harm and were looked after by enough staff. People were supported to take their medication as prescribed and also their individual health and safety risks were assessed and these were well-managed. Satisfactory checks were completed during the recruitment of new staff so that only suitable staff looked after people who lived at Tynecroft care home.

People received the care that met their individual health needs and they were supported to eat and drink sufficient amounts of food and drink.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Individual recreational and social hobbies and interests were provided to maintain and promote people's confidence and wellbeing. Staff were trained and supported to provide people with safe and appropriate support and care.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that people's rights may not have been fully protected as we found some of the people only went out with the support from staff although DoLS applications had not been made and submitted to the authorising agencies.

People were treated with respect by patient and attentive staff and they were involved in the development and review of their own care plans.

People received care that was responsive to their individual needs and were supported to maintain contact with their relatives and make friends. There were also community links and people were also supported to visit local amenities. People knew who to speak with if they were unhappy and wanted to make their concerns known.

The care home was well-led and staff enjoyed their work and were supported and managed to look after people in a caring and safe way. People were enabled to be integrated in to the local community. They and staff made suggestions at meetings and actions were taken as a result. Quality monitoring procedures were in place and effective action had been taken where improvements were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported to take their medication as prescribed and risks to their health and safety were well-managed.

Staff knew how to recognise and report incidents of harm or potential harm which could affect people.

Recruitment practices and numbers of available staff made sure that people were looked after by enough, suitable members of staff.

Good

Is the service effective?
The service was not always effective.

People were satisfied with how they were looked after and they had enough to eat and drink. Staff were supported and trained to provide people with individual care.

People's rights in making decisions about their support and care were valued although improvements were needed to ensure that their rights were protected.

People's health and well-being was maintained as they were supported to access a range of work, health and recreational activities.

Requires Improvement

Is the service caring?
The service was caring.

People's care provided was based on their individual needs and choices.

People were treated well by members of staff who were attentive and caring.

People's independence, privacy and dignity were respected by staff who knew the people they cared for.

Good

Is the service responsive?
The service was responsive.

People's individual choices and needs were responded to. They were also supported to maintain contact with their relatives and were enabled to make friends with other people living at Tynecroft.

People were involved in the development and reviews of their care plans.

People's suggestions and comments were listened to and acted on.

Requires Improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported and managed to safely do their job, which they enjoyed.

There were arrangements for people and staff to make suggestions and comments to improve the quality of people's care.

Monitoring procedures were in place to review and improve the standard and quality of people's support and care.

Tynecroft

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.

This unannounced inspection took place on 02 and 03 December 2014 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also reviewed the provider information return. This is information that the provider is required to send to us to give us some key information about the service including what the service does well and any improvements that they intend to make. We also made contact with a local authority contract monitoring officer and health care professionals.

During the inspection we spoke with six people who lived at Tynecroft and two relatives. The registered manager was not available when we visited. We spoke with six members of staff, including the deputy manager. We looked at five people's care records and reviewed records in relation to the management of the service. We also observed activities taking place throughout the home and how staff supported people.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI) during lunch time. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "People (staff) talk to me and I feel safe. Staff are nice. I like walking into town and I feel safe." Another person told us that they felt safe because, "The staff are nice here." A relative said, "When [my family member] comes to me, [my family member] is always wanting to go back in case [my family member] is missing out on something. I would know if [my family member] was unhappy."

Staff were trained and they were knowledgeable about their roles and responsibilities regarding safeguarding people from harm. They were aware of the correct reporting procedures and records of safeguarding incidents indicated that these procedures had been followed. Staff were also aware of the whistle blowing policy and said they had no reservations in raising their concerns. This demonstrated to us that people could be confident that staff would report any concerns if they identified them.

People told us that they were satisfied with how they were supported with taking their medication. One person said, "I get my puffer (inhaler). I have three to take." Another person, who was responsible for taking their own medication, was supported by staff in doing so. They said, "Staff get it in for me, then I sign for it." A relative told us that they had noticed an improvement in their family member's condition. They said, "This shows [my family member] is getting it (their prescribed medication)."

We found medicines were stored safely for the protection of people who used the service. We also found there was a record of the temperatures of the areas where medicines were stored and their quality was maintained to protect people from the use of unsafe medication.

Only trained staff members were authorised to handle medicines. Members of staff told us that they had attended training in the management of medicines and their records confirmed that this was the case. In addition, staff had undergone training and assessment to carry out a delegated nursing task in relation to medication.

We found that recruitment practices were in place and staff were only employed at the service once all appropriate and required checks were satisfactorily completed. Staff told us that they had these checks carried out and had attended a face-to-face interview before they started their employment.

All of the people said that there was enough staff available to meet their needs. One person said that they felt safe because, "There is always help when you want it." A relative said, "There is always staff around for [my family member]." Staff also told us that there was enough staff, with staff working extra shifts to cover for planned leave. We also found that people had received individual, one-to-one support from staff to attend hospital, GP and dental appointments. We saw that there were enough members of staff to support people with their individual needs. Staff advised us that they had worked extra duties to cover for when other staff were absent.

People's health and safety risk assessments had been completed and appropriate actions were taken to minimise these risks. We found that people were aware of their individual risks, which included risks when eating and when going into the kitchen. One person said that they were given food that was safe to eat and another person indicated that they knew that they should slowly eat their food. During lunch time staff we saw that staff were aware of people's individual risks. They

prompted people to eat and drink and to do this slowly.

People's risks were assessed, which included risks of going out alone and using kitchen utensils and appliances. We found that people were provided with a 'keep safe' card which enabled them to use a scheme, if ever they felt unsafe when they were on their own in the community. One person said, "I tell them (the staff) where I am going and when I'm coming back." We also found that people used kitchen utensils and appliances with the support from members of staff.

Where people had experienced an accident or incident, actions were taken and measures were put in place to minimise the risk of a similar occurrence. This included incidents in relation to falls. One person told us that they had experienced a fall but showed us that they had access to their alarm so that they were able to call for assistance from staff.

Requires Improvement

Is the service effective?

Our findings

One person told us, "I go to the dentist. It is every six months. I get my eyes checked when it's due." Another person told us that they were treated by a nurse. Both local authority and health care professionals had positive comments about how people were supported to keep well. We found that people were supported to access professionals employed by health care services, which included hospitals, speech and language therapists, GPs, dentists and chiropodists.

Members of staff said that they had the right level of training and support to do their job, which included meeting people's individual communication needs. We saw how staff applied their training and skills into practice when they communicated with the people they looked after. We saw how people's sense of wellbeing was promoted; staff talked to people in a conversational way, people talked with each other and shared a joke with members of staff.

Staff had attended induction and other training, which included the safe use of medication and safeguarding people from abuse and training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us that they had requested additional training in MCA and said that this had been arranged to take place during December 2014.

We found that people's mental capacity had been assessed regarding their eating and drinking care plans. Staff advised us that six people went out only when it was with a member of staff and this was based on people's assessed risks. However, we found their mental capacity to make decisions about their support with going out alone had not been assessed. The provider information return, which the registered manager had completed, reported that no DoLS applications had been made to be submitted to the local authority. Therefore, people's rights may not be fully protected.

People told us that they had enough to eat and drink and chose what they wanted to eat. A person said, "I had lovely fish and chips on Friday (bought from a local fish and chip shop)." Another person said, "We've got a menu. I have a Sunday roast. I chose the menu. Food is nice." We saw that people were offered a choice of a hot or cold lunch time meal and a choice of flavoured drinks and desserts. We saw that people were offered choices of food and drink in a way that they understood and they were also encouraged and prompted to eat and drink.

Good

Is the service caring?

Our findings

One person told us, It's very nice here. Staff look after us very nice." Another person said, "I'm happy here." We saw that staff were patient and attentive when supporting people with their individual needs. A relative told us, "Staff are patient. They all seem very friendly and you can tell (that they care) by their attitude." One person said that staff always knocked on their door and waited for permission before they entered and we saw that this was the case. Local authority and health care professionals told us that staff were caring.

People told us that their decisions and choices were respected. A person said that their decision who they wanted to be friends with was valued. A relative told us, "My [family member] gets to go out when he wants and does what [my family member] wants." Another relative told us, "[My family member] has said that they are lucky with their life. They get to choose what they want to do and is well-looked after."

People told us that they got involved in making decisions about how they wanted to spend their day. This included going shopping and changes in their work arrangements. Care records we looked at showed that people were able to go to bed when they wanted to.

We saw that people were treated with respect when staff spoke with them and supported them with their lunch time meal. We also saw that people were looked after by kind staff and were often asked if they were alright. A member of staff told us that people's support and care was, "All about them." Another staff member said that they had come to know people's personalities, which had enabled them to regard the people they looked after as individuals.

We found that people's independence was respected with going out into the community. One person said, "I get a bus and I have a bus pass." We also found that people's right to be independent was valued in relation to making their lunch and with carrying out their personal care. A relative told us, "Since [Family member] has been there (at Tynecroft) [Family member] has come out of their shell. [Family member] is more independent."

The premises maximised people's privacy and dignity because people had access to a range of communal areas where we saw that they were able to sit with each other or to be on their own. In addition, bedrooms were used for single occupancy only and communal toilets and bath and shower rooms were provided with lockable doors.

A member of staff advised us that at the time of the inspection general advocacy services were not used. However, we were told that people were represented by health care professionals and by care staff who knew people's individual needs. Should people require other support to represent them, we noted that staff had access to information in relation to the independent mental advocacy services.

Good

Is the service responsive?

Our findings

People told us that they enjoyed going out to work and we saw that they smiled when talking about their employment. One person said that they enjoyed tidying up outside and said, "It looks so much better." Another person said that they sometimes knitted but also enjoyed watching the television. We saw a person helped with drying crockery in the kitchen and other people taking part in colouring in pictures. One person held up their completed picture and said, "This is for Christmas." We saw people had wanted to go on holiday and that arrangements had been made for them to stay at a seaside resort.

We saw people had access to the local community and were going and returning from shopping during our inspection. One person told us that they liked to go to the local fish and chip shop to buy a meal. Another person said that they enjoyed walking in and around the town and eating out. This showed us that people were supported to do the things that were important to them.

A relative told us that that their family member had chosen to change the way they spent their time and they were supported with their decision. People told us that they had been involved in the planning of their care programmes. One person told us, "I've cleaned my room. It's always on a Tuesday." They also told us when they were next due to go out to work and looked forward to it. Another person told us about the types of food they could safely eat and also of the health care advice they were to follow to get better. We found that their care plans contained this information and advice. In addition, people had signed their updated care plans to indicate that they were involved with the reviews of these.

We found that people were supported to maintain contact with their relatives. One person said that they would be spending the Christmas holiday with their family. Another person said that they had visited their family to spend time with them. In addition, we saw that people had made friends with other people living at Tynecroft and knew each other's names. We saw that people talked to each other during lunch time and when taking part in colouring in pictures.

The registered manager told us in their provider information return that no complaints had been made about Tynecroft in the last 12 months. People told us that they were able to speak to the registered manager, or with other members of staff, if they were unhappy about something. One person said, "I have a key worker. I can talk to her. She's nice. She talks to me." A relative told us that they had raised a concern and had been satisfied with the response. They told us that they had since seen an improvement in the standard of cleanliness of the home.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives told us that they knew who the registered manager was and were able to tell us her name. One person told us, "I see her." A member of staff told us that the registered manager gets involved with the people, "A lot." Health and social care professionals told us that the people lived in a well-managed care home.

Staff told us that they found the registered manager to be approachable and supportive. This included listening to what staff had to say during their meetings. Staff gave an example of when the registered manager had supported them to involve people in making their decisions in relation to improving their weekend dining experiences. Staff also said that they were supported and were encouraged to carry out their roles and responsibilities in respecting and valuing people. This included enabling people to be independent and to be treated as individuals.

People were able to make suggestions regarding their support and care. One person said, "We have a big meeting." Based on people's suggestions, arrangements had been made for people to go on holiday and a waste bin was repositioned for people to gain easier access to it.

The provider is required to notify us about important events that affect people or the service. We found that we had been notified of a safeguarding incident and we found that action had been taken to reduce the risk of a similar occurrence. This included reducing the risks of medication errors with arrangements made for staff to attend medication refresher training.

People were enabled to be integrated in to the local community. The deputy manager told us that people and staff had taken part in raising funds for a charity and had sold homemade cakes outside of the home. People also told us that they shopped and worked in the local community and were happy to do so.

Relatives confirmed that they had completed a questionnaire but were unable to say when this was and were unable to say if they had feedback following the completion of the survey. However, they told us that they felt able to make any suggestions to improve their family members' support, if this was ever needed.

The registered manager completed monthly reports for the provider to review. Accidents, incidents and attendance in staff training were reported on and we saw that action was taken when this was needed. In addition, the provider held meetings where managers had shared information and were kept-up-to-date with changes. This included changes in policies and procedures in relation to notifying CQC in relation to medication errors.

The provider had completed their provider information return where improvements to the management of the service were identified. Improvements included ensuring that all staff were to be kept up-to-date with MCA information and to attend training that they needed to do their job.