Mrs M V Musselwhite

Tramways

Inspection report

39 Trebarwith Terrace
Newquay
Cornwall
TR7 1DX
Tel: 01637 874418

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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

Overall summary

We inspected Tramways on 20 & 21 November 2014, the inspection was unannounced.

Tramways is a care home which is registered to provide care and accommodation for up to eight people with a learning disability. At the time of the inspection six people were living at the home. We last inspected Tramways in October 2013, at that time we did not identify any concerns with the home.

In the week previous to the inspection the manager had successfully applied to become registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We found there was a calm and friendly atmosphere at Tramways. Everyone we spoke with talked about the service using terms such as; "homely", "family orientated" and "like a real family home." Staff knew the people they supported well and worked closely with them to help them reduce any anxieties they had.

Summary of findings

People were encouraged to develop and maintain their independence both in and outside of the home. An external healthcare professional told us the service was "Very enabling." People and their relatives were involved in the running of the home and their views of the service were actively sought out. When any concerns or suggestions were raised these were acted upon.

Arrangements for the administration and storage of medicines were robust. There were no guidelines in place for staff when administering 'as required' medicines.

Care records were of a good standard and contained detailed information about how people wished to be supported. They had been compiled with the involvement of the individuals concerned to help ensure they were accurate and meaningful. The records were regularly reviewed so they would reflect people's changing needs. Staff were knowledgeable about the people they supported. However not all the information regarding people's personal histories was recorded in the care plans.

Information on a range of subjects was available for people in easy read formats to make this information more meaningful. This included risk assessments, care plans and information in respect of medicines and health checks.

People's rights were protected because staff were following appropriate guidelines and legal processes. All staff had undergone training on safeguarding adults from abuse. They were confident on what action to take if they suspected abuse. People told us they felt safe.

There was stable staff team in place who had worked at the home for a number of years. They received appropriate training which was relevant to people's specific needs. They were supported by an effective system of supervisions and appraisals. In addition they had regular contact with the registered manager who they described as "approachable."

The service had an open and transparent culture. There was an ethos in place which put people at the heart of the service. These values were respected and echoed by staff. Staff were encouraged to voice their opinions about the day to day running of the home and told us they felt valued and appreciated by the provider and registered manager. Friends and family told us they visited whenever they wanted and had no concerns about people's well-being and happiness.

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 safe. Staffing arrangements were flexible to meet people's needs.

People were encouraged to be independent and any associated risks were managed appropriately.

There were effective systems in place for the safe management of medicines. However there were no guidelines for staff to refer to when administering 'as required' medicines.

Good

Is the service effective?
The service was effective. People received care and support that met their needs.

Staff had received training in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Training was being arranged to bring them up to date with recent changes.

People had access to a range of health care professionals.

Good

Is the service caring?
The service was caring. People were supported by staff who respected their dignity and privacy.

Positive relationships had been formed between people and supportive staff.

Staff worked with people to reduce any anxieties they had.

Good

Is the service responsive?
The service was responsive. Care plans were informative and gave clear guidance to staff.

People's changing needs were clearly communicated amongst the staff team.

People's interests and hobbies were known to staff and people led full and active lives.

Good

Is the service well-led?
The service was well-led. The registered manager was approachable and supported the staff team well.

Staff were motivated to develop and provide quality care.

People, their relatives and staff were asked for their views of the standard of service provided.

Good

Tramways

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 checked 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 20 and 21 November 2014 and was unannounced. The inspection was carried out by one inspector.

During the inspection we spoke with the provider, the registered manager, two members of staff and four people who were living at Tramways. We also spoke with a relative, a friend of someone living at Tramways and an external healthcare professional.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The 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. We also reviewed the information we held about the home. We had not received any notifications. A notification is information about important events which the service is required to send us by law.

We looked at care records for three people and records in relation to the running of the home.

Good

Is the service safe?

Our findings

People who lived at Tramways told us they felt safe. One person told us; "If I didn't feel safe I'd tell [the registered manager]. I've got the confidence to tell [the registered manager] if something's wrong and she writes it in my care plan and something gets done." We also spoke with a relative who told us "Yes, I'm confident they're safe." During the inspection visit we saw staff and people were relaxed in each other's company and there was laughter and friendly conversation.

Some of the people who lived at Tramways were independent and did not require support in order to access the local community. Others were less independent and needed support when going out. All of these people attended day centres and/or a local community group where they were supported to take part in activities. Therefore there was a small staff team at Tramways with usually one member of staff working at a time. People told us they thought there were enough staff and that their needs were met. Staff also said there were enough staff although two said that as people got older and their needs changed this might need to be monitored.

If people wanted to go out at the weekend or in the evenings extra staff would be brought in to support this. If the person did not require support staff would arrange taxis to and from the event. One person told us; "I get around a lot." A friend of someone who lived at Tramways told us people went out as often as they wanted and there were always enough staff to support them.

There was an on-call system in place which meant that if extra staff were required, for example if someone became ill, then additional staff could be called in. As everyone lived locally this could be done quickly. Staff told us about occasions when this had happened and said the system worked well.

All staff had received safeguarding adults training. They told us they did not have any concerns about their colleagues working practices. If they did suspect abuse they were confident the provider and/or registered manager would respond appropriately. Staff were also aware they could contact external authorities such as the Care Quality Commission (CQC) or the local safeguarding authority if they did not believe their concerns were being taken seriously. One member of staff told us; "I wouldn't like to do it but if it has to be done it has to be done." We asked staff if they believed people were effectively safeguarded in view of the fact that staff often worked on their own. One comment was; "The residents let us know if they are unhappy about anything, whether it's another member of staff or yourself!"

We spoke with staff about how they kept people safe whilst encouraging people to try new activities and take day to day risks. Staff were able to tell us about examples when this occurred. For example one person liked to visit a nearby town and go shopping or meet up with a friend for lunch. Initially a member of staff had travelled on the bus with them. This support was then decreased to the staff member 'shadowing' the person and meeting them later in town to return home. The person concerned was now making the journey completely independently twice a week. A relative confirmed this and said; "[My relative] wasn't confident at all before." As an additional safeguard staff at Tramways had provided the person with a card which had on it the homes contact details and told them about the local councils 'safe places' scheme. Safe places is a scheme set up to help people with learning disabilities deal with any incident that takes place whilst they are out in the community. Establishments that are signed up to the scheme display the safe places sticker in their window to indicate there are people at that venue who are able to assist anyone who goes to them for help. Staff told us about an occasion when the person's bus home had been delayed. They had found a shop with the 'safe places' logo in the window and gone in to ask for assistance. The shop assistant had used the information on the card to help the person contact the home. This demonstrated how strategies had been put in place to enable people to be independent and minimise any associated risks.

A member of staff explained how they supported someone to take day to day risks in the kitchen. For example they said they verbally prompted the person to put only as much water in the kettle as they needed and to take their time and focus on the task. They added; "I don't do it for them, I explain and stay with them to encourage them to do it themselves." We spoke with one person about how they were independent in the kitchen. They told us; "I can do this without anyone, they [staff] just keep an eye, I can do this."

People's risks were well managed. Care records contained risk assessments which were reviewed regularly. Some of

Good

Is the service safe?

these were in a simplified format with minimal text and pictures to make them more accessible for people. Others were more formal with a greater depth of detail to guide staff as to what the risk was and detailed steps as to how to minimise it. We discussed this with the registered manager who said they would develop both kinds of assessments for all in order to help ensure they were usable and informative for both staff and people living at Tramways.

Medicines were stored in a locked cabinet and the key kept in a safe. We saw Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR charts. No-one at Tramways self-administered their medicines and everyone said they got their medicines when they needed them. One person explained to us what medicines they took and what they were for. They told us; "I have fish oil for my hips." We noted ear drops had not been marked with the date they were opened. As they had a limited shelf life this meant they could become out of date and therefore ineffective and staff would not be aware of this. The registered manager told us they would make sure this was addressed in the future and noted it for discussion at the next staff meeting. We saw some people took medicines 'as required.' (PRN). There were no guidelines in place for staff to help ensure they took a consistent approach when administering these medicines. The registered manager said they would write up some guidelines to cover this and gave us assurances that people had received their PRN medicine appropriately. However this meant any new staff or agency staff who were unfamiliar with people's needs might not be able to identify the triggers which would indicate the necessity for administering these medicines. Medicines audits were carried out monthly.

Good

Is the service effective?

Our findings

People told us they were able to make choices about what they did in their day to day lives. For example when they went to bed and got up, who they spent time with and where, and what they ate. One person told us it sometimes got a bit noisy in the communal living areas and so they would go to their bedroom. Another person said: "I watch TV before I go to sleep and I turn it off when I am ready to."

People told us staff responded to their needs promptly and were "Good at their job." A relative said they found the staff competent and professional. The provider told us they had "100% confidence" in the staff. They told us; "It's not just a job, they do care." Staff said they had enough training to fulfil their roles and were encouraged to develop skills and contribute to the running of the home using their specific skills. For example one member of staff was seen as the person to go to for advice around using technology. They told us they felt this was respected and valued within the home. As well as training in areas required by law staff had either done, or were booked to do training in end of life care.

Staff received regular supervision which helped them feel supported in the workplace. These were held every two to three months and in addition staff had regular contact with both the provider and registered manager. Staff also had annual appraisals.

Everyone said they enjoyed the food and were involved in choosing menus and preparing the food to a greater or lesser degree. The provider and registered manager told us there was a spontaneous approach to picking meals. They told us; "We tend to look and see what is in the fridge and then offer people a choice of a couple of things. Sometimes people want the same and sometimes not." We saw fresh fruit was available and people told us they had a healthy diet. Recently the home had organised a series of themed meal nights when they tried different foods from around the world. This was to introduce people to different flavours and encourage them to try new foods. People told us they sometimes ate out or had takeaways. No one had any specific dietary requirements although one person had high cholesterol in the past. This had been addressed by adjusting their diet until it was reduced.

We discussed the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the provider and the registered manager. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider and registered manager were not aware of recent changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone maybe considered to be deprived of their liberty. This meant people could be at risk of being deprived of their liberty without proper authorisation. The registered manager said they would speak to the local DoLS team to ensure they were not required to make any new applications in light of the changes. We saw people moving around the home freely and without restriction. From care records we saw in the past applications had been made to the local DoLS team appropriately when people's liberty needed to be restricted. At the time of the inspection we found no evidence to suggest anyone was having their liberty restricted. We saw documentation to show best interest meetings had been held in respect of one person regarding medical treatment. This had involved external healthcare professionals and family members as well as staff. This meant this person's rights were protected.

Following the inspection we spoke with the registered manager who told us they and one other member of staff had since updated their MCA training. They had also booked for the rest of the staff team to complete this training. In addition they had contacted the local council and arranged to access their eLearning modules for DoLS and safeguarding adults. They were also going to discuss with staff any further training needs.

Records showed staff had made referrals to relevant Healthcare Services quickly when changes to health or wellbeing had been identified. For example we saw records of appointments with GP's, dentists and opticians. An external healthcare professional told us they had found staff to be pro-active in their approach by chasing up referrals as required. They told us they were confident any recommendations would be acted upon appropriately.

Good

Is the service caring?

Our findings

People were treated with kindness and consideration. We saw staff were friendly in their approach to people and adapted the tone and volume of their speech as well as their body language according to the needs of the person they were addressing. People told us they liked all the staff team describing them as "nice" and stating; "I get on with everyone." We saw staff sitting chatting with people and checking on their well-being. We saw people and staff undertaking routine chores together and saw they worked together on an equal footing. A relative told us; "It's a very caring family orientated home."

Staff demonstrated in their conversations with us a good knowledge and understanding of people. They had knowledge of their current needs and personal histories. The provider told us; "They know us and we know them. Everyone knows what's going to cause an upset." However we did not see any detailed information regarding people's past lives recorded in their care records. This meant the information might be lost if people moved to another service.

Care plans contained information regarding people's likes and dislikes and what was important to the person. Examples included; 'I wear Old Spice pre shave.', 'I like being included in making my own choices. This could be choosing my clothes that I would like to wear that day.' And 'Music plays an important part in my life.'

We saw easy read information sheets were available in respect of a variety of subjects. For example information regarding flu vaccinations, having a blood test and well women checks. This meant people had access to information in order to help them make informed choices. The registered manager told us these communication tools also helped staff when supporting people to understand health related issues.

The home encouraged positive relationships between people and external professionals. For example, one person became anxious when being visited by professionals who were unknown to them. In order to mitigate this the registered manager told us they introduced new people as "friends of Tramways." This person was also reluctant to undergo any invasive medical tests. In order to support them staff had arranged for tests to be carried out at home if possible. Where this was not possible they had found ways to try and make the procedures less frightening. For example prior to the person having an ECG the provider had the pads attached to their own body as a means of reassuring the person.

Another person sometimes became anxious when in the community. The registered manager described to us coping strategies they had developed with the person to help them during these periods. The person also told us how they managed using these strategies.

We saw people chose where to spend their time. There was access to communal areas and people had large bedrooms. These were decorated to reflect people's interests and personal tastes. All the rooms had televisions and people said they sometimes chose to spend time alone listening to music or watching television. People told us they had privacy when they wanted it. One person proudly showed us their room commenting; "It's not bad is it"

Friends and relatives were able to visit without restriction. The provider told us; "It's their home, people can visit whenever they want to." There was a vacancy at Tramways and the provider told us there had been discussions about the possibility of someone new coming to live there. They said before this would be agreed the person would visit Tramways a few times and join the other people for a meal. There would then be a meeting for people to give them the opportunity to express their views. They told us if they were not happy about the situation it would not go ahead.

One person had recently had their contact with family reduced due to the ill health of their family member. Staff told us they had arranged for the person to take up a new activity in order to "fill the gap." They had ensured regular phone contact was maintained.

One person was keen on horseracing. The registered manager told us they sometimes watched the racing with them and made informal, non-monetary, bets together. This demonstrated people were supported to express their views and pursue their interests.

Good

Is the service responsive?

Our findings

People's needs were met by staff who had access to care records that contained information covering areas such as health, communication and social needs. They were written from the person's perspective and included photographs. People told us they had been involved in the development of the plans and had chosen photographs they wished to be included. The care plans were signed by the person to indicate they consented to their planned care. The records gave clear guidance for staff on how to support people in all aspects of their lives including personal care. They included information on how to support people to retain independence, by describing how to enable people to do things for themselves rather than doing things for them. For example we saw recorded in one person's care plan; 'I will wipe my hands and face with the flannel but I need my carer to run the water and test the temperature.'

When people's needs changed staff at Tramways recognised this and communicated it to the staff team effectively. This meant people got the care and support they needed. There were verbal handovers at the end of each shift so new staff coming in to work would be informed of any incidents or changes in need for people. This would also be recorded in the daily notes for each person which were kept with the individual care plans. Where the information was particularly significant it was marked with a star next to it and highlighted in yellow. This meant staff who had been off work for a period of time could go through the notes quickly and pick out the most important information. Care plans were regularly reviewed and updated.

One person had been recently diagnosed with a medical condition. This was being monitored on a daily basis by staff. The recordings were to be taken back to the health practitioner the following week for analysis. This showed the service was able to work alongside other professionals in order to identify and respond to people's changing needs.

When people were receiving medical treatment staff would start a new medication information sheet which was specifically for the treatment concerned. This was used to record all health appointments and prescribed medicines. Staff were required to read it and sign to confirm. The sheet was continued until the treatment had ceased at which point it was signed as closed and filed with the persons care documentation. This meant staff could access the most up to date medical information quickly and easily.

People were supported to follow their interests and take part in activities which they enjoyed and were meaningful to them. People attended local day centres and community groups and through these were able to access the local community. In addition people told us they visited the local cinema, went shopping in the nearby town and took shopping trips and met with friends and family in the nearby city of Truro. A relative commented; "[My relative] has a more active social life than I do."

There was a satisfactory complaints policy in place and there were no records of complaints. A relative told us they had never had cause to complain but were confident any concerns would be acted on. They said if there were ever any problems they were phoned straight away and kept informed. People said they would speak to the registered manager if they had any complaints. One person said; "I'd complain to anyone." Another told us; "I talk it over with [registered manager] if I have any problems. At this moment I'm happy."

Good

Is the service well-led?

Our findings

The provider and the registered manager both took an active role in the day to day running of the service and had a sound knowledge of the staff team and the people living at Tramways. Staff and other people we spoke with including relatives, friends and external professionals told us the service was well organised and the manager was approachable. Someone who visited the home regularly described Tramways as being like; "a real family home." We found this was a common theme when talking to staff, and the provider emphasised the importance of remembering this was peoples' home when talking with us. The PIR stated; 'Tramways has always been user led.' A member of staff commented; "It's not a service, it's their home."

Staff and people living at Tramways told us they felt part of the organisation and felt they had a say in the day to day running of the home. There were clear lines of accountability and individual staff members had responsibility for specific areas. For example one staff member was responsible for following up medical appointments and ensuring regular health check appointments were made. The provider told us; "Everyone plays an important part. Everyone is involved with the day to day running of Tramways." A member of staff told us they felt they had a valued role within the home and felt, "appreciated."

The provider and registered manager told us how they tried to make sure they were aware of any worries or concerns people might have and regularly sought out their views of the home. The provider commented; "Everyone does it in different ways and at different times. We try and get everyone involved; we get more out of people in general conversation." For example they told us one person would open up if they were engaged in tasks in the kitchen alongside a member of staff, therefore they used this time to ask their opinion on various things to do with the running of the home. This was then formally recorded. One person said they had regular meetings with staff stating; "They're sometimes in the kitchen but if I want them in private we go up to my room." Everyone had annual reviews where they were asked specifically about the care planning and delivery. Family members were also invited to house meetings and annual reviews with people's permission. A relative told us; "I'm always invited but haven't been. Any problems they phone and we speak weekly."

The registered manager gathered the views of family members and relatives, for example through questionnaires. We saw one relative had noted in their response that their family member would prefer a shower to a bath. Staff then spoke with the person and verified the information. They then checked the person was able to work the shower and regulate the temperature. They also reassured the person that it was acceptable for them to ask for things to be changed if they wanted.

Staff told us Tramways was a good organisation to work for and they were happy in their work. There was a small staff team all of whom had been with the service for some time. We saw in the PIR that no-one had left in the 12 months prior to the inspection. Staff meetings were held every six to eight weeks and were an opportunity for staff to bring up any suggestions or issues. The provider told us these were held when people were out of the home, to protect everybody's confidentiality and respect the fact it was a home and not just a workplace. The provider and registered manager met once a week for peer supervision. This was an opportunity to discuss the running of the home, the needs of the residents, policies and procedures and any training needs. These meetings were not documented so no records existed to verify what had been discussed. The registered manager said they would start to make notes of the meetings from that point on.

There were effective quality assurance systems in place. Audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

The registered manager had recently signed up to receive regular communications from the Social Care Institute for Excellence (SCIE). They told us this was to help them keep up to date with current guidance and ideas around best working practices. For example following the first day of the inspection visit the registered manager found guidance on the SCIE website about the MCA and DoLS. We found in our conversations with them they were keen to find new ways of developing their skills and knowledge. Where we identified gaps in the delivery of care, for example the recording of guidelines for PRN, they responded quickly

Good

Is the service well-led?

and appropriately to remedy the matter. An external healthcare professional told us staff at Tramways were willing to listen to any recommendations and they were confident they would be acted upon.