The Alice Butterworth Charity

Tynwald Residential Home

Inspection report

Hillside Street
Hythe
Kent
CT21 5DJ

Tel: 01303267629
Website: www.tynwald.org.uk

Date of inspection visit:
18 December 2017
19 December 2017

Date of publication:
16 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 19 December 2017 and was unannounced.

Tynwald Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tynwald Residential Home accommodates up to 26 older people in one adapted building.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in August 2016 when it was rated as 'Requires Improvement' overall. Four breaches of Regulation were identified during that inspection. These related to person-centred care planning, management of risks; including those associated with medicines, lack of efficient oversight and auditing and staff training which was not sufficiently specific to the needs of service users. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) Safe, Effective, Responsive and Well-led to at least good.

At this inspection improvements had been made in some areas, but there was more work to do to ensure that shortfalls were appropriately addressed.

Not all risks had been properly assessed and minimised; including those relating to medicines, external doors being left open and the proper use of air mattresses.

There were enough trained and competent staff on duty to meet people's needs. Staff received regular supervision sessions. Safe recruitment processes were operated to make sure only suitable applicants were employed to work with people.

Staff knew how to recognise and report abuse or discrimination and provider policies underpinned staff training. Accidents and incidents had been properly recorded and actions taken to prevent reoccurrences were documented.

The service was clean and hygienic and equipment and utilities were routinely safety checked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated as individuals and staff encouraged people to be themselves. The provider had an equality and diversity policy in place.

People's health and well-being was monitored and a range of professionals supported staff to keep people well. Meals were varied and plentiful and people said they enjoyed them. People were encouraged to drink plenty and had access to jugs and carafes of drinks, aside from tea and coffee rounds.

Staff were kind, caring and considerate and took account of people's privacy and dignity when supporting them.

A range of innovative and interesting activities were available and people said their needs for social stimulation were met. People and relatives knew how to complain and had confidence that the staff and registered manager would listen and act on any concerns.

Staff knew people very well and care planning prioritised people's wishes and preferences.

Auditing had improved since our last inspection, but was more effective in some areas than others. Feedback was routinely sought from people and there was evidence that it had been acted upon.

The registered manager was visible and approachable and understood their responsibilities to inform CQC of particular events and the provider had displayed the rating awarded at our last inspection; which is a legal requirement.

This is the second consecutive time the service has been rated Requires Improvement.

We have recommended that the provider and registered manager implement regular, more detailed checks on medicines; including creams, the environment and pressure prevention equipment.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in some areas.

Not all risks had been properly assessed and minimised; including those relating to medicines, external doors being left open and the proper use of air mattresses.

There were enough staff to meet people's needs safely and promptly. Robust recruitment processes ensured suitable staff were employed to work with people.

People felt safe and staff knew how to recognise and report abuse or discrimination. Accidents and incidents were documented and actions noted.

Equipment, fire and utility services were properly maintained and the service was clean and hygienic.

Is the service effective?

Good

The service was effective.

People were treated as individuals and staff encouraged people to be themselves. The provider had an equality and diversity policy to underpin staff training.

Staff training had improved and staff demonstrated knowledge and understanding in practice. Supervision sessions had been carried out regularly.

The principles of the Mental Capacity Act (MCA) 2005 had been followed and staff gave people choices and opportunities to make their own decisions. Deprivation of Liberty Safeguards (DoLS) had been applied for in some cases.

People had access to GPs, district nurses, podiatrists and opticians and their health and well-being was monitored by vigilant staff.

People said they enjoyed the food and plenty of drinks were available.

Is the service caring?

Good

The service was caring.

Staff delivered care with consideration and kindness. Trusting relationships had been fostered.

People were treated with respect, and staff encouraged them to be independent as far as possible. Dignity was preserved and staff were discrete in protecting people's privacy.

Bedrooms had been personalised with people's own possessions and their religious, cultural and faith needs had been considered and met.

Advocates were sourced for people when needed.

Is the service responsive?

Good

The service was responsive.

Care plan information was person-centred and staff knew people very well.

There was a wide range of activity on offer and innovative ideas to make people's lives better had been instigated.

Complaints had been documented and people and relatives knew how to make complaints.

People's end of life wishes had been documented and staff took account of people's individual personalities when caring for them at the end.

Is the service well-led?

Requires Improvement

The service had improved overall but had not been consistently well-led.

Auditing and oversight checks had been improved but not all of these were effective at identifying shortfalls in the safety and quality of the service.

Feedback had been sought from people, staff and relatives and was acted upon.

The registered manager kept abreast of social care developments through a variety of sources and training.

There was an open culture and a shared vision which took account of equality, diversity and human rights.

Tynwald Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 December 2017 and was unannounced. The inspection was carried out by two inspectors over two days. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Due to technical problems, the provider was not sent a Provider Information Return to complete. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met with twelve of the people who lived at Tynwald Residential Home and spoke with three people's relatives or visitors. We also spent time observing the support people received. We inspected the service, including the bathrooms and some people's bedrooms. We spoke with four of the care workers, the deputy and the registered manager.

We 'pathway tracked' six of the people living at the service. This is when we looked at people's care documentation in depth; obtained their views on how they found living in the service where possible, and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt the service was safe. One person said " I have to have a buzzer because I get dizzy spells and I mustn't get up alone; staff always tell me that-here's my buzzer and when I use it they come straight away. That makes me feel safe as houses". Another person told us "I'm completely safe and secure here. Staff are everywhere you look and they watch out for me". A relative commented "I visit at all different times and have never had a minute's worry-you couldn't get any better than here".

At our last inspection we found that the management of medicine was not consistently safe. We told the provider to take action and while some improvements were made, the breach found at the last inspection was not fully met.

At our last inspection we found medicine which had exceeded its expiry date in the medicines trolley. At this inspection we found that a medicine for use in the heart condition; angina, had expired for one person. Staff confirmed that there was a further supply of this medicine in stock, but the old one should have been returned to the pharmacy as soon as it had expired to avoid the possibility of the person being given medicine which might have become less effective. A number of items of liquid medicines had not been dated when they were first opened so that staff could be sure they were disposed of within best practice guidelines.

At our last inspection, records about people's prescribed cream applications had not been consistently completed to evidence that people had them as often as they should. At this inspection the situation had not improved and some cream charts had not been completed since October 2017.Daily notes made by staff sometimes referred to applying cream, but did not say which cream or where on the body it had been applied. Creams were not always stored securely, even though people had lockable medicines cabinets in their bedrooms. In most cases we found the cabinets unlocked and open and creams stored on top of them or in other places in the bedroom. Some of these were barrier creams, but we also found steroid cream left out in a bedroom. Many people using the service were living with dementia and there was a risk that too much of the steroid cream might be applied by the person; which can thin the skin or cause irritation. There was also a risk of people living with dementia ingesting the creams, but there were no specific risk assessments about ensuring this did not happen. Senior staff told us that the provider's medicine policy stated that all creams should be locked away in these cabinets but they were not able to say why this had not happened on the first day of our inspection.

There were no protocols in place for medicines which people could take as and when needed (PRN). These are important for identifying the reasons the medicines have been prescribed, the circumstances in which people might need them, the maximum dosage in a 24-hour period and any known reactions with other medicines. One person had two boxes of PRN Paracetamol open and in use at the same time. This is not best practice because it provides an opportunity for error in checking stock amounts against administration records.

The failure to safely manage medicines is a continued breach of Regulation 12 of the Health and Social Care

Act (Regulated Activities) Regulations 2014.

At our last inspection, records about medicines for which there are special legal requirements had not always been appropriately completed. At this inspection this had been resolved and all administrations of these medicines were properly documented and signed by two staff as is safe practice. Regular audits of the medicines had been carried out to ensure that stock levels matched records.

At our last inspection, non-refrigerated medicines had not always been stored at the correct temperature to ensure they remained effective. At this inspection, regular temperature recordings had been made which showed the medicines storage facilities remained at the correct levels. The registered manager told us that an air conditioning unit had been purchased for use in the summer months to ensure medicines were kept cool enough.

Medicines administration records had been neatly and clearly completed to document when people had received their medicines. Staff had signed the records consistently and were knowledgeable about actions to take in the event of any medication errors. The provider had an up to date medicines policy which made reference to best practice guidelines as set out by the Royal Pharmaceutical Society (RPS) and the Nursing and Midwifery Council (NMC) for example.

Where other types of risks to people had been identified, these had not always been appropriately reduced. For example; some people living with dementia were known to be at potential risk from leaving the service alone and reaching the nearby road. These risks had been documented in Deprivation of Liberty Safeguards (DoLS) applications to the supervising authority. However, during the first day of our inspection the front doors were left wide open on several occasions, with no staff in the immediate vicinity to intervene if those people attempted to leave alone. Doors to the garden were also open and there were steep brick steps which could be hazardous for people with impaired sight and/or mobility; together with access to the car park and road beyond. The registered manager told us that the service had an ethos of enabling people to come and go freely, but there were no individual assessments of the risks to some people of this approach, or how these would be mitigated. All of the doors in the service had alarms on them which were used at night and the registered manager decided to activate these during the daytime; while they risk assessed the situation for all individual people living at Tynwald.

Some people had been identified as at risk of skin breakdowns and special air mattresses were in use for them. However, the pumps for these mattresses were not always set at the correct levels which meant people were not receiving the intended therapeutic benefits of them. For example one person weighed 31.6kgs but their mattress was set to 90kgs.

The lack of robust actions to reduce known risks is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other assessments of risks were full and showed how staff would support people to reduce the possibility of harm to them. For example, where people were prone to falls, detailed information was recorded about how these could be prevented. This included guidance about equipment to be used, such as alarm mats; and regular checks to ensure that call bells were in reach to avoid the possibility of people trying to get up or walk without staff support. Our checks showed that call bells were consistently within reach when people had been identified as needing them close by.

Some people could show behaviour that challenged. Risk assessments about this were individualised and clearly outlined the possible triggers and the ways in which staff could prevent or deescalate behaviours.

Guidance to staff included encouraging one person to express their feelings and support them with relaxation exercises. The detail within the risk assessments about behaviours demonstrated that people's personalities and personal wishes and traits had been considered and were at the forefront of the care provided to them. Staff knew people very well and were able to tell us how they might behave in certain situations and how staff would respond in line with care plan directions to keep people safe.

Accidents and incidents had been properly documented with full details and information about actions taken following them. Staff knew how to protect people from harm and discrimination and to recognise signs of possible abuse. They told us that they felt confident in challenging any form of discrimination if it happened. Referrals had been made to the local safeguarding authority wherever necessary and safeguarding formed a standing agenda item at staff meetings. All staff had received formal safeguarding training; and minutes of meetings showed that keeping people safe was discussed at every meeting so that learning could be shared and staff knowledge and understanding was continuously refreshed. The provider's safeguarding and whistle blowing policies underpinned the training staff had received and gave clear guidance about how staff should respond to any safeguarding incidents.

There were enough staff deployed to meet people's needs. There were three care staff plus a team leader in the mornings, two care staff and a team leader in the afternoons and one care staff and a team leader overnight. The registered manager and deputy were also on-site every day during the week to provide support to the staff team, should this be necessary. The registered manager did not use a dependency tool to assess the numbers and skills of staff needed on each shift but told us that they made a point of ensuring they were aware of any changes to people's needs and anticipating or reacting to those by increasing staff numbers when necessary. They gave us the examples of a new person moving into the service and needing a lot of reassurance and a person reaching the end of their life, who required more staff input around the clock. On these occasions the registered manager said that the home's Trustees would always approve extra staffing without question; and with the aim of improving people's experiences.

Throughout the inspection people received prompt support and attention from staff. One person told us "The staff always come as quick as they can" and another said" I just push my button and they come; it's marvellous and they really care for me". A relative commented "The staff here are wonderful; nothing is too much trouble and they're there in a flash if residents need anything". An emergency alarm was accidentally set off during the inspection and we observed that staff reacted immediately and with urgency until it was established it had been a false alarm.

There was a safe and robust recruitment process in operation. All necessary checks had been made before applicants were taken on. This included making sure that application forms contained a full history of previous employments and obtaining meaningful references. Identity documentation had been sought and interview records demonstrated that applicants had been asked questions which helped establish their motivation and aptitude for the job role. Background checks had been made via the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our last inspection, records about hot water temperature checks were incomplete. At this inspection the situation had been resolved and records contained more detail. During the inspection special valves were being fitted to hot water supplies to ensure that they were unable to exceed safe levels. The service's water system had been recently tested for bacteria and a full flush of tanks and pipes was being undertaken during our inspection to make sure the water supply remained safe.

Fire alarms and equipment were regularly tested, and fire drills were carried out at intervals to test

evacuation routes and staff response times. A formal fire risk assessment had been conducted by a qualified external contractor in October 2017 and any recommendations had been quickly addressed by the provider. People had individual personal emergency evacuation plans (PEEPs) which detailed the equipment and support they would need in the event that they had to leave the premises urgently. Equipment used in the service, such as the passenger lift, stair lifts, hoists and the gas and electrical supplies had all been routinely checked by professional contractors so that any maintenance issues would be promptly resolved and the equipment was safe.

The service was clean throughout and domestic staff worked to a schedule to ensure all areas were thoroughly covered. All staff had received up to date training about the prevention and control of infection and the provider had a policy in place based on best practice guidance. Personal protective equipment was available throughout the service and staff were observed thoroughly washing their hands between tasks. Kitchen staff had completed food hygiene training and were observed following safe and hygienic practice in the use of gloves, hats and aprons during the preparation of meals.

Records about people's care were maintained on a computerised database which kept the information secure but accessible by staff. Regular updates were made to the records as staff completed care tasks so that an up to date picture was reflected. This helped to make sure people received safe care and treatment.

Good

Is the service effective?

Our findings

People, relatives and visitors told us the service was effective at meeting their needs. One person said they could not manage on their own anymore, so moving to Tynwald Residential Home had been "Wonderful" for them. A visitor said "Residents are treated as individuals with their own identities here".

All staff had received training about equality and the provider had an accessible equality and diversity policy. The registered manager told us "Our assessments of people's needs are never a 'tick box' exercise. We want to know who our residents are, how their lives have been and to provide care that meets their religion, beliefs and ethnicity. We want people to come here and feel safe and comfortable enough to be themselves". A staff member explained that in practice this meant building trusting relationships with people so they felt able to say what they really wanted. They told us about a person who had worn make-up every day of their adult life and would not be seen without it. Staff ensured that when this person was reaching the end of their life, they still applied lipstick for them so that they continued to be presented in the way they wished, even though they were unable to manage this for themselves. This showed understanding of people's need to be treated as individuals with different preferences and life choices.

Care plans recorded people's ethnic background and some information about this to inform staff about any specific needs associated with it. Nutrition assessments considered any religious or cultural needs around eating and drinking. Assessments and care plans however did not currently include information relating to other equality characteristics, personal relationships or lifestyle preferences. The registered manager said that this was an area that she would introduce in a sensitive way going forward. Emergency information packs were prepared by team leaders in the event that people had to be taken to hospital so that receiving staff would be aware of people's specific needs. Staff said that they attended planned hospital appointments with people to provide reassurance to the person and give information to hospital staff should this be required.

At our last inspection, staff training had not been consistently delivered or refreshed and there had been a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. . At this inspection there had been improvements and the breach found at the last inspection had been met. Staff had now received up to date training in areas such as the Mental Capacity Act (MCA) 2005 and DoLS. This was important because some of the people using the service were living with dementia and staff needed a good understanding of how to consider and protect people's rights and choices. We observed staff offering people straightforward choices by showing them two items to pick from. Staff had also received training about living with dementia and told us how this had helped them to support people in the best way possible. A relative told us "The staff here know everyone like their own family and you can trust them to know what to do for residents. I think they're jolly well-trained".

Records showed that all staff received induction training and had regular supervision sessions with the registered manager to check on their progress in their roles; and to provide an opportunity for discussion and feedback about the service. One staff member told us "Supervision is good because I like to get feedback about how I'm doing; and if I've got anything on my mind I can talk to [Registered manager] about

it and get things sorted".

We checked to see that the principles of the Mental Capacity Act (MCA) were being followed in practice. The MCA is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were observed seeking people's verbal consent for choices such as whether they wished to leave their bedrooms to join in activities with others and formal consent had been signed for bigger decisions where possible. One person who was living with dementia told us that staff always offered them a choice of clothing to wear each day. They said "I like to look smart, always have, always will. The girls [Staff] show me blouses and bottoms and I pick which ones I want".

Where people were deemed to lack capacity for particular decisions, mental capacity assessments had been made about those specific choices. There was also evidence of best interest meetings with appropriate professionals and families to help make the right decisions for some people who lacked capacity to make their own.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).The registered manager had made two applications for DoLS from the relevant authority. Decisions about these applications had not yet been received but the registered manager showed us that they had made follow up enquiries with the Supervising Body (the local authority) to check on progress.

People's health and well-being was routinely monitored and they were supported to access a range of healthcare professionals. During the inspection staff made calls to the GP about any people they were concerned about. We spoke with staff about how they knew people were unwell and they told us how they were able to recognise any deterioration through knowing people's normal presentation well and by monitoring their food and fluid intake, bowel function, temperature and any pain. The GP regularly visited to assess people's health and prescribe medicines if necessary. One person told us "I can always have the doctor if I need it; they're very good like that". A relative commented "If they're at all worried they get the doctor in, which gives me a lot of reassurance".

The District Nurse also visited the service to dress any wounds and to provide advice about their care. There was one person being treated for a pressure wound during the inspection. The district nurse confirmed that the person had been admitted to the service with the wound and that it had improved and was healing well since they had lived at Tynwald. Dieticians were involved for people who were losing weight, and we saw that some people had been prescribed meal supplements to help maintain their weight. Care plans about nutrition were person-centred and based on individual needs. One person was given snacks during the inspection and their care plan confirmed that when the person said they were hungry staff should bring them what they fancied to help them to eat better.

Speech and language therapists (SaLT) were called upon to assess people who were experiencing difficulty with swallowing and some people were recommended to eat soft textured meals to assist them. The local mental health team and community psychiatric nurses were involved in assessing and monitoring people who showed challenging behaviours and their advice had been reflected in care plans. People were supported to have treatment from a visiting chiropodist, optician and the dentist.

People received nutritious, plentiful meals and drinks were offered frequently. One person told us "We have plenty of drinks and the food here is lovely". Another person said "Food is excellent and plenty of it with a varied menu. I can have drinks whenever I need them and I always have a jug in my room". Kitchen staff

were knowledgeable about people's specific needs; for example some people had a recognised stomach condition and the cook explained that those people were given meals and snacks with no skins or pips included in them. Where people needed a modified diet to help with their swallowing we saw that this was provided and special, adapted cutlery was available and in use for people who were able to eat independently because of it. Staff were observed gently prompting one person to eat their lunch by describing the food on the plate in an appealing way. People's likes and dislikes were documented and staff knew people's preferences.

People living with varying stages of dementia were assisted by pictorial signage around the service. This identified communal areas and toilets and made it easier for people to orientate themselves around the home. Photos and names were used on people's bedroom doors so that they could recognise their own room. The service had both a passenger lift and stair-lift to enable people with limited mobility to move around the service freely.

Good

Is the service caring?

Our findings

We asked people and relatives about their experiences of the care received in the service. We received only positive feedback about staff and the care given by them. One person told us "Staff are so kind and I feel totally at ease here". A visitor said "I'm overjoyed that [Person's name] is at Tynwald. The care is the best you will ever find" .A relative commented "We found everything just right, we couldn't ask for better-first class service".

Staff were observed to be kind and considerate towards people. They provided gentle reassurances to people as they supported them. For example, one person was accompanied by staff as they walked between lounges. Staff said "Go nice and steady [Person's name], there's no rush and we don't want you to fall do we?" Another person asked to be supported to the toilet and staff were positive and encouraging in their response; "Of course I can take you; you just let me know when you're ready to get up from the chair and we'll go together".

Trusting relationships had been built between staff and people and staff often anticipated people's needs in a caring and thoughtful way. For example, the sun had moved round and was shining on a person's face in the solarium, making them blink. Staff saw this happening and quickly intervened to close the blind a little and they and the person shared a laugh about winter sunshine. On another occasion during the inspection an emergency alarm was accidentally activated and a staff member was observed reassuring people in the lounge that all would be well.

People were supported to maintain their independence as far as possible. Equipment such as stair lifts were in place so that people remained able to go upstairs freely, and specially adapted cutlery enabled some people to feed themselves more easily. Staff were observed walking alongside people as they used their walking frames. They offered encouragement and reassurance but supported the person by being on hand should they need assistance, rather than actively assisting. Care plans considered people's independence and how best to promote it. For example, one person's care plan noted that they should be supported to take gentle exercise and have their pain managed to help increase their mobility and retain their independence we saw staff walking with them in the garden.

Bedrooms had been personalised with pictures, photos and people's own possessions. The rooms were homely and efforts had been made to provide colourful bed-linen and matching curtains. One person told us "I love my room and I'm happiest just to be here in it". Visitors were made welcome at any time and had been invited to a pre-Christmas lunch with their loved ones. Staff were friendly and approachable when relatives spoke with them and there was a family feel about the way in which people, relatives and staff interacted. People showed caring towards each other and asked about each other's well-being. A visitor told us "I can't speak highly enough of this home; nothing is too much trouble and the staff are second to none". Staff told us how they tried to support relatives as well as people. One person sometimes showed challenging behaviours when they were anxious. Staff described how they offered reassurances and explanations to visiting relatives so they were not upset by this.

People were treated with respect and their privacy and dignity were protected. Staff spoke with people quietly and sensitively to remind them to use the toilet and knocked on bedroom doors and announced themselves before entering. Staff were vigilant when people got up to move around; to see that their clothes were arranged properly to avoid any embarrassment. They spoke to us in private about people's care needs or personal details and were courteous and considerate when speaking with each other.

Some people needed the support of an advocate to represent their views or wishes. Care plans contained a section entitled 'Resident's rights' in which details about people's advocates were held. The provider is a member of an advocacy service and leaflets and information about this were on display in the entrance hall. Staff explained that an advocate could independently review a person's care file to ensure it promoted their rights and well-being, as well as speaking on their behalf if required. People were involved wherever possible in making decisions and choices about the service. Regular resident meetings gave people the opportunity to give feedback about any aspect of their care or environment. People were reminded at these meetings that they were welcome to make any suggestions and to be involved in menu planning and other aspects of life at Tynwald. Changes had been made in direct response to people's wishes; such as meal portion sizes being reduced because people felt they were too large and lighter weight mugs being offered to people who found those in general use to be too heavy. The registered manager told us that redecoration and carpeting was being planned for some areas of the service and that people would be invited to have their say about colour choices and design.

People's cultural and religious wishes had been individually documented. Visits from two local churches happened on a regular basis and during the second day of our inspection Holy Communion was offered in private for anyone who wished to take it. Staff told us that ministers for the churches also spent time speaking with people and Christmas gifts were left for people by one visiting minister during our inspection. Church visits were made by the Church of England and Catholic ministers. One person was of a different religion but said they were happy to join in with the services led by these churches. Staff said that they had offered to arrange visits from this person's own church but the person had declined.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us "They know me inside out and so they know what I like and when I like it". Another person said "If I need anything at all, I just have to ask, they don't mind you know".

At our last inspection, some people's needs had not been fully established or documented; which was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We told the provider to take action and improvements had been made. The breach found at the last inspection had been met. Care plans now contained detailed, step-by-step guidance for staff about how people liked their care to be delivered. For example; care plans about personal care routines set out precisely the support each person needed. One person's care plan about mouth care detailed what should happen each day including assisting with brushing, rinsing with mouthwash, soaking dentures before bed and replacing the toothbrush every 3 months. All the people we spoke with had good oral hygiene.

Some people found communication difficult due to their dementia. Assessments about this were sensitively prepared and gave clear directions to staff about how to support and enable those people, while managing the risk that they would not be able to make themselves understood. Each person's communication risk assessment was different and relevant to them alone. Staff knew people very well and described to us the particular ways in which they supported people to communicate. Activities staff told us how they enabled people of all abilities to take part in crossword competitions. They knew which people needed more support because of their dementia and in those cases they adapted the crosswords by completing the first letter of each answer to make the quiz accessible to all.

One staff told us about how some people had helped to make a Christmas cake for everyone living in the service. Staff said they had used this opportunity to encourage people to reminisce about baking or Christmas; which had resulted in a lively and enjoyable session. One of the service's trustees had trained to become a 'Dementia Friend', which is a volunteer who encourages others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. Care plans had been produced for each person living with dementia, to highlight how this affected them personally and identifying the particular support they may need, for example, with operating zip fasteners on clothes.
The service was responsive to the needs of people with reduced vision and had arranged for 'Spoken word' audio books to be available for them through their links with Kent Association for the Blind. When group written quizzes were being held, activities staff sat alongside those people to offer support by reading out the questions. Some menus were printed in a larger font so that these could be more easily read. Some people liked to wear jewellery and /or make up and we observed that staff facilitated this so that people could continue to achieve their aim of always being well-turned out.

Care plans contained information about people's lives before they moved to the service. Many of the staff working in the service were long-serving and were very knowledgeable about people's backgrounds. Staff were observed on a number of occasions referring to people's relatives or places that had been important to

them as a way of engaging them or providing comfort. People's preferences around times to get up and go to bed and their likes and dislikes were recorded and one person told us "I choose when I go up [to bed]. I'm usually ready by about eight and the girls [Staff] know I like to go then so they give me a hand".

There was a wide and interesting range of activities on offer, which met people's needs for social stimulation. The provider had employed a designated activities staff member who was enthusiastic and motivating when they engaged with people. The activity staff had implemented some innovative ideas to improve people's experiences of living in the service. We heard how children from the local nursery school had been to visit people and the positive impact this had made. One person living with dementia did not like to do straightforward jigsaw puzzles but could not manage more complex ones anymore. Staff told us how this person had "Thoroughly enjoyed" showing the young children how to complete the simpler puzzles. People were eager for the visits to become a regular feature and this was being arranged at the time of the inspection.

Another new idea was to invite local mother and baby groups to come into the service to meet people. This had been seen as an opportunity to forge links with the community for the benefit of both people and young mums. Sessions had begun and proven extremely popular with people and the visitors.

During our inspection bell ringers gave a performance of Christmas carols and a visiting pantomime was eagerly awaited the following day. People played Scrabble and dominoes and joined in with group quizzes. The activities coordinator explained that skittles was always well attended and this encouraged people to be mobile, while counting the scores in darts helped with mental agility. There had been some outings arranged for people; including a recent trip to a school to watch their song and dance show. The service had the support of a group of volunteers who visited to help with activities and the 'Friends of Tynwald' who carried out fund-raising on behalf of the service. The service had taken part in the Hythe Venetian Fete earlier in the year. The theme for the service's float had been chosen by people living at Tynwald; who were supported by volunteers to make many flowers to decorate it.

Some people preferred to stay in their own rooms and the activity coordinator made regular visits to them to take in puzzles, have a chat or deliver reading materials. One person told us "I have everything to hand in my room, and I like it here -it is nice and quiet: I prefer to be on my own not with other people'. Another person said "I join in all the activities. I've got a telly in my room but I only watch it in the evenings; there's always plenty form me to do down here in the daytime".

People and relatives knew how to make a complaint if necessary. One person told us "[Manager's name] is very nice. I'd complain if there was anything I wasn't happy with. The manager is very approachable and would deal with any issues". A visitor said "I can complain or raise concerns with staff and always know they'll be dealt with".

The provider had a complaints policy which set out the procedure and timescales for dealing with complaints. Information about how to complain was displayed in the entrance hall. People were actively invited to come forward with any issues during regular resident meetings. They were informed that they could speak openly and that any criticisms would not be attributed to them in meeting minutes. Minutes did show that the registered manager had responded swiftly to any issues raised informally and there had been no formal complaints since our last inspection. There was evidence that concerns raised had resulted in positive actions within the service. For example, some people felt that net curtains in the TV lounge were making the room too dark; these were replaced. Other people said that there were not enough footstools available so more were purchased. Some people wanted mushrooms to be included in more meals and this message was passed onto the cook who agreed to incorporate them more frequently.

People's end of life wishes had been documented, along with advanced decisions in some cases. One person had written that they wished to spend their final days at Tynwald with the staff they recognised and made them feel safe. Advanced care plans recorded what was important to people, who would support them if things became difficult, their preferred place of death and any religious or cultural needs. One person was receiving palliative care during our inspection and the GP had prescribed medicines for use if necessary when the person moved towards the end of their life. Staff spoke with us about people who had passed away and we were moved by the care and sensitivity they expressed. One staff member told us about a person who had always been very proud of a relative's achievements. Staff had ensured that this person was holding a memento of this when they passed away; which they felt had given them huge comfort. Another person had been supported to continue to wear make-up right up the end, because it was their wish to 'Look respectable; when they passed. Staff training about end of life care was up to date.

Requires Improvement

Is the service well-led?

Our findings

We received positive feedback from people, relatives and staff about the registered manager. One person told us "She's lovely and you see her around". A relative said "You couldn't ask for more in a manager - she makes herself available and is a good, kind person". Staff said that they felt supported by the registered manager who was approachable and listened to them.

At our last inspection, auditing processes had not been effective in identifying shortfalls in the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We told the provider to take action and improvements had been made overall but the regulation had not been fully met. More work was needed to make sure checks and audits highlighted issues so that they could be put right promptly.

A number of audits had been introduced since our last inspection and had generally proven effective. For example regular infection control checks showed areas which required attention and these had been successfully resolved. As a result the service was clean and hygienic when we inspected. Health, safety and fire audits had been carried out and the registered manager completed a quarterly review of risks within the service. Medicines audits had brought about some changes for the better. However, despite these detailed checks we continued to find that creams were not always stored or recorded appropriately and disposal of expired medicines was not suitably monitored or managed. None of the audits had picked up on the lack of risk assessment about external doors being left open when some people were at known risk from being outside alone, nor from air mattresses being set at incorrect levels.

We recommend that the provider and registered manager implement regular, more detailed checks on medicines; including creams, the environment and pressure prevention equipment.

Since our last inspection team leaders had been assigned responsibility for specific areas, such as infection control. Trustees had also taken on particular roles such as that of dementia friend; to offer support to staff. The registered manager told us that the provider had agreed an extra 21 budgeted hours for team leader staff to spend on continuing and sustaining improvements in the service. They said that staff had worked hard to change for the better those areas we raised in our last inspection report.

There was an open, friendly culture and positive attitude amongst staff in the service. Staff and managers were candid with us throughout the inspection and were keen to identify areas in which further improvement could be made. People and relatives were encouraged to talk freely about any concerns or suggestions they may have at regular resident meetings. Each of these meetings was opened with a statement that people could speak safely about any worries and they would not be personally identified in the minutes. There was also a suggestions box in the entrance hall which people, relatives and visitors could use to make any comments about the service. There was evidence that actions had been taken as a direct result of the feedback received. For example, some people had said that cushions on garden furniture were sometimes damp when they sat on them. A system was introduced whereby staff would bring in the cushions at the end of the day to resolve this problem. Other people remarked that some of the armchairs

were too low for them and new booster cushions were purchased.

The registered manager kept abreast of changes and developments within the social care arena through a variety of sources. They were a member of groups such as the National Care Association which provided updates and training forums. The registered manager told us that they ensured they read all new guidance about best practice and that this was passed on to staff, who were also encouraged to read and digest the information. They had recently attended a 'Safer homes' conference and fed back to staff on the learning from this.

The registered manager was aware of their responsibilities with regard to notifying the CQC of certain events and incidents and had done so in a timely way. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had publicised the rating awarded following the last CQC inspection and the rating was also displayed in the entrance hall of the service.

The provider had a suite of up to date policies and procedures in place to give guidance to staff about their practice. Each of these policies was linked to people's rights, equality and diversity. The staff code of conduct specifically required that all employees should 'Uphold and promote equality, diversity and inclusion'. Staff were aware of the provider's vision for the service. A statement about this read: 'Our mission is to encourage residents to thrive as individuals. Personalisation is high on our agenda and empowering employees to practice as caring professionals. We achieve this through a set of core values which underpin our work: Respect, Openness and Responsibility'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessments of risk were not consistently carried out, and mitigating actions were not always in place

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely.

The enforcement action we took:

We served a warning notice on the provider