

Tameside Link

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tameside Link provides support to people with learning disabilities in and around Ashton-under-Lyne. The service provides care and support to people living in 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was supporting five people in a supported living setting. Tameside Link also provides an outreach service to people living in the community. However, this was not part of the scope of this inspection.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen.

At our last inspection in February 2017 we identified a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not always working within the principles of the Mental Capacity Act (MCA) 2005. At this inspection we found improvements had been made and the service was no longer in breach of any of the regulations.

Systems were in place to help safeguard people from abuse. Staff knew how to identify signs of abuse and what action to take to protect people they supported. Risk assessments had been completed to show how people should be supported with everyday risks, while promoting their independence. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. People were looked after by small teams of staff who were committed to providing support in a person-centred and caring way.

A safe system of medicine management was in place. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision. This gave them the opportunity to discuss their work, reflect on what was working well for the person they supported and plan any changes that were needed.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were encouraged and helped to make their own choices where able, such as what they would like to eat and wear and what activities they would like to do. People were supported to take part in a range of recreational activities both inside and outside their home.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health and remain as independent as possible. People's support plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. People and their

families were involved with planning and reviewing their care. This ensured it was tailored to meet their needs.

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

The service was well-managed. The registered manager and chief executive provided good leadership of the service and were committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

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.

Arrangements were in place to safeguard people from harm and abuse. Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff. People and their families were involved with the recruitment process.

Arrangements were in place to ensure medicines were safely administered.

Risk assessments were in place to help manage risks to people and keep them safe.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision.

Staff encouraged people to make choices about their everyday routines. The service was working within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People we spoke with were complimentary about the staff and about the support they received.

People were supported by a small care team who were familiar to them and to their needs. Staff helped people maintain their independence

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were responsive to their

needs. Care records and care plans were detailed and person-centred.

There was a complaints procedure for people to voice their concerns. The service responded to any concerns or incidents in an appropriate manner.

Is the service well-led?

Good ●

The service was well-led.

There was committed and knowledgeable leadership from the registered manager and chief executive.

There were systems in place to monitor and improve the quality of service provision.

Tameside Link

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.

The inspection took place on 30 July 2018 and was carried out by an adult social care inspector. In line with our inspection methodology we gave short notice of the inspection visit. We gave the provider three days' notice of our inspection. This was because the service supports people in the community and we needed to be sure that the registered manager would be in the office to assist us with our inspection.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority and Healthwatch to ask if they had any concerns about the service. We did not receive any feedback about the service. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with the registered manager, one person who used the service, four relatives and two support workers. We also spoke with one support worker on the telephone.

As part of the inspection we looked at four sets of care records. These included support plans, risk assessments, daily notes and medicines records. We reviewed other information about the service, including training and supervision records, two staff personnel files and quality assurance records.

Is the service safe?

Our findings

People we spoke with were happy with the care and support their relatives received and were confident they were safe. One person told us, "I'm very happy with the staff team." Policies for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. Staff understood how to keep people in their care safe and how to report, when necessary, any concerns they had. One support worker told us, "I wouldn't be afraid to voice my opinion."

We found that safe recruitment practices were in place. Full employment checks were carried out before staff started work at the service. We looked at two staff files. Each file contained the required documentation, including an application form with full employment history, interview questions and answers, references, which had been authenticated and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

We looked at staffing arrangements. People were supported by small groups of staff who were familiar with their needs and wishes. Some staff had supported the same person for a considerable number of years. One relative told us, "They understand (name) and her needs."

There were systems in place to support people to take their medicines. All staff were trained to give medicines and were assessed to ensure they were competent. We saw the training booklet which staff completed as part of their medicines training. It was very comprehensive and provided staff with all the guidance necessary for the safe administration of medicines. People had medicines care plans and medicines administration records (MARs) in their care files. MARs we reviewed had been completed correctly, which indicated that people had received their medicines as prescribed. The appropriate documentation was in place for people who received medicines 'when required', such as pain relief. The registered manager told us that any medicines errors were investigated using a 'root cause analysis tool'. We looked at one investigation which showed that appropriate action had been taken. This included amending some existing documentation so that it was more thorough. This showed the service learned from its mistakes.

Staff wore gloves and aprons when assisting people with personal care. This helped prevent the spread of infection.

Risks to people's health, such as a risk of choking, had been assessed and were reviewed regularly. Each person's care file contained a risk log, which clearly identified each risk, its severity and the control measures needed to reduce the level of risk, while helping to maintain the person's independence.

Each person had a personal emergency evacuation plan (PEEP), which was kept at their home. PEEPs explain how a person should be evacuated from the building in the event of an emergency. People's homes had smoke and carbon monoxide detectors. These were checked weekly to ensure they were functioning.

The service had a policy in place for investigating accidents and incidents. The system looked at why the incident had occurred and identified any action that could be taken to keep people safe in future. For example, following one incident it had been identified that a person should be referred to a behavioural management team.

At our last inspection in February 2017 we identified that there was no formal system in place to ensure keys to people's properties were secure and could not be misused. At this inspection we found that staff handed over keys at the beginning of each shift, to the next person coming on duty, and this was formally recorded. This ensured that staff were aware of where keys were at any one time and helped protect people's property and belongings.

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge. All new staff received an induction to the service and completed an induction workbook. We looked at the workbook for a person who had recently been appointed as a support worker. It showed they had received information on a range of topics, including the visions and values of the service, person-centred care and incident reporting. They had completed a number of 'shadow shifts', working alongside another carer and been observed interacting and supporting a client. This ensured they were familiar with their client's needs and were competent, before they could work unsupervised. All new support workers were enrolled on the 'Care Certificate'. This is a set of standards that describes the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It helps prepare staff, particularly those new to care work, to carry out their roles and responsibilities.

A programme of training was provided which staff had completed through e-learning and face to face. Training included: medication, moving and handling, health and safety, food safety, mental capacity act, safeguarding, equality and diversity, first aid, fire safety. Where staff supported people with epilepsy, autism or behavioural problems, they had received training in these subjects.

Staff received regular supervision. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning needs they may have. The registered manager told us she felt it was important for staff to reflect on what was and was not working well with the support they provided. She had recently devised a new, more thorough supervision form which incorporated reflection, training, personal concerns, health and safety issues and actions/targets. Staff we spoke with felt supported by the management team.

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. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection in February 2017 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not always worked within the principles of the MCA and completed mental capacity assessments. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. Staff talked to us about how clients made their own choices, such as in what time they wanted to wake up, what food they would like and what activities they wanted to do. Where people were unable to make decisions due to a lack of mental capacity, the service had introduced a 'mental capacity act toolkit'. This provided staff with guidance on capacity, capacity assessments and best interest decisions. We looked at the record of a best interest decision. It had been thoroughly documented and showed that the correct procedure had been followed.

Staff supported people with meals. People's preferences and any specific requirements were noted in their nutritional care plan. For example, one person's plan detailed their likes and dislikes, including the snacks they preferred and the utensils they needed to feed themselves independently.

People were supported to maintain good health and had access to relevant healthcare services where necessary; for example, community mental health workers. The registered manager talked to us about a current problem that one person was experiencing and the steps they had taken to solve it, including referring the person to different health professionals for the right support. This showed that staff promoted the overall health and wellbeing of the people that used the service.

The service used a 'hospital passport' when people were admitted to hospital. This is a document that provides hospital staff with important information about a person's medical conditions, support needs, medication and other relevant information. It promotes good communication and helps staff support people appropriately.

Is the service caring?

Our findings

People were supported by a team of caring staff. Some staff had supported people for over ten years and during this time they had built close relationships with them. Staff interactions with people were friendly, respectful and good-humoured. Staff we spoke with demonstrated they knew the people they supported well, understood their needs and how best to support them in a caring and patient manner.

People were encouraged to be as independent as possible. Their care plans guided support workers on how to promote their independence. For example, one person's daily living care plan gave guidance to staff on what household cleaning tasks they could complete on their own and which they needed assistance with. The registered manager told us about one person who had recently been shown how to answer her own mobile phone.

Management and support workers worked closely with people who used the service and their families to provide care and support that was tailored to their specific needs. One family member told us, "It's been a partnership." People who used the service and family members were involved with the recruitment process and interviewed prospective support workers. This gave them the opportunity to assess the person's suitability. This was particularly important as support workers and people who used the service spent a considerable amount of time together, often on a one to one basis.

People who used the service were involved with planning their care where possible. Information was available in an easy read format to make it more accessible to people using the service. For example, staff had used pictures and diagrams to assist someone to contribute to devising their support plans. One person had simple cards which described their mood which they could use when they found verbal communication difficult.

The service had recently enrolled on the 'Daisy Mark' accreditation scheme. This encourages and enables organisations to show that they are working to put dignity and respect at the heart of their service.

Is the service responsive?

Our findings

The registered manager and support workers were knowledgeable about people's needs. Each person had a care file which contained, amongst others, information about their likes and dislikes, their physical and emotional health and their communication needs. This provided an overall detailed picture of the person, which was used to write their support plans. Support plans, such as for mobility, nutrition and medicines were person-centred and people and their relatives were fully involved in writing and reviewing them on a regular basis. The support team for each person met every 4-6 weeks to discuss their care package, look at things that had worked well and what needed to be improved or changed.

The records we looked at showed how the person wished to be cared for and what was important for staff to know about them. For example, one care plan described situations that made a person anxious and the steps staff should take to alleviate their distress. Another person had a care plan about a particular medical condition, which described signs and symptoms staff should be aware of and what they should do in an emergency.

People were supported to participate in activities which reflected their interests and preferences. For example, support workers drove some people to local clubs where they socialised with friends, and visited local shops and cafes. One person had been supported to travel to a wedding on the Isle of Man. People also took part in activities in their own home, such as crafts and computer games. People had structured activities programmes which helped them to occupy their time and socialise. This promoted confidence and independence. There was an emphasis on ensuring people were given the opportunity to choose what they would like to do. One care assistant told us, "Sometimes (name) will choose to stay in. I will always ask her what she wants to do."

The service had a complaints policy and all people who used the service were given information about how to make a complaint. This was provided in an easy-read format if required. We reviewed two recent complaints. Detailed information had been recorded about the nature of the complaint, actions taken, summary of the investigation, learning outcomes and any further action required. Management response following both these complaints showed that the service was committed to learning from feedback and using it to make improvements.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission in February 2018. Like 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.

The registered manager worked closely with the company chief executive and together they provided knowledgeable and committed leadership of the service. Through our discussions they demonstrated that they were keen to work alongside other services, such as the local authority safeguarding team and other health and social care professionals, to support people's care needs and share information where needed. Staff told us they had confidence in the management team. One staff member said, "Management are always at the end of the phone."

There were systems in place to monitor the quality of the service. The registered manager completed a detailed monthly audit which looked at different aspects of the service, such as medication and support plans. For example, the medication audit checked all aspects of medicines management, including whether medicines charts had been completed correctly, if medicines were stored appropriately, if 'as required' medicines protocols were in place and if medicines errors had been investigated. Where the audit identified that action was required, an action plan, with target date for completion, was written. This was then reviewed as part of the following month's audit to check that actions had been completed.

There was a service improvement plan, in line with the CQC values, 'safe, effective, caring, responsive and well-led'. This clearly identified areas for improvement, target dates for completion and the person responsible for completing the actions. This showed that the management team were committed to continually reviewing and improving the service.

People's daily records, which were written by the support staff and described their day to day care, were audited every month. The registered manager used this audit to check on the standard of writing and see that all records had been completed fully. It was also an opportunity to review people's support to ensure it was working appropriately for their needs.

All aspects of the service, including training, supervision and discussion around people's care needs were discussed at a weekly meeting or 'management huddle'. During our inspection we observed that the management team continually worked to ensure people received care that was tailored to their needs.

The service had up to date policies and procedures in place to guide staff on their conduct and best practice.

The registered manager was aware of their responsibility to notify the CQC of important events/incidents that happen in the service or affect people using the service. This meant we could see if appropriate action had been taken by management to ensure people were kept safe.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We found that the rating from the last CQC inspection was displayed prominently in the service office. The service did not have a website.