Sun Care Homes Limited

Ty Gwyn Residential Care Home

Inspection report

2 Hall Walk
Enderby
Leicester
LE19 4AH
Tel: 0116 2864271

Date of inspection visit: 30 October 2015
Date of publication: 09/12/2015

Ratings

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

Overall summary

This inspection took place on 30 October 2015 and was unannounced. At our last inspection, 15 April 2014, the service was compliant with the regulations.

Ty Gwyn Residential Care Home is a registered care home providing care and support for up to 12 adults with a learning disability and autistic spectrum disorders. It is situated in Enderby, Leicestershire and can be reached by private and public transport. The accommodation is over two floors and the first floor is accessible using the stairs or the chair lift. At the time of our inspection there were eight people using the service.

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

Summary of findings

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

People felt safe living at Tw Gwyn Residential Home. Staff understood their responsibilities to protect people from abuse and avoidable harm. Incidents and accidents were recorded and action was taken to reduce the risk of similar occurrences happening again.

The service followed a safe recruitment process to ensure that staff were suitable for their roles before they started work. There were sufficient staff to meet people's needs and support them.

People care needs were assessed. Care and support plans were then put in place to ensure that people's needs were met. Risk assessments were carried out to ensure that people were kept safe. People were involved in decisions about their care and support. They were supported to access independent advocacy services when they needed them.

Staff understood people's needs and provided care and support that helped people feel they mattered to staff.

People were involved in decisions about their care and support. They were supported to access independent advocacy services when they needed them. Staff treated people with respect and dignity.

People were supported to follow their hobbies and interests as well as lifelong ambitions. People were supported to experience new areas of interest. There were social events held at the service.

People using the service, their relatives and health professionals had opportunities to provide feedback about the service.

There were checks made on equipment and the general environment to ensure that it was safe. There was a business objective plan that contained information about ongoing maintenance at the service. This was kept up to date although there were two areas that required action that had not been addressed.

People felt able to talk to staff if they had any concerns. Staff felt supported by the manager and able to raise any issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People felt safe at the service. Staff knew how to report any suspected abuse. There was a risk that people were not being given their medicines as prescribed. There were sufficient staff to meet people's needs.

Requires improvement

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

Staff received training to enable them to meet people's needs. Staff did not receive regular supervisions. People's mental capacity had been considered within their care plans. There had not been any consideration given to the Deprivation of Liberty Safeguards where a person had restrictions in relation to their care in place.

Requires improvement

Is the service caring?
The service was caring.

People told us the staff were caring. We observed staff being attentive to people's needs. People participated in the development of their care plans. People felt able to talk to the staff about any concerns.

Good

Is the service responsive?
The service was responsive.

People were supported to follow their hobbies and interests. People were supported to do things that they wanted to do. People were involved in their decisions about their care.

Good

Is the service well-led?
The service was not consistently well led.

Staff felt able to speak to the registered manager or acting deputy manager about any concerns and they felt assured that they would be addressed. Systems were in place to identify areas that required attention, these had not always been actioned. Quality assurance audits were used to obtain feedback about the service.

Requires improvement

Ty Gwyn Residential Care 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 30 October 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

We spoke with four people that used the service. We spoke with the registered manager, the acting deputy manager and two support workers. We spent time at the service observing support that was being provided. We looked at care records of two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I'm happy and I feel safe." Another person told us, "Yes, I feel safe." People told us that if they had any concerns they felt able to talk to staff.

There was a safeguarding policy in place that contained information about the various types of abuse. However, it did not provide information and contact numbers of where staff should report any concerns to. We discussed this with staff members and they were aware of how to report any suspected abuse internally. The registered manager was then responsible for reporting on to other agencies if required. Staff told us that if an emergency situation arose they would contact the police if they needed to. We discussed this with the registered manager who advised us that they would update the policy and ensure that it included contact numbers of where people could report any concerns.

We saw that risk assessments relating to the environment and people's care and support were in place. Where a risk had been identified control measures had been put in place to reduce the risks. Staff ensured that these were regularly reviewed to continue to keep people safe. For example we saw that for one person there was a risk assessment carried out as they had bed rails in place. Regular checks by staff members were made to ensure that the person was safe.

The provider had procedures for staff to report incidents and accidents. Staff we spoke with were familiar with those procedures and used them. Accidents and incidents were recorded and where people had sustained any injuries body maps had been put in place. These enabled staff to monitor any injuries that people had sustained. However we found one incident were a person had sustained a fracture that had not been reported to CQC. It is a requirement of the Care Quality Commission (Registration) Regulations 2009: Regulation 18 to report any such occurrences. We discussed this with the registered manager who apologised and explained that it must have been an oversight. We have received other notifications as required.

We saw that where incidents had occurred action had been taken to prevent a similar thing occurring again. For example after a break in to the office at the service in July 2014, the provider had taken action to improve security.

There were checks carried out on equipment at the service to ensure that it was safe. There was a policy in place for staff to follow in the case of an emergency or untoward event. There was information kept securely but readily available about people's mobility needs in the event of an evacuation. There was an emergency grab sheet kept in people's files that contained important information about their needs and emergency contacts. This was reviewed by staff to ensure that it was kept up to date.

People told us that there were always staff around if they needed them. One person told us, "There's always staff." Another person told us, "Staff are always around." Staff members told us that there were always sufficient staff on duty to meet people's needs. The registered manager told us how they devised the staff rota to meet people's needs. They explained that some people had set activities that they liked to do each week and they always ensured that they had sufficient staff on shift to enable these to take place. They also told us how they had a day care worker who provided activities and supported people to follow their hobbies and interests. This showed that additional staff had been provided to ensure that people's needs were met. During our inspection we observed that there were sufficient staff to meet people's needs and support them without rushing.

The service followed a safe recruitment process to ensure that staff were suitable before they commenced work. We looked at the files of two staff that worked at the service. We saw that all relevant pre-employment checks were carried out prior to people starting work. No person was allowed to start work at Tw Gwyn Residential Home until required pre-employment checks to assess a person's suitability were satisfactorily completed.

There were systems in place to ensure that people received their medicines as prescribed. The majority of medicines were supplied in monitored dosage system (MDS) blister packs to reduce the risks associated with the administration of medicines. A monitored dosage system (MDS) is where medicines are supplied in a separate compartment for each dosage time of the day.

Requires improvement

Is the service safe?

We observed people being given their medicines. We saw that one staff member removed the tablets from the MDS packs and another staff member actually took the tablets to the person and came back and advised the first staff member that they had been taken. The first staff member then signed to document to say that they had been taken. This was a concern as the staff member signing the record did not actually provide the person with their medicine although they signed the record to say that it had been taken. It was also a concern as the second staff member did not actually know what medicines they were providing to people. There was a risk that people may not have been given their medicines as prescribed. We discussed this with the registered manager who advised us that medicines were administered by two staff members and both staff members should be involved in the whole process. They advised us that they would follow this up with staff.

We found that medicines were stored appropriately and returned to the pharmacy when they were no longer required. We found that where people had medicines that were prescribed 'as required' (PRN) there were protocols to support this in place. However where people had medicines prescribed as 'take one or two' tablets, it was not always evident from the records how many tablets the person had taken. We discussed this with the registered manager who told us that they would take action to address this.

Requires improvement

Is the service effective?

Our findings

People told us that the staff were good and knew their job. One person told us, "They [the staff] know a lot." The registered manager and staff that we spoke with had a good understanding of people's conditions and needs.

Staff members told us that had received sufficient training to enable them to meet people's needs. They told us how the majority of training had recently changed to an online provider but they still had practical training where it was required. They gave us an example of how they had a person at the service who had a percutaneous endoscopic gastrostomy (PEG) tube in place. They explained how staff attended a practical training session annually with health professionals. This ensured that their knowledge and practice in relation to this was kept up to date. Records that we saw confirmed this, however the registered manager did tell us how they were finding it more difficult get places on this training for staff due to the high demand.

Staff told us that they had supervisions and appraisals but they had not had a supervision for a while. They told us that the registered manager and senior staff were always available if they needed them and that communication with the service was good. Records we saw confirmed that supervisions and appraisals took place. However, staff had only received one supervision in the previous 12 months. We discussed this with the registered manager who advised us they had recently gone through the recruitment process to appoint a deputy manager at the service. The successful candidate was just waiting for their contract in relation to the role from the provider. The registered manager advised that they would then be able to delegate some tasks, such as support staff supervisions to ensure that they were held on a regular basis.

We saw that people were offered choices in day to day decision making. One person was being asked what they would like to do next whilst other people were consulted about meal choices, hobbies and interests. Staff told us that people were either able to verbally give their consent or demonstrate to staff that they were either happy or not happy with something by using their body language. This was how they ensured they always gained people's consent.

We saw evidence in people's care plans that their mental capacity had been considered. Where a person was considered not to have the capacity to consent to their care we saw that they had a lasting power of attorney (LPA) in place and this was clearly evident in their care records. Their care plan made reference to multi-disciplinary meetings taking place and best interest decisions being made. This was in line with the Mental Capacity Act (MCA) 2005. MCA is legislation that protects people who lack mental capacity to make decisions about their care. However there had not been any consideration given to the Deprivation of Liberty Safeguards (DoLS). DoLS protects people who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. We discussed this with the registered manager who told us that they would follow this up.

People were provided with choices of food and drinks throughout the day. There was a pictorial menu on display. People told us the food was good and where the menu was on display. They knew what the daily choices available to them were. They told us they were happy with the menu and that it contained things that they liked. Where people required specialist support with their dietary intake we saw that this was sought. There was clear guidance in place for staff to follow to ensure that people's nutritional needs were met.

People were supported to attend appointments with other health professionals as required. We saw that contact was made with the GP if people were unwell. Where staff identified a change to a person's well being they sought external professional advice. People had appointments with physiotherapists, psychiatrists and chiropodists. We saw that people attended annual health checks with the GP.

Good

Is the service caring?

Our findings

When we asked people whether staff were caring they told us that they were. One person told us, “They’re very nice.” Another person told us, “Yes, do care.” We saw a comment on a quality assurance questionnaire which stated, ‘The staff are committed and caring’. Feedback from a GP in relation the staff stated, ‘Helpful and consistently show signs of caring for the patients’. Staff told us, “Everybody [the staff] are really caring.”

We saw staff convey kindness towards people using the service by the way they interacted with them. Staff spoke politely to people. They gave people time to respond when they asked them questions. We saw that staff engaged with people in general conversation throughout the day.

Staff were attentive to people’s needs. We saw a staff member approach a person and discreetly ask them if they were warm enough or if they would like the gas fire on. The person confirmed that they would like the fire on and the staff didn’t hesitate and put it on. Another person was struggling to pick up their bag as the strap had got caught. A staff member approached them and released the strap from under the chair leg.

Staff were knowledgeable about people’s life histories, interests and specific care needs. We saw that there was information recorded in people’s care plans about the best time for staff to provide them with information. Staff knew when it was the best time to provide people with information to enable them to understand. There was a keyworker system in place. This enabled people to have a named staff member to contact and oversee their care. Staff understood their responsibilities of being a key worker and told us that the system worked well.

Staff had an understanding of how they were able to respect people’s privacy and dignity and prompt their independence while providing care. We observed a staff member waiting outside the bathroom for a person who liked to have privacy while they used the bathroom facilities. The staff member waited just outside the door so that they could hear when the person was ready.

People were involved in decisions about their care and support. They were involved in the assessments of their needs and where they were able to they provided information about how they wanted to be supported. The service provided people with information about independent advocacy services and supported them to access those services when they needed them. We saw how the service had sourced an advocate recently to support a person with their needs.

People using the service had their bedrooms decorated to their taste. One person showed us how they had chosen to decorate and furnish their room. People’s rooms were personalised and were places where people could spend time alone if they wanted to.

Good

Is the service responsive?

Our findings

A thorough assessment occurred prior to people coming to live at Ty Gwyn Residential Home to ensure the service was able to meet people's needs. Relevant information was obtained from relatives and the health and social care professionals involved in people's care. We saw that care and support plans were the put in place to ensure that people's needs were met.

We saw that people's care and support plans provided details of their likes, dislikes and preferences. We saw that pictorial aids had been used throughout care records to assist people to participate and understand. Care and support plans were detailed and included specific details and guidance for staff to follow. People's care plans were regularly reviewed to ensure that they remained relevant. People using the service were involved in reviews of their care which were carried out by their key worker.

People told us that they were able to choose what they did. One person told us, "It's very nice, you can do whatever you like." Another person told us "I like to go to the pub once a week." We saw that staff supported the person to do this. They also told us how they had been able to put Sky TV in their room.

On our arrival we saw a person being supported to scoop out and carve a pumpkin in advance of the Halloween party that was due to be held the next day. Two people were having their hair done. One person told us how they liked to have their hair done on a Friday. We saw another person having their nails painted, this was important to them. We saw that this was consistent with their care records. Some people attended external day services during the week through choice. People confirmed that this was the case.

We found that people were supported to follow their hobbies and interests on a daily basis as well as achieving lifelong ambitions. Staff told us how one person had always wanted to go to a town in England and visit some of the tourist attractions there. They told us how staff members had planned the trip out and supported the person to visit. The person showed us a scrap book that staff had helped them to put together of their experience. They appeared very satisfied with their visit. We saw masks that had been made by people for a production of Henry VIII that the service had recently carried out as a person was particularly interested in history and drama. Staff told us how another person that used the service had expressed an interest in swimming. They told us relevant risk assessments had been carried out and staff supported the person to go.

The service had not received any complaints. They did have a complaints policy in place which detailed how people's complaints would be handled. It did not however include any information about where people could refer complaints to if they were not satisfied with the provider's response. We discussed this with the registered manager who advised that they would ensure it was updated to include this information.

People told us that they would talk to staff if they had any concerns. One person told us, "I would tell staff." When asked, another person told us how they would, "Tell staff". We saw that monthly meetings with people who used the service were scheduled. There was a planned agenda covering various topics in place. People told us that meetings did take place but they had not had one for a while. There were no minutes of the meetings available.

Requires improvement

Is the service well-led?

Our findings

The registered manager and acting deputy manager took an active role within the running of the home and had good knowledge of staff members and people who used the service. There was an open culture where relationships between staff and people were valued. The philosophy of the service was to maintain people's independence as long as possible and to provide people with the best care.

Staff felt able to speak to the registered manager or acting deputy manager about any concerns and they felt assured that they would be addressed. Monthly staff meetings were scheduled but these had not taken place for a while.

There was a registered manager at the service who was aware of the requirements and responsibilities of their role. We had received some notifications from the service as required although an incident where a person had sustained a fracture had not been reported to CQC as required.

The provider had systems in place to monitor and assess the quality of the service. We saw that questionnaires were provided to people that used the service to obtain feedback about the service provided. We found that quality assurance questionnaires were sent out annually to relatives and health professionals that were regularly involved with the service. Feedback received was positive about the service and included comments such as, 'The quality of care is very good,' and 'The quality of [our relative's] person care has improved to some extent during recent months.'

The provider undertook monthly visits to the service. They carried out a check of the premises and spoke to people about their care. They produced a report of their visit which was then made available for the registered manager and any areas that required attention were highlighted and actioned.

We saw a business objectives plan in relation to the ongoing maintenance of the building. It identified areas of the service that needed addressing. Items that required any action were the prioritised and given timescales. We saw that the majority of items on the plan had been actioned but the fixing of a leak and the redecorating of two people's rooms had not yet been addressed. We looked at these rooms and saw that they were in need of attention. This had been identified back in April and had still not been completed. We spoke with one of the people whose room required attention and decorating. They told us, "I'm happy and safe, I just need the leak sorting out. It's leaked lots of times." We spoke with the registered manager about this who assured us that action would be taken.

The service had recently gone through a recruitment process to appoint a permanent deputy manager at the service. The successful candidate was just waiting for their contract in relation to the role from the provider. The registered manager told us that once this persons post had been confirmed they would be able to delegate some responsibilities to them. This would enable them more time to focus on areas that required improvements and further develop ideas.