

Northumberland County Council

Tynedale House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Tynedale House is a residential care home providing accommodation and personal care to people who have a learning disability and/or autism, some of whom also had physical disabilities and dementia related conditions. At the time of our inspection 23 people permanently lived there and five people were using the respite service for a short break.

The provider was aware that the size of service does not meet current best practice. They recognise the challenge to deliver high-quality, person-centred care in a large environment which supports high numbers of people. They have adapted the environment to overcome this challenge to enable people to have their own smaller self-contained areas. There were three areas where up to eight people lived permanently. There was also a smaller area where up to six people accessed the respite service. Each area has its own lounge, kitchenette and access to the gardens. People had named these areas after local landmarks. Each area had its own front door access to maintain people's privacy. The areas were linked by a large foyer, where people could also access communal facilities such as activity rooms and the registered manager's office.

The provider was committed to developing the service further to ensure they continue to deliver a service for people in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People received remarkable support from extremely compassionate staff, who knew them all exceptionally well. People experienced a sense of belonging and felt safe in the comfort and security of what relatives described as a loving family orientated environment. Staff were incredibly respectful of people and protected their privacy and dignity. Independence was strongly encouraged.

Staff provided extremely person-centred support which helped people to achieve many positive outcomes and significantly enhanced their quality of life. A wide variety of activities were arranged which helped people to pursue their own interests and hobbies, as well as encouraging socialisation amongst people, their relatives and the local community. People also benefited from opportunities to pursue education and work-related roles.

People received a service which was exceptionally well managed by a committed and passionate registered manager. Staff were extremely well supported by the senior management team to provide high quality, person-centred care to people.

The management and staff fully embraced person-centred care and made sure people were at the heart of the service and totally involved in making decisions about their care. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service fully reinforced this practice.

People's care needs were thoroughly explored and carefully assessed. Staff provided care which met people's current needs and exceeded their expectations and those of relatives and external professionals. People received timely interventions from external services with whom the staff worked in very close partnership.

Extensive checks and audits were carried out to monitor the safety and quality of the service. The senior management team and provider organisation set themselves very high standards and consistently achieved them through continuous improvements and developments to the service. Best practice guidance was firmly embedded into the service staff delivered to people.

People were very safe living at Tynedale House and relatives confirmed this. The premises were safe, and the home was clean and comfortable.

There were plenty of staff deployed to meet people's needs safely. Staff recruitment was safe and staff training was up to date. There were lots of additional training opportunities for staff to meet people's specific and complex needs.

There were thorough risk reduction measures in place to protect people's health, safety and well-being. People's medicines were well managed. Any accidents or incidents were fully investigated and reported as required. Lessons learned were shared with staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Tynedale House until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Tynedale 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. This inspection was planned to check 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 conducted by one inspector.

Service and service type

Tynedale House is a 'care home'. People in care homes receive accommodation and 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.

What we did before the inspection

We reviewed the information we had received about Tynedale House since the last inspection. 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 this information to plan our inspection.

During the inspection

We spent time observing people and their interactions with staff because people experienced difficulties in verbally communicating with us. Some people were able to talk with us for short periods of time to express their opinions. We spoke with two relatives who were visiting the home. We also spoke with two care

workers, two care supervisors, two cooks, the assistant manager and the registered manager. A representative from the provider organisation also attended part of the inspection.

We reviewed two people's care records. We looked at information kept regarding the management of the service. This included two staff files and records related to the quality and safety of the service.

After the inspection

We received written feedback from three more relatives. We contacted external professionals who work in partnership with the service for their experience of the care provided to people. We received two responses.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. They had developed trusting relationships with staff. One relative said, "I feel that (person) is in a safe setting and staff make every effort to ensure their safety. I have never identified any safety issues when visiting."
- Staff demonstrated a solid understanding of safeguarding processes. There were clear and effective systems in place to report any concerns to the senior management team.
- Safeguarding concerns were thoroughly investigated and reported to appropriate agencies by the registered manager as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Person-centred risk assessments were in place to identify any risks people faced. They were highly detailed and provided in-depth guidance for staff to protect people from harm. People's own capacity to understand risks were taken into consideration.
- Staff supported people to take positive risks. They respected people's desires and empowered them to try new experiences, which had elements of risk, such as horse-riding. Risk management plans were positive, which helped people achieve their goals.
- People who were at risk of displaying behaviours which may challenge staff were kept safe. Positive behaviour support plans, personalised strategies and good staff training had successfully achieved positive outcomes for people and led to a reduction in incidents.
- The premises were safe. Checks, tests and equipment servicing were carried out as required.
- Any accidents and incidents were recorded and investigated by the registered manager to ensure suitable action was taken. Any learning from incidents was shared with staff to promote safe working practices and further reduce the likelihood of repeat events.

Using medicines safely

- Medicines were managed safely. There was a robust process in place to ensure staff safely managed the ordering, storage, administration, recording and disposal of medicines.
- Staff were well trained to administer medicines to people. This included more complex procedures, such as the use of a Percutaneous Endoscopic Gastrostomy (PEG) tube for administering medicines directly into the stomach when oral intake is not possible.
- The registered manager had regard for the NHS national project STOMP. STOMP stands for stopping over medication of people (with a learning disability and/or autism). Due to the reduction of incidents involving people who were at risk of displaying behaviours which may challenge staff, the use of medicines prescribed to people who needed medicinal support to alleviate anxieties and distress had also reduced.

Preventing and controlling infection

- Dedicated cleaning staff kept the home clean and comfortable. Staff raised awareness amongst people to help them identify and reduce these risks themselves.
- Staff were trained in infection control and regular cleaning audits were undertaken.
- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.

Staffing and recruitment

- There was ample staff deployed throughout the day and night to meet people's needs safely.
- Staff recruitment was safe. Robust checks were in place.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People experienced an excellent quality of life and achieved positive outcomes which enhanced their lives. This was due to staff adopting a holistic and thorough approach to exploring and assessing people's needs.
- Care plans clearly described people's needs, wishes and choices in detail. This empowered staff to deliver care in a way which people had chosen. People's current needs were reflected in the support staff provided to people.
- There were 'champions' amongst the staff team in a range of topics to ensure best practice and the law was followed and embedded into the support people received. Champions attended key training courses and researched best practice models of care to share with colleagues and implement into the service.
- Several people had volunteered to take part in a case study to evaluate the impact of communication passports for people with intellectual and development disabilities living in adult social care. The provider implemented the researcher's recommendations and useful resources were provided to staff to aid better communication.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive and worked extremely closely with other services. Information sharing and communication with other services was consistently high to ensure people received reliable, timely, coordinated, person-centred care. We received high praise from external professionals.
- People's transition into the home was individualised. This was because staff learned ways to provide effective joined-up care. For example, planning simple visits and short breaks before long-term arrangements were made. Staff had high regard for best practice guidance for people with a learning disability and/or autism and incorporated this into the service they delivered to people.
- Staff empowered people to live healthier lives by providing information and guidance to help them make positive choices. Staff had good links with external professionals such as social workers, dieticians and speech and language therapists to continually monitor, manage and improve people's health and well-being. Staff encouraged people to have annual health checks and made action plans to improve people's health and well-being. This is also best practice for people with a learning disability and/or autism.

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

- People's nutritional needs were met. Staff showed high regard for ensuring people ate and drank well and followed a healthy diet. External professionals were involved with people's complex nutritional care needs to enable them to maintain a good diet. Staff received individual training from them, tailored to meet the

needs of people they supported. For example, with PEG tubes, swallowing difficulties and diabetes.

- Specific guidance from external professionals was carefully followed by staff to ensure people's nutritional needs were safely met. An external professional told us, "The staff have wide ranging practical skills in terms of supporting eating and drinking."
- Catering staff provided an attractively presented menu of home-cooked meals, snacks and drinks which was created from people's preferences and suggestions. They catered for special cultural celebrations and religious festivities.

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

- People's rooms were individually adapted to meet their needs and decorated to a high standard. Rooms were very personalised and contained people's special belongings.
- Communal areas of the home were also adapted and designed to meet people's needs. This included dementia friendly features and visual displays to provoke memories and generate conversations.
- A meeting room had been recently transformed into a dedicated activities room where people met to socialise. A computer had been introduced into the room and some people were independently able to access the computer to speak to their relatives, play games or access YouTube. There were multiple other areas around the home available for people to spend private time with their families, be alone or join in with group events. This change had been promptly implemented and managed well to reduce disruption in the home and avoid any unnecessary stress to people. The change had been well received by people, relatives and staff.

Staff support: induction, training, skills and experience

- Staff were highly skilled, experienced, trained and well supported. They had extensive knowledge of people's history and their care needs, which allowed them to deliver effective care.
- Staff received a robust induction during their probationary period. New staff undertook shadowing shifts to assure the registered manager of their competency and suitability.
- Staff training was delivered in a range of methods to match the learning needs of staff. Training was readily available and updated regularly. Bespoke training was provided to staff who supported people with specific needs such as emergency medical care, dementia care and positive behavioural support. An external professional said, "I am delighted the staff team have embraced the oral care training that I encouraged."
- Formal supervision sessions, appraisals and daily observations by senior staff provided staff with ongoing support.

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).

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.

- The registered manager made sure staff were fully trained and had a thorough understanding of the MCA and related principles. Staff strived to ensure people's legal and human rights were protected and promoted.
- Staff had confidence about applying the principles to the support they delivered. Wherever possible, people consented to the care they received. They were fully involved in decisions about their care. Best interest decisions were made in accordance with legislation and people's wishes.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong person-centred approach threaded through the service. People displayed obvious strong bonds with staff who truly valued and respected them as individuals. Staff showed sincere empathy and a genuine passion and commitment to caring for people. They appreciated people's differing complex needs and acted in a careful and considerate way to ensure people's wishes and choices were always fully respected.
- Staff were extremely kind and compassionate. They were greatly motivated and driven to provide exceptional care by the senior management team who led by example. A relative told us, "It is a great reassurance to us that (person) is receiving such an outstanding level of care from such dedicated staff."
- Some people had experienced difficulties settling into their previous care homes. Staff put a lot of time and effort into successfully understanding people's needs, considering their personalities, preferences and lifestyles to ensure people adjusted well to change. This reflected best practice guidance for people with a learning disability and/or autism. This had enabled people to live at Tynedale House without further disruption and distress.
- Relatives were overwhelmingly complimentary about the service and the staff. They told us the service exceeded their expectations. One relative said, "(Person) has a key worker who we consider excellent. They treat (person) in an exemplary fashion with compassion and humour and is an effective advocate for their wellbeing." Another relative said, "There seems to be a very friendly atmosphere among the staff team; they clearly have a warm relationship with the people they are caring for and are attuned to their individual personalities and needs."
- An equality and diversity approach to delivering support to people was extremely well demonstrated by staff. Staff went the extra mile to address people's needs and provide opportunities to promote the protected equality characteristics such as disability, race and sexual orientation. Staff used creative ways to explore the concept of diversity with people.
- Posters promoting LGBT (Lesbian, Gay, Bisexual and Transgender) communities brought about conversations between people and staff about sexual orientation. A member of staff told us one person was supported to be themselves in a way which they had not felt comfortable elsewhere. They said, "Everyone accepts them here; it's a safe place and they can be themselves."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was held in very high regard and was at the heart of the provider's values and the staff culture. A values-based recruitment process ensured staff with shared values and an approach to care work which included fairness, respect, equality and dignity were employed. The registered manager

said, "It takes a special kind of person to be a carer and we have lots of special people here."

- Staff provided sensitive and discreet support to protect people's privacy and dignity. Staff knew people extremely well and could recognise situations which may cause people distress or conflict. This enabled staff to intervene early to ease and resolve situations.
- People were able to choose which staff supported them with specific aspects of their care. Staff encouraged people to do as much for themselves as possible. The kitchenette areas had been adapted and improved to enable people to have better access to the facilities and promote independence. For example, people who were safely able to, could help themselves to hot drinks and snacks.

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

- People were fully respected and listened to. All staff, including the senior management team, knew people well and understood their views, preferences and wishes.
- Staff used a range of communication methods to encourage people to share their views and make important decisions about their care. This had included introducing new technology, picture cards and people being taught signs and symbols (including Makaton).
- Staff were extremely proactive to empower people to express their views and opinions. Staff often acted as advocates for people or sought information, support and advocacy from external services to help people make important decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff delivered extremely positive person-centred care. They fully considered people's age, character, gender and social interests. An external professional said, "Staff think about people's wellbeing, know them well and are person-centred in their approach."
- The care people received was individually tailored to their needs. For example, a relative told us their family member's physical and mental capabilities were changing and staff were proactive in adapting the care they delivered. Staff had acquired the appropriate equipment to ensure the person's continued safety and wellbeing. The relative added, "We recently had a very detailed, reassuring and useful meeting with (person's) GP and (registered manager) to discuss how (person's) future healthcare needs could be managed."
- Care records were being developed even further. They were being streamlined and simplified to make them more user-friendly. They focussed on what was important to people and highlighted how staff could help people to achieve their personal goals and experience positive outcomes.
- People's choices and views were the foundation of creating a personalised plan of support to meet their needs and aspirations. Staff listened carefully to people's opinions and valued their contribution. There was extensive engagement with others about how support could be developed.
- Staff empowered people to control their own lives, giving them independence and freedom to try new experiences. There were multiple examples of people's lives being enriched with staff support to accomplish dreams and ambitions. One person who faced significant sensory and communication challenges was supported to achieve a wish following staff's extensive work with external professionals on behavioural support and communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided exceptional support which enabled people to lead lives that were full of possibilities. People were inspired and motivated by staff to pursue activities which were enjoyable, meaningful and rewarding. Staff supported people to build strong friendships and make links within their local community. One person was very well-known at the local football ground. With help from their key worker, they had been involved in the football supporter's magazine and raising awareness of people with learning disabilities.
- People enjoyed a range of pursuits, education and work-related activities which fulfilled them and promoted community inclusion and a sense of purpose and achievement. People had been included in an accessible version of the staff first aid training course to raise their awareness and alleviate any fears or

anxieties over seeing staff perform first aid on others. Staff proactively supported people to feel they had a purposeful role in the home and people had a sense of fulfilment doing this. For example, one person enjoyed setting the table for themselves and their friends at mealtimes. Another person enjoyed collecting the milk from the doorstep and distributing it around the home.

- People had expressed interest in Remembrance Day. A member of staff told us that last year they had taken some people to a formal parade, however they found it too busy and noisy. This year, people decided to hold their own service. Staff supported people to decorate the foyer like a church, and people made flags and wreaths to put on display. Families and friends were invited, war-time songs were sung, and everyone observed the two minutes silence with full success. A staff member told us, "It was truly amazing to see." A relative told us, "This is an illustration of a care team who are motivated and innovative with a focus on bringing residents together with some sense of identity. I feel this speaks volumes."

End of life care and support

- Staff provided sensitive and dignified end of life care and support. They had received training and were emotionally supported to deliver high-quality, sensitive and compassionate care to people with terminal illnesses. A relative told us, "Recently (person's) dementia has taken a rapid decline. They are not communicating now, and they are not mobile at all. Staff have been brilliant with them. As soon as there was any change in their health and well-being, staff got everyone possible involved, occupational therapists and GP etc. Staff know him so well. There are some really special people working here. There are some who really stand out, they are brilliant, I just love them. I feel (person) is totally safe."
- Where they chose to, people had shared their end of life wishes. This included their religious, cultural and spiritual preferences. Staff were introducing 'When I die' profiles and working sensitively with people to explore people's wishes further and encourage more people to participate.
- Advanced care planning, emergency care and resuscitation preferences were recorded. This helped staff fulfil people's wishes if they were not able to express those themselves, due to illness.
- People were supported emotionally and practically by staff when anyone passed away. This helped people to cope with bereavement and understand it. Each area in the home had a 'family star'. A staff member told us, "We bought and named a star for each unit. It was to encourage people to remember their friends who have passed away. They are like family, so it was a really nice way to help them remember those people."

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 informal carers.

- Staff had continually developed the information they gave to people and relatives, making it more accessible and easier to understand. Enhancements had been made to existing easy-read documents.
- People's communication needs were identified and explained within their care records. Information was recorded about what support people needed to communicate effectively. This included how people should be given information and how to make sure they understand it, such as visual, pictorial, verbal, large print or easy-read language.
- People's communication needs were clearly explained to external professionals, to ensure any information they provided to people could be understood. For example, one person who had difficulty expressing their feelings was introduced to a 'body board' to help them communicate their emotions. A body board consists of pictures and symbols designed to highlight parts of the body and/or emotions. The person was able to use this successfully to communicate with staff and external healthcare professionals.

Improving care quality in response to complaints or concerns

- The provider had a corporate complaints process. This included online and paper-based information as well as an accessible information leaflet to make it easier for people with communication difficulties to understand the process and how to make a complaint, comment or compliment.
- There had been very few complaints or concerns made about the service. People and relatives were aware of their right to complain. A relative told us, "Any concerns I have raised have been dealt with and resolved."
- Lots of compliments were received and we saw these were shared with staff to celebrate their achievements. A relative told us, "We have been particularly impressed by the level of care (person) receives from their keyworker, and by the excellent rapport between them."
- The registered manager provided monthly information to the provider regarding complaints, comments and compliments. These were tracked by an independent team within the local authority to identify any trends and report on any areas of the service which may need improvement or further development. Any issues raised were discussed with staff to ensure lessons were learned, changes were made, and individual practices were improved.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well-led by a confident registered manager who presented excellent leadership qualities and set very high standards. They were vastly experienced, highly skilled and knowledgeable about the service they operated. Their hands-on approach to daily operational activities added to the performance of the service. An external professional said, "(Registered manager) is a great match for the job clinically. She is straight talking, supportive and has so much experience – if she is concerned, I am too."
- The provider's policies and procedures fully integrated best practice guidance into the service. This focussed the team on the high standards expected of them to achieve quality performance targets, reduce risks and meet regulatory requirements.
- A solid governance structure was firmly embedded into the service to ensure people received a safe and high-quality service. Quality and compliance were closely monitored by the senior management team through monitoring visits, meetings and audits.
- The registered manager analysed the service to identify any areas for improvement. There was a proactive response to addressing matters which further improved and developed the service. There had been many positive changes to the service since our last inspection and the registered manager had been instrumental in driving forward these improvements. This included working with a local college and employing three apprentices, creating additional staff members to spend time with people.
- Whilst the size of the home did not reflect a current best practice service model for accommodating people with a learning disability and/or autism, the provider had significantly invested in adaptations and refurbishments around the home to mitigate this. For example, modern, specialist equipment had been recently installed, and they had reduced the number of rooms in the respite unit to provide en-suite access for every room.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been promoted into this position since the last inspection. They had continued to advance an exceptionally positive culture which put people at the heart of the service. Speaking about the registered manager, a relative told us, "It was her personality, her evident commitment, her warm interactions with residents, and her honesty in answering our questions that convinced us (person) would be well looked after."
- The provider's vision and values were fully embedded into the support people received. The staff worked

in partnership with people and were committed to promoting choice, independence and dignity which fully reflected best practice guidance and helped people achieve good outcomes.

- Staff displayed strong person-centred values and exhibited a genuine passion and commitment to people. They had made every effort to provide continuous high-quality care, which they had sustained over time. A relative told us, "The thing about this place is that the staff stay; some have worked here for ages. They just don't want to leave."
- Staff were ambitious and inspired by the registered manager, whom staff said was extremely supportive. This encouragement empowered staff to progress their ideas which led to people achieving very good outcomes. For example, staff with an innovative approach to using technology had introduced people to Skype, YouTube and online shopping, which had enhanced their lives. The provider had invested in training to upskill staff to drive a minibus with a tailgate, which expanded people's transport opportunities.

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

- There was a consistently strong approach to engaging with people, relatives, staff and the public. One relative said, "They really welcome and encourage families to come in." Designated keyworkers regularly checked on the quality and safety of individual people's care and carried out reviews with people and their relatives.
- Following a recent trip to the pantomime, staff contacted a local school who they had met at the theatre. They offered to take part in a school assembly to raise positive awareness amongst the children about learning disabilities and autistic spectrum disorders.
- People, relatives and external professionals had taken part in surveys about the service. An external professional said, "I have had a number of questionnaires asking for feedback. I've noticed that a suggestion was implemented."
- The registered manager had developed and strengthened links with other organisations to involve people and staff in how the service was operated. In conjunction with a local community gardening project, people had been involved in creating an interactive sensory garden area. This had a huge positive impact on other people living at Tynedale, who benefited from being able to access and enjoy the sensory garden. People had been involved in the home's newsletters and external publications, where they had shared their good news stories.
- Staff represented the service at external events to share new ideas, research and best practice. They then shared any feedback with their peers and other provider organisations. For example, senior staff were currently trying to simplify the hospital passport documentation following some constructive criticism. They had researched how other providers managed this and gathered feedback from hospital staff about the purpose and use. They hoped their findings would lead to a simpler, more useful document which hospital staff would benefit from. In turn, leading to a safer, more effective and seamless transition between the home and hospital for people. They intended to report on their findings at the next provider forum.

Continuous learning and improving care

- The service demonstrated outstanding characteristics which have been developed and sustained over time. The senior management team and staff strove to improve their working practices further and reflect updates in best practice guidance. This had added great value to the service they provided to people.
- Staff exceeded the expectations of a typical residential care service by delivering a unique, personalised service, within the security and safety of a caring environment with a great community spirit. A relative told us, "I feel there is a commitment amongst the staff to go considerably above and beyond the requirements of the job."
- Staff recognised their input helped to shape and improve the service. For example, one staff member devised a simpler version of the cleaning schedule which helped the domestic staff to improve performance.

This led to an improvement to the timeliness of the cleaning. One staff member said, "It's really good that younger members of staff are coming in and highlighting new ideas and ways of working."

Working in partnership with others

- Staff continued to foster and maintain very positive relationships with external healthcare professionals, schools, universities and local businesses. This greatly contributed to the positive outcomes people had achieved.
- Staff worked in very close partnership with others to provide people with a smooth joined-up service. Their effective engagement with external services provided people with timely interventions from others to maximise the support they received.

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

- The registered manager understood their obligations under the duty of candour. There had been no serious incidents which required them to act on this duty.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was great confidence in the registered manager to act in a responsible manner if something did go wrong.