

The Norfolk And Norwich Association For The Blind

Thomas Tawell House

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

Thomas Tawell House accommodates up to 37 people in one adapted building. At the time of the inspection there were 23 people living at the service, some of whom were living with a sight impairment.

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

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training which gave them the necessary skills and knowledge to carry out their roles and meet people's needs.

Systems ensured that people's risks were well managed, and lessons were learnt when things went wrong. There was an open culture within the service. People and staff could approach the manager, who acted on concerns raised to make improvements to people's care. A relative told us, "I have no issues at all with the care, they look after [relative] very well. I have no issues with the home at all, they know me, and I know most of the staff too. Staff treat [relative] really well and they are always caring and helpful. They always cater to [relative's] whims and they understand their every need."

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 good (published 21 May 2019)

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Thomas Tawell House

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 Care Act 2014.

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

This inspection was undertaken by one inspector.

Service and service type

Thomas Tawell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the manager and four care staff. We carried out some observations.

We reviewed a range of records. This included two staff files in relation to recruitment, medication records and one person's care plan.

After the inspection

A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "Yes, staff make me feel safe."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would report any concerns to the manager or contact CQC."
- Staff received training and safeguarding was discussed with staff in supervisions and team meetings.
- A safeguarding policy was in place at the service which detailed steps staff should take if they suspected abuse. There were also posters and notices displayed around the service directing people to what abuse was and how to report it.

Assessing risk, safety monitoring and management

- Staff had completed assessments of potential risks to people as part of the care planning process. These included the person's risk of falling, and risk of acquiring pressure sores. Guidance was in place so that staff knew how to minimise the risks.
- Each person had a plan in place so that staff and the emergency services would know how to support them if they needed to evacuate the building. Maintenance staff undertook regular checks of all equipment and systems in the home, such as the fire safety system, to make sure people, staff and visitors to the home would be safe

Staffing and recruitment

- The provider's recruitment process continued to ensure, as far as possible, that new staff were suitable to work at the service. Appropriate checks had been made including a criminal record check and references had been obtained.
- A dependency assessment tool was used to determine the number of staff needed on each shift to meet people's needs. Staff told us that the number of staff on duty varied according to people's needs.

Using medicines safely

- Staff had been trained in medication administration and had their competency assessed on a regular basis.
- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines storage was appropriate.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff continued to record any incidents and accidents. These were reviewed and analysed by the manager and any action taken when necessary. For example, a referral to the falls team.
- Staff meetings gave staff the opportunity to discuss any safety issues, to learn from them and to change their practice if needed.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the care they received.
- People had knowledge of who the manager was and felt they could speak up if they needed to. One person said, "[Manager] is lovely they check in on us. They are always around if we need them."
- The manager and staff encouraged feedback and acted on it to improve the service. For example, relatives had mixed views on communication. One relative said, "I have most communication with the manager and she is incredibly helpful and always responsive when needed." The manager told us, there had been an issue with the tele-communications. They have arranged a company to come and look at the system and make improvements making it easier for families to contact them via phone. The manager told us they keep in touch with relatives via telephone or email. This was to ensure relatives were kept up to date with what was happening in the service.
- A relative said, "My [relative] gets amazing care. Staff are so caring, obliging and accommodating. Staff couldn't do more for residents. My [relative] is exceptionally lucky to be there."
- At the time of our inspection, links with the local community were on hold due to the COVID-19 pandemic.

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

- People and relatives gave examples of where they felt listened to and, where they had raised concerns, these were dealt with and changes made. The manager was in the process of dealing with a concern that has been raised by a family member.
- Lessons were learnt and communicated widely via staff meetings to support improvement.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits, and from the review of incidents and accidents, was used to improve the service.
- Staff told us they were well supported. They were encouraged to undertaking further vocational qualifications. One member of staff told us, "The manager is very approachable and always willing to help."
- Staff told us, and we saw, that the manager was visible in the service and available if anyone needed to

speak with them. One staff member said, "[Manager] is approachable, their door is always open."

- Records showed that legally required notifications were submitted to the CQC as required, and when things went wrong, there was evidence that people and their relatives were responded to and kept informed.

Continuous learning and improving care

- Audits were carried out on a regular basis. The overall quality audit of the service identified where improvements were required and actions were introduced.

Working in partnership with others

- Staff made referrals to external healthcare professionals when required.