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: 30 May 2013

Date of Publication: June 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Alice Butterworth Charity
Registered Manager	Mr. Paul John Simmons
Overview of the service	Tynwald Residential Home provides accommodation and personal care for up to 24 older people.
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 30 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection, there were 24 people using the service. We spoke to five people who used the service, two visiting relatives and a visiting healthcare professional to the home. People told us that they were happy with their care, staff treated them with respect and had a good understanding of their individual needs. One person told us "staff understand my needs; it's a good place".

Care records were detailed and contained care plans and risk assessments that were regularly reviewed. People told us that staff made sure their healthcare needs were met and care records included notes from professional clinicians. A relative told us " there couldn't be a better place; has given us peace of mind".

All the people we spoke to who used the service told us that they felt safe and would know what to do if they had any worries or concerns. One person stated that they "feel able to talk to people; they are ready to listen".

The home undertook regular audits of the premises and there was a formal complaints procedure that people could use if they needed to.

We found that there were enough staff employed in the home who had a good understanding of their roles and responsibilities. They were able to provide appropriate care and support to the people who used the service according to their individual needs, including a range of planned social activities and events.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. The manager told us that before people moved into the home, they had the opportunity to discuss their care needs and involve family and others if they wished to. One person told us that they had visited the home with their relative before deciding to move in and had seen leaflets and information about the home and the support it provided. The manager explained that advocacy support was available for people who needed assistance in making decisions and we saw contact details for an advocacy service displayed in the entrance hall.

People who used the service understood the care and support choices available to them. We looked at people's care plans and saw that these identified people's day to day routines and personal preferences in how their care and support was provided. They also included a life history and 'statement of wishes' document, which enabled the staff to support people's aims and understand what was important to them. We saw that care plans were reviewed and updated each month and people who used the service were invited to sign them. One person who used the service told us that the staff read and explained the contents of their care plan to them each month and then they signed it themselves. A visiting relative told us that they were kept informed and involved at all times concerning their relative's care and support.

People expressed their views and were involved in making decisions about their care and support. People told us that they could make choices about how they spent their time and that staff respected their wishes. One person told us that their morning routine "suits me and I love it", that they were able to do most things for themselves, and staff were available if needed. Another person told us "I choose when to get up and go to bed". We saw people reading and chatting with their visitors in the shared areas of the home, which included a library, a quiet lounge and a conservatory. We saw people going into the garden and one person told us they enjoyed the fresh air and would "go outside when I

choose to". One person told us that "staff get people involved" and that they were invited to join in with activities if they wished, although they preferred to occupy themselves in their own room.

We saw that people's bedrooms were personalised with their own possessions, including photographs, pictures and furnishings. One person had a small fridge in their room, as they preferred to have their own drinks and snacks available when they wanted them.

People told us that there were many activities, events and outings organised and that they were consulted about the different activities they wanted to do. There were regular residents' meetings and suggestions could be made about different aspects of the home. For example, the meeting notes contained details of discussions about the library books and how these needed to be updated. The manager had also suggested that people may want to become members of the library in the town if they wished.

People we spoke to stated that they had a choice of meals and alternatives were always available if required. We observed a menu displayed in the entrance hall with the choices available for the day and we saw a member of staff discussing the menu options with people who used the service. One person explained that staff would go round and discuss the menu each morning and that there was "so much choice". Another person explained that they had told the manager that they liked to have pineapple for breakfast and this had been made available for them. A member of staff told us that someone had requested lunch in their room that day and a tray was being prepared for them.

People were supported and encouraged to maintain their independence as much as possible and records showed that people's independence had been considered and promoted when planning their care. One person who used the service told us that the staff understood what they could do for themselves and would only assist them if needed. For example, some aspects of their personal care required support from the staff and we saw this clearly detailed in their care plan. During our visit, we saw people using equipment such as walking frames to help them get around independently, and the care plans contained details of their mobility support needs and how these had been assessed.

We spoke to a relative who told us that they always found the staff welcoming to visitors and respectful to people who lived in the home. Throughout the inspection, we observed that staff were respectful in how they addressed people and were sensitive and professional in their manner and approach. For example, we saw that staff always knocked on bedroom doors before entering to protect people's privacy and dignity. We were told that the home had a nominated 'dignity champion'.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. The manager explained that individual assessments of people's needs were undertaken before they moved into the home. We looked at people's care records and saw completed assessments of people's needs, which were included and reflected in their care plans.

We looked at four people's care plans and saw that they addressed and supported people's physical health care needs, their social needs and people's emotional well-being. For example, one person's care plan contained information about their individual exercise programme to improve their mobility and confidence, which had been set and agreed by the community rehabilitation team. We saw that the exercise programme had been placed in the person's bedroom for staff to follow each day. We saw that care plans were reviewed and updated each month, which ensured any changes to the type and level of support people required was identified and recorded for staff to follow.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been completed to identify risks to the people using the service and were reviewed regularly. For example, we saw that mobility risk assessments were in place to identify any assistance, aids and equipment people needed to ensure they moved about the home safely and to minimise the risk of falls.
A person who used the service told us that they were able to administer and look after own medicines and a lockable cabinet was available in their room to enable them to store the medicines safely. We looked at their care plan and saw that this contained a risk assessment to reflect the support provided by staff to ensure any risks were identified and managed as safely as possible.

Records showed that people's health needs had been responded to appropriately. Notes were seen on people's care plans from doctors and district nurse visits, where clinical support had been provided to ensure people's health care needs were met. People told us that staff would respond quickly and arranged for doctors to visit if it was required. For example, one person explained that when they had been unwell, a doctor had been called, who prescribed an antibiotic medicine and they had quickly recovered.

People who used the service told us that staff looked after them well. One person told us they were looked after "very, very well; couldn't be better". We saw that staff were aware of people's needs, responded to them quickly and were able to communicate effectively with people according to their individual needs. We spoke to a visiting professional who told us they had observed the staff communicating effectively with a person who had impaired sight and hearing loss.

Consideration was given to people's social needs. The home employed an activities co-ordinator and we saw a programme of planned events, which included many visits from entertainers and musicians. Activities were also planned on an individual basis according to people's preferences and two people told us that they regularly went out into the town and we saw this recorded in their care plan to support their social needs.

There were arrangements in place to deal with foreseeable emergencies. Staff were made aware of how to respond to unplanned events or incidents such as a serious injury or illness and when an emergency response might be necessary. One person told how quickly staff had responded when a person who used the service had fallen and was transferred to hospital. There was also guidance around the home for staff to follow in the event of a fire and staff had received training to deal with this.

The Deprivation of Liberty Safeguards contained within the Mental Capacity Act 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 was no one using the service who was being deprived of their liberty and we observed that people were free to access all areas of the home as they wished, including outside space and gardens.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We observed the staff using safe ways of working, for example when assisting people to mobilise and to move about the home safely. We saw that individual risk assessments were contained within people's care plans and regularly updated, which meant that identified risks were considered and minimised as far as possible. We spoke to staff who confirmed that they knew how to follow risk assessments and explained how they kept up-to-date with any changes that were made to people's care plans.

We saw that the home had a local safeguarding vulnerable adults policy, which reflected the requirements of the Kent and Medway Multi-agency Safeguarding Vulnerable Adults procedure. For example, it provided clear guidance for staff in recognising different types of abuse and what they should do if they saw or suspected abuse had taken place. This included how and who to report it to and contact details of relevant organisations outside of the home, who may need to be alerted. The home also had a local whistle-blowing policy.

The provider responded appropriately to any allegation of abuse. The staff we spoke to were aware and familiar with the home's safeguarding policy and explained what they would do if they saw or suspected abuse. For example, one member of staff was able to describe an occasion when staff had become concerned about an incident unrelated to the home and how they had alerted the manager and outside agencies and professionals. They described the process that had been followed and how the matter had been satisfactorily resolved to protect the vulnerable person involved. Staff were also aware of the home's whistle-blowing procedure and what this meant.

The staff we spoke to confirmed that they had received safeguarding vulnerable adults training, but were unsure when this had happened and told us that it was probably some time ago. The provider may wish to note that when we looked at the home's training records, it was difficult to see the dates when the training had been provided to staff.

Although we saw some training certificates, not all were readily available to confirm when the training had been undertaken.

People who used the service told us that they felt safe and would feel comfortable in speaking to the staff or manager if they had any concerns or worries. One person told us they would "feel able to say if things are not right". A regular visitor to the service told us that they felt their relative "is safe; no worries regarding harm".

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

At the time of our inspection, we were told that there were sufficient staff on duty to meet the needs of the people using the service. The manager was able to demonstrate that the numbers of staff employed at the home was based on an assessment of people's needs and was flexible depending on any changes in people's needs. For example, if someone was unwell or had become more dependent on the staff for a period of time and required additional support. We looked at the rota covering a four week period and saw that care staff, senior staff and a range of ancillary staff such as domestic and laundry assistants, cooks and kitchen assistants were placed on the rota. The manager and deputy manager were also on duty at the time of our inspection and it was explained that there were arrangements in place to cover any unplanned or planned gaps in the rota with the home's own staff. The manager told us that the home was now fully staffed and they rarely used agency staff to cover shifts.

People who used the service told us that staff were always available to support them when required. We observed that staff responded quickly to people when needed, and one person told us "staff come quickly when I press the buzzer; they understand my needs". A regular visitor to the home told us that they felt there were "enough staff around and they respond quickly when called" and that staff were "well trained".

We spoke to staff who told us that they felt there was enough staff on duty each day and that if there were concerns at any time, this would be raised with the manager or senior member of staff on duty.

There were enough staff to meet people's social needs. The home employed an activities co-ordinator, who supported a range of planned activities and people told us that there was lots to do in the home, as well as individual and group outings that regularly took place for those who wanted to go out.

We spoke to staff who told us that they had received training appropriate to their roles. For example, one member of staff who administered medicines as part of their role told us that they had undertaken medication training and the manager had assessed them as competent to do this by observing their practice.

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 an effective system 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

People who used the service, their representatives and staff were asked for their views about the care and support and the service provided at the home.

Regular resident's meetings were held and we saw the notes displayed in the reception area from a recent meeting, where a variety of matters had been discussed, including activities, menus, library books, and re-decoration plans for the home.

Suggestions were regularly requested and obtained from people about what they would like to see on the home's menus. It was explained to us that menus were always selected by the people who lived at the home and questionnaires were used to collect people's views. One person told us they had suggested that more fresh fruit should be on the menu and we saw that this was now included each day.

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 doctor or on-going support from the district nurse.

We spoke to staff who told us that they had regular staff meetings and they felt able to raise any issues or concerns regarding the service that the home provided. They also told us that they knew who to contact if an urgent decision was required or in the event of an emergency. One member of staff told us that they had raised concerns regarding the size of the lift and whether it was large enough to accommodate people who used wheelchairs with a member of staff accompanying them. We discussed this with the manager who confirmed that the size of the lift was taken into account when assessing people's mobility needs and consideration given to where their bedroom would be. We saw that there had been occasions where people living in the home had moved from a first floor room to the ground floor when their needs had changed.

We saw that regular audits and checks were undertaken to monitor standards for quality and safety, which included a range of environmental risk assessments that were used to

monitor the safety of the premises. We saw a premises audit that identified actions to be followed up and how they had been addressed. The manager also submitted regular reports to the provider about the service provided at the home. During our inspection, one person who used the service told us that their room was too hot and it was difficult to reduce the temperature. We discussed this with the manager, who confirmed this would be investigated.

The provider took account of complaints and comments to improve the service. There was a complaints procedure in place and details were displayed in the entrance hall, setting out how complaints would be investigated and addressed and who to contact. People we spoke to told us they knew how to make a complaint and would feel comfortable in talking to the staff or the manager if they needed to. There were no formal complaints recorded at the time of our inspection; however, we spoke to people who had raised issues on an informal basis with the staff and we were told these had been addressed satisfactorily. For example, one person who used the service told us that they hadn't liked the quilt on their bed and this had been replaced with sheets and blankets.

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.

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