

Barchester Healthcare Homes Limited

Tyspane

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tyspane is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 69 people. Tyspane is a modern, spacious building with bedrooms over two floors accessed via a passenger lift. There are communal lounges and dining rooms on both floors. All bedrooms are en-suite. There were country views overlooking the well maintained grounds.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe living at Tyspane. People received safe care and were protected from the risk of abuse. Staff were aware of their responsibilities for keeping people safe and received safeguarding training. Peoples' comments included, "Relatives were happy and felt safe leaving their loved ones at Tyspane. They said, "

People were supported by enough suitably experienced and trained staff who were safely recruited. Staff worked with health and social care professionals to help people maintain their health and wellbeing.

Medicines were safely managed by trained staff.

Risks associated with people's care had been regularly reviewed and were well managed.

Visitors were welcomed into the service and their views were sought, considered and respected. There was a welcoming, staffed reception area with information and beverages.

There were robust systems and processes in place to monitor the quality of the service. When required actions were taken, and the necessary improvement made. The registered manager was supported by the provider to identify concerns and learn lessons when things went wrong.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 25 January 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-

led which contain those requirements in relation to premises and equipment and good governance. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tyspane on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tyspane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Tyspane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous manager had recently left the service and a new manager had started employment with plans to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 14 staff including the manager, peripatetic manager, deputy managing director, nurses, administrator, chef, kitchen assistant, 2 administrator assistants and care and domestic staff. We spoke with 8 people living at the service and we undertook a range of observations as some people were unable to communicate with us. We spoke with 3 relatives visiting the service on the day of inspection. We reviewed a range of records about people's care and how the service was managed. This included 4 care plans and risks assessments, staffing rotas and recruitment files, a range of medicines and training records and quality assurance audits and reviews. We also received feedback from 4 staff via email following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At the last inspection there was failure to act on a communal carpet having strong odours meaning people were living in an unpleasant environment. We could not be assured the carpet was fully cleaned and hygienic. At this inspection a review of the premises and equipment had been undertaken resulting in carpet replacements where necessary. Therefore, the provider was no longer in breach of Regulation 15 HSCA RA Regulations 2014 Premises and equipment.
- We spoke to 2 domestics who said they were very happy with the changes and were able to demonstrate how cleaning and continence management was more effective. The premises were clean throughout and there were no malodours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The registered manager was currently reviewing the use of continued use of masks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were welcomed into the home. The provider had no restrictions on people visiting their loved ones other than observing good hygiene and signing in. We observed visitors to the service coming and going freely throughout the inspection.

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

- Risks to people were regularly reviewed and changes were made when necessary. For example, when people returned from hospital there was a full care review and assessment. We found risk assessments to be up to date and inclusive of all necessary information required to keep people safe. For example, falls risk assessments were appropriately completed, reviewed and audited. There was a 'Fall Fighter' campaign which further promoted awareness and prevention of falls. Staff monitored people's mobility and changes to risk assessments were communicated effectively.

- Records confirmed safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order. Staff were supported by a maintenance team and a gardener.
- Personal emergency evacuation plans were in place and accessible to staff and others, in the event people needed to be evacuated. Fire drills and fire safety checks were also completed.
- People's care records were reviewed and updated where necessary following any incident or accident. The management team logged, investigated and reviewed each incident and communicated changes in daily handovers, staff meetings and staff supervisions. This meant staff were able to learn lessons and reduce the risk of similar incidents occurring.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse. Our observations showed staff followed people's care plans and provided care in a safe and dignified manner. Some people had complex needs and records showed they were checked on regularly with risk assessments in place where people could not use a call bell. People told us they were well looked after and safe. People said, "It's nice here, nice people and I am safe", "I'm ok here, they come when I call" and "They are nice here, they look after me well." During our inspection there was a happy and calm atmosphere with reminiscence activities and games happening in the large lounge and a music group in the afternoon, which were well attended by people and staff.
- Relatives were happy and felt safe leaving their loved ones at Tyspane. They said, "I know [person's name] is safe here" and "This is one of the better homes."
- Systems and processes were effective at safeguarding people from the risk of abuse. Staff told us how they could identify different types of abuse and had access to the provider's safeguarding policy. Staff felt comfortable raising concerns and following local safeguarding processes when required. Staff said, "I enjoy it here. People are well looked after, I love to work with the people" and "I myself believe Tyspane is one of the best care homes in North Devon. I love working there and the support that I get from all the staff."

Staffing and recruitment

- There were enough suitably trained and qualified staff to meet people's needs in a timely way. Care staff were supported by 2 activity co-ordinators and were encouraged to spend time with people. Relatives told us their family members were happy living at the service. We observed sufficient staffing levels throughout the home and there was lots of engagement with people. One relative said they sometimes could not find staff, but this was because staff were often working in peoples' rooms along long corridors. The administrators were available to assist visitors.
- Staff training records and the provider's training matrix demonstrated a good mix of staff skills and abilities.
- Staffing levels were regularly reviewed using a dependency tool. This meant there was always appropriate staffing levels to ensure people's safety.
- Staff were safely recruited. The provider had robust recruitment practices in place, and these had been followed for each new employee, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. We witnessed part of a medicine round and observed staff administering medicines to people consistently and safely. For example, where people had medicines that needed to be given at set times there was an alarm to alert staff.
- Protocols were in place for people who had been prescribed 'as required' medicines. Records confirmed staff followed these protocols, including how people preferred to take their medicines, for example 1 at a

time on a spoon.

- Medicines were stored appropriately and in line with best practice guidance.
- Staff who administered medication received training to do so, and had their competencies assessed in line with the provider's training and development plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty, including appropriate best interest decision making.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- At the last inspection we found quality assurance systems were not robust as they failed to identify the areas for improvement relating to infection control. These areas had improved immediately after that inspection and there were now robust premises and maintenance audits.
- The new manager and management and staff team were friendly, welcoming and approachable. The provider recognised there had been a period of instability around management. A peripatetic manager had been working consistently at the home and was supporting the new manager. During our inspection the deputy managing director was visiting the service offering support and conducting a quality audit. The staff team focused on people's needs and there were many examples where they advocated to achieve good outcomes. For example, ensuring good continence management and good communication within staff teams and with relatives.
- There was a new management structure ensuring good oversight and support. The new manager said they felt well supported, "I reflect on everything. It's important to say good morning to staff and to focus on how people and staff are feeling". Staff said, "As for support there have been problems in the past but that has been resolved with the new management team" and "All has been quiet and calm and [the manager] is supportive and creates time to listen to concerns".
- Staff were knowledgeable about people's needs, provided person-centred care and worked to achieve people's individual outcomes. Staff were encouraged to take on 'champion' roles in various topics such as infection control and mental health, undertaking additional training. They shared their additional knowledge with the staff team. Staff said, "I have had overall a good experience at Tyspane, and would like to say the training has been very good from my point of view".
- Staff morale had improved with all staff receiving 1 to 1 time with management, pay grades had been streamlined with new staff receiving thorough inductions and regular training.
- We observed many positive interactions between staff and people living in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to comply with the duty of candour. We reviewed accidents, incidents and safeguarding records which had been logged and reported to the relevant authorities including the Care Quality Commission (CQC) when required.
- The management team were open and honest throughout the inspection. Staff were aware of what action to take to report any concerns or complaints raised.

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

- Systems and processes were effective at identifying and managing risks to the quality of the service. The management team completed regular audits to monitor the service. For example, monthly audits in relation to infection control, care plans and wound management.
- The provider maintained an oversight of the service through regular operations and quality assurance reviews. The management team spent time with people and knew their needs, often discussing where improvements could be made and acting promptly.
- Staff told us they felt supported to understand their roles and responsibilities. Training records evidenced ongoing development for staff members. Staff spoke about the support they received, including in relation to career progression and personal issues to maintain good morale.

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

- The management team ensured families and people were regularly asked for feedback and included in the day-to-day life at Tyspane. For example, a recent survey notice 'You said, We did' stated that more staff had been recruited to minimise the use of agency staff to promote consist care. Resident and relative meetings were held for people to share their views of the service.
- Where any issues were raised, the management team reviewed and resolved them.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were in place to ensure continuous learning and development for all staff. Records demonstrated staff support and development was reviewed and undertaken when required, for example ensuring there were enough staff and regular training.
- The responsibility of learning lessons when things went wrong was understood by the management team. Records demonstrated learning that had taken place in order to ensure people received good quality care.
- The management team worked in partnerships with others, such as health care professionals, the local authority and people's representatives to enable people to receive co-ordinated care. This meant people had the right access to the right support when they needed it.