Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Tynwald Residential Home

Tynwald Residential Home, Hillside street, Hythe, CT21 5DJ

Tel: 01303267629

Date of Inspection: 08 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Alice Butterworth Charity
Overview of the service	Tynwald Residential Home provides accommodation and personal care for up to 24 older people. Accommodation is arranged over two floors with a communal lounge, dining room and conservatory. There is a pleasant garden.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

We spoke to a visiting healthcare professional.

What people told us and what we found

At the time of our inspection, there were 22 people using the service.

During our inspection we gathered evidence that helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection; speaking with people using the service; speaking with the staff supporting people, and to a visiting healthcare professional. We also looked at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?
We observed that people were treated with respect and dignity by the staff. People we spoke with during our inspection told us they felt safe in the home.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. An application that we reviewed had been appropriately submitted. This meant that people were being safeguarded as required.

The service was clean and hygienic. Domestic staff cleaned the home following a regular and deep cleaning schedule. We saw that staff wore aprons and washed their hands before providing care.

Training and supervision of staff was in place and staff were qualified to carry out their roles.

Is the service effective?
People's individual health and care needs were assessed and care was given that met their needs.

Care records were detailed and contained care plans and risk assessments that were regularly reviewed, along with records of daily care given. People told us that staff made sure their needs were met. Records we looked at included notes from visits by professional clinicians.

We found people were involved in making choices about their care. People told us that they felt well looked after in the home. They were able to choose from a range of activities and could choose to spend time in their own rooms or in the communal areas of the home.

Is the service caring?
People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. One person told us, "I am quite happy". People told us that the staff were friendly and caring. One said, "The staff are very good".

People's preferences, interests, and needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?
People could participate in a range of activities. Regular residents' meetings were held at which people could share their views with the staff and management of the home.

People and staff told us that they felt comfortable to speak out if they were unhappy.

Is the service well-led?
The service worked well with other agencies and services to make sure people received care that met their needs. A visiting healthcare professional told us that they had a good rapport with the management and staff at the home.

People we spoke with told us that they felt well cared for in the home.

We found that staff employed in the home were well supported and had training available to them. This ensured that staff were appropriately qualified to undertake their roles.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider had systems in place to gain and review consent from people who used the service and acted accordingly.

There was a policy in place regarding consent and guidelines were available to staff who had signed to say that they understood the policy. The policy included a purpose, scope and definition of consent. It also covered what staff should do if people refused to give consent, or if they lacked the mental capacity to give consent. The staff we spoke to were aware of the consent policy and the consent form, and their responsibilities regarding consent. This meant that staff understood their role in obtaining consent from people using the service.

We spoke with four people who used the service during our inspection. They recalled being asked for, and giving, their consent prior to care being given. We observed staff asking people's permission before moving them in their wheelchairs to another room.

Consent forms were available for people to sign. This was to indicate their consent to be given care by staff in the home. However, the provider may find it useful to note that when we reviewed four people's care files we found that consent forms in three of the files were not signed. This meant that the provider was not always able to demonstrate that consent had been formally given prior to care being provided.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We reviewed an application to deprive one of the people who used the service of their liberty. The application had been appropriately submitted with due consideration for the person's best interests.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to four people who used the service during our inspection. People we spoke with told us that they felt well looked after and made to feel comfortable in the home. One person told us "I have no complaints".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. This was recorded in the four sets of notes we reviewed. People's daily care was recorded by the staff providing their care on each shift. The people we spoke to told us that they could make choices about their care and that they felt well looked after.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that people's care records contained details about who had been involved in their care. We saw that healthcare professionals and clinicians had been involved in supporting people's healthcare needs at appropriate times, for example, when people required a visit from the district nurse. In the notes we reviewed we saw that, when a person had been unwell, staff in the home had called their GP who had visited them in the home. We also observed staff telephoning a person's GP in order to obtain a prescription for them. This showed that the provider took steps to ensure continuity of care for the people who used the service.

Staff in the home carried out individual risk assessments for the people who used the service and planned and delivered their care to minimise these risks. For example, we saw that people's risks of developing skin problems had been assessed and recorded and the use of creams formed part of their care plan. Creams were kept in people's rooms and we saw that staff recorded when they had applied creams in accordance with the person's care plan.

The visiting healthcare professional we spoke to during our inspection told us that they observed the staff in the home providing good care for people and that they had no concerns about the home.

We were told that people were allocated to key workers from among the care staff in the

home, and that they provided a point of contact for peoples' families. This helped to ensure that people and their families felt well cared for and to ensure continuity of care for people who used the service.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. At the time of our inspection, we were told by the manager that there were people using the service who were being deprived of their liberty. We observed that the appropriate assessments had been undertaken and this was appropriately recorded in peoples' notes. This meant that the home had taken the appropriate action to safeguard the well-being of people who use the service.

People were able to choose to spend time in their rooms or in the communal areas of the home, or to go out if they were able. We observed people moving freely around the home and using the outside areas as they wished. A trolley shop selling various items had recently been introduced for people who were unable to go out to the shops themselves. Meals were served either in the dining room or in people's rooms depending on their preference. These measures helped to promote the rights and choices of people who used the service.

We were informed that there was an activities co-ordinator employed in the home. We observed that there was an activity schedule for the week displayed in the reception area with a variety of activities available for people. This helped to ensure that people had choices in their daily activities while in the home. One person told us that they enjoyed the entertainment offered. However, the provider may find it useful to note that one person told us that sometimes "there isn't much to do" and on the day of our inspection there were no organised activities taking place.

We were told that residents' meetings were held on a quarterly basis. People who used the service were invited to discuss matters such as new staff, menus, activities and trips out. We saw minutes of residents' meetings that confirmed this and a sign on the notice board informing people of the date of the next meeting. This helped people to feel involved in the running of the home.

People told us that most staff at the home introduced themselves to them when they first met. However, one person told us that they did not know all of the staff involved in their care. We observed that not all staff wore name badges. The manager told us that new uniforms and staff name badges were being ordered for all staff. They also said that they planned to display photographs of staff in their uniforms in reception. This meant that action was being taken to ensure that everyone knew the names of the people who supported them.

The provider had procedures in place for dealing with foreseeable emergencies. There was a fire safety policy and staff we spoke to were aware of what to do in case of an emergency. Fire exits were clearly marked and fire-fighting equipment was available.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

All areas of the home that we looked at were clean and tidy at the time of our inspection. Two domestic staff were employed to clean the home, and one to do laundry for the home and people who used the service. We were shown a cleaning schedule that was completed by domestic staff each day to record the areas of the home they had cleaned.

People we spoke to told us that their rooms were cleaned regularly. We were told that rooms were cleaned daily and bed linen changed on a weekly basis, or more frequently if needed. This was recorded on the cleaning schedule.

Waste disposal was carried out under a contract with an external supplier. Waste was separated into household, clinical and recyclable waste. District nurses disposed of sharps they had used.

Hand cleansing gel was available in the reception and other areas of the home. Information regarding the control of infection was displayed in the reception area, as well as advice on hand washing in the bathrooms. We observed staff wearing aprons when providing personal care to people who used the service. These measures helped ensure that good standards of cleanliness and hygiene were maintained.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. They were able, from time to time, to obtain further relevant qualifications. Staff were properly trained and supervised and there were systems in place to ensure that their work was regularly appraised.

We reviewed the personal files of five members of staff and the home's central records of staff training and professional qualifications. Certificates for recent training courses were held in staff files and staff reported having attended mandatory training, such as fire safety.

Each member of staff had a training plan in place showing what training they were to have during 2014 and progress against the plan was also shown. There was a contract in place for training to be provided by an external supplier

The manager had created a supervision guide for supervisors and staff and had introduced a system of regular appraisals of all staff in the home for 2014. We found evidence of this in minutes of a recent staff meeting. Team leaders were responsible for the supervision of staff in their teams.

We were told that new staff underwent an induction programme and spent time shadowing senior members of staff. We spoke to one new member of staff who confirmed that they were undergoing an induction programme and felt well supported by senior staff in the home.

Staff we spoke to told us that they felt well supported and were allowed time away from work for training. A large proportion of staff had achieved National Vocational Qualifications. These measures helped to ensure that people were cared for by appropriately trained and qualified staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had some systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The home had a number of policies and procedures in place, including confidentiality, infection control, and waste management. Staff signed to show that they had read and understood the policies. This helped to ensure the safety of people who used the service and staff while in the home. The provider may find it useful to note that some of the policies and procedures were overdue for review at the time of our inspection. We were told that some were in draft and were in the process of being reviewed by the board of trustees.
Environmental risk assessments for the service had been carried out and were documented. A list of health and safety checks was kept in the office and staff recorded daily when they had completed these checks. These measures helped to ensure the safety of staff, people who used the service and visitors to the home.

Information about making a complaint or suggestion had been removed from the reception area and was being reviewed at the time of our inspection. We were shown a draft of a revised complaints procedure. People we spoke with were not aware of any formal complaints procedure but they all told us that they would feel comfortable raising a complaint to the manager if they needed to. We were told that minor complaints were dealt with by the manager of the home and that more serious complaints were referred to the board of trustees of the home for investigation and resolution. The provider may find it useful to note that copies of complaints were not available for us to review.

The provider held regular quarterly meetings with people who used the service at which matters about the home were discussed. We were shown minutes of recent residents' meetings, where a variety of matters had been discussed, including activities, menus, and new staff. We were told that the chairman of the board of trustees visited the home on a weekly basis and sought feedback from people who used the service, and made observations of any issues that arose. The provider may find it useful to note that records of these visits, and actions taken, were not available for us to review. These measures went some way to help to ensure that the views of people who used the service were taken into account in the management of the home.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We saw that incidents and accidents that occurred in the home were recorded in a book. These were then used to add to the individual risk assessments for people who used the service and were recorded in their individual care plans. We found examples of this in the notes that we reviewed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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