

Cumbria County Council

Tarn House

Inspection report

Mill Lane
Walney Island
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Cumbria
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Tarn House provides accommodation and personal care for up to 14 adults who have a learning disability and/or a physical disability. The home provides permanent accommodation for people and short-term respite care.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. There were 12 people using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the home being arranged as three areas where small groups of people lived, and a one bedroom flat one person could use.

People's experience of using this service:

People were safe and protected from abuse and avoidable harm. There were enough staff to support people. New staff were checked to ensure they were suitable to work in the home. The staff had completed training in how to support people safely. People were protected from the risk of infection. The registered manager analysed accidents and incidents to ensure lessons were learnt and people were safe.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always or consistently applied them.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support because the design of the building did not promote people's independence and people could not choose how communal areas of their home were decorated. Some people had also told the registered manager they did not like sharing their home with people attending for short-term respite care. The registered manager was aware of the limitations the building posed. She had taken steps to reduce the impact on people as far as the premises design allowed. She had also audited the service against best practice, including Registering the Right Support, and shared this with the provider for them to consider how the service could be improved.

The staff were competent and skilled to provide people's care. They completed training to meet people's needs including training in the Mental Capacity Act 2005 and how to respect people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to prepare their meals and drinks and to make healthy eating choices. People's needs were assessed and appropriate services were included in providing their care to ensure they maintained good health.

People were treated with kindness and respect. Despite the limitations posed by the design of the building they were supported to gain independence and skills of daily living. People were asked for their views about their care. The staff knew people well and gave prompt support if they were anxious.

Care was planned and provided to meet people's needs. People were supported to maintain relationships that were important to them. They followed a range of activities they enjoyed and were active participants in their community. The provider had a procedure for responding to complaints about the service.

People were involved in all aspects of their care and received high-quality, person-centred care that met their needs and promoted their rights. The registered manager was very experienced and aware of her responsibilities. She and the staff were committed to providing people with a high-quality service. People who used the service, their families and staff were asked for their views and their feedback was used to improve the service.

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

Rating at last inspection: At the last inspection the service was rated good (published 6 June 2017).

Why we inspected: We carried out this inspection based on the previous rating of the service.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Tarn 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Tarn 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. Tarn House accommodates up to 14 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because people are often out and we needed to be sure people would be available to speak with us.

What we did:

Before we inspected we reviewed the information we held about the home, including feedback we had received from the local authority and notifications of significant incidents the registered manager had sent to us.

We asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We used the information in the PIR and the information we already held to plan our inspection visit.

The focus of our inspection was to gather the views of people who used the service by speaking with them and the staff in the home. We also observed how the staff interacted with people who could not easily share their views with us. During our inspection we spoke with five people, three staff members and the registered manager.

We looked at three people's care records, records showing how the registered manager sought people's views and included them in decisions about the home, staff training records, audits and other records related to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People told us they felt safe in the home. One person told us, "I feel very safe." Another person said, "I like it here, I feel safe." People who could not easily tell us their views were relaxed and comfortable around the staff on duty.
- The staff had completed training in how to identify and report abuse. They told us they would "always" report any concerns to the registered manager or provider and were confident they would take action if anyone in the home was at risk of abuse.
- People had been given the opportunity to complete training about different types of abuse and how to keep themselves safe. The registered manager had arranged for a member of the local police force to visit the home to speak to people about staying safe while using the internet.

Assessing risk, safety monitoring and management

- The registered manager and staff identified and managed risks to people's safety. The staff used risk assessments positively to support people to access the community safely on their own.
- The staff knew how to protect people from harm. We saw they gave people guidance about how to stay safe in the home and local community.

Staffing and recruitment

- We saw, and people told us, there were enough staff on duty in the various areas of the home to support people. The registered manager assessed staffing levels to ensure there were enough staff to support people. Staffing levels were flexible to the choices people made about their lives. If people chose not to take part in an activity away from the home, staffing levels were changed to support them to remain at home.
- The provider carried out thorough checks before new staff were employed to ensure they were safe to work in the home. People were given the opportunity to be included in interviewing new staff to help assess their suitability to work in the home.

Using medicines safely

- People received their medicines safely and as their doctors had prescribed. People were supported to hold and take their own medicines. The staff gave people advice about taking their medicines safely.
- The staff were trained in how to administer medicines safely. They ensured medicines were stored securely to prevent them from being misused. The staff kept clear records of the medicines they had given to people.
- The registered manager and senior staff carried out checks on the medicines held in the home and the records staff had completed. This helped to check people had received their medicines as their doctors had

prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. The staff had completed training in infection control and handling food safely. We saw the staff followed safe procedures to protect people from infection.
- People were included in preparing their meals, drinks and snacks. They had been given training in the safe handling of food.
- The home was clean and free from odours. The registered manager had arranged for an audit of the home's infection control procedures to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- The registered manager analysed incidents to ensure lessons were learnt and people were safe in the home. Where appropriate, incidents were shared with other agencies to help identify if any further action needed to be taken to ensure the safety of the service provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback we received confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had carried out thorough assessments of people's needs to identify the support they required. Where people had complex needs appropriate specialist services had been included in assessing and planning their care. We saw the staff knew people well and provided support as they needed and wished.

Staff support: induction, training, skills and experience

- The staff told us they had completed a range of training to ensure they had the skills and knowledge to support people. People told us the staff knew how to support them and we also observed this. The staff had completed training to give them the skills and knowledge to meet people's specific needs.
- The registered manager was supported by experienced senior staff. The senior staff and registered manager were available to support staff as they required. The staff had regular meetings with a senior staff member where they could discuss any concerns and identify any training or development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with meals and drinks they enjoyed and supported to make healthy eating choices. People were supported to make their own meals and drinks and one person was learning to plan and cook their own meals. People told us they were given a choice of meals and drinks and were included in planning the meals provided in the home.
- The staff encouraged people to eat and drink enough to maintain their health. They were aware of the need to ensure people drank enough during hot weather to prevent them from becoming unwell. The staff gave people guidance and advice about how to choose healthy meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with appropriate services to ensure people received effective care that met their needs. People were supported to access appropriate health services such as their doctor and dentist and to see specialist services as they needed.
- The guidance given by services that supported people had been included in their care plans. We saw the staff followed the guidance to support people.

Adapting service, design, decoration to meet people's needs

- Tarn House was an older building that did not meet current best practice standards. Accommodation was provided over two floors, but there was no passenger lift to assist people to access the first floor of the home. There were also areas on the ground floor of the home that were not accessible to people who used a

wheelchair.

- The registered manager and staff tried to reduce the impact the premises had on people. They assessed how the service could be adapted, within the restrictions posed by the building, to provide good outcomes for people. People experienced positive outcomes, despite the limitations of the premises.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff in the home were knowledgeable about their responsibilities under the MCA and how to respect people's rights. They gave people the time and information they needed to make choices about their daily lives. The staff knew how people expressed their decisions and respected the choices people made.
- Where people needed restrictions on their liberty to ensure their safety, applications had been made to the local authority for a DoLS authorisation. Some people were not able to make important decisions about their lives. The registered manager had ensured best interests procedures were followed where decisions had to be made on a person's behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff treated people with kindness and respect. People told us they liked the staff and said they were "always nice". One person told us, "I like all the staff." Another person said, "The staff are nice to me." We saw people liked spending time with the staff and heard a lot of laughter as the staff chatted and joked with people.
- The staff knew people well. They identified if people felt anxious and gave them reassurance promptly. The staff understood the importance of this in supporting people's wellbeing. One staff member told us, "The staff here really care about people."

Supporting people to express their views and be involved in making decisions about their care

- The focus of the service was on supporting people to make choices about their care and their lives. People told us the staff knew what was important to them in their lives and how they were supported. They said they made choices about their care and the staff respected the decisions they made. We saw the staff gave people choices about how their care was provided. They gave people the information and time they needed to make decisions about their care and to express their wishes.
- Some people were supported by their families to make important decisions about their care and lives. The registered manager had links to local advocacy services she could contact if a person required independent support to express their views. Two people had been supported to join a local advocacy group.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were protected, and they were given opportunities to gain greater independence. The staff had carried out a dignity audit and improvements had been made to the service to promote people's dignity and independence. The dignity audit had identified the need to improve how people were able to call their relatives in private. The registered manager had arranged for cordless phones to be purchased so people could use them to call their families from their own rooms. The staff spoke to people with respect and knocked on doors to private areas before entering.
- People were given opportunities to gain independence and skills. One person was learning to cook, and another person was being supported to move to more independent living. People had also been supported to gain paid employment. The staff supported people to carry out tasks such as preparing meals, cleaning their own rooms and preparing the dining areas before the evening meal. People told us they were proud of the skills they were learning.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

The service did not fully meet people's needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had not been designed and developed to fully meet the needs of people who lived there. The service did not apply the full range of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- Although people could choose the decoration for their own rooms, they had limited choice about the decoration of communal areas. The provider had standard colours, suitable to meet the needs of people who were living with dementia, which were used in communal areas. This limited people's choice of decoration in these areas. The home provided permanent and respite care. Some people had told the registered manager they did not like sharing their accommodation with people who came to the home for respite. Some rooms used by people staying in the home for respite care were very small and there were areas of the premises that were not accessible to people who used a wheelchair.
- The registered manager had audited the service against the principles and values of Registering the Right Support to identify where improvements were needed. She was sharing the outcome of the audit with the local authority who were responsible for providing the service.
- People were placed at the centre of planning their care. The staff provided care to meet people's needs and to respect their choices about their support. One person had been supported to write their own care plan. Other people had signed their care plans to show they had been included in developing them. The staff told us the care plans gave them the information they needed to support people. The care plans were reviewed regularly to ensure they provided accurate and up to date information to guide people's support.
- People enjoyed a range of activities in the home and community. They chose the activities they wanted to follow and who they wished to enjoy them with. One person had told the staff they wanted to attend a formal dance. The staff had arranged to hold a "black tie ball" in a local venue. People told us they had enjoyed the ball and this had become an annual event. The home also held an annual music festival which was attended by people who lived in the home, their friends and families and the local community. A group of people had chosen to go on holiday together. They told us they were "counting down" the days until their holiday and were "very excited". People had attended meetings with the care staff to plan the steps to booking, preparing for and planning what they wanted to do when they arrived at their destination.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints or concerns about the service. No formal complaints had been made to the service in the 12 months before our inspection. People told us they would speak to the registered manager or a member of the staff team if they had any concerns about the service.

End of life care and support

- People had been asked about how they wanted to be cared for if they were reaching the end of their lives. Their wishes had been recorded in their care plans, so they would be available for staff and other services to follow if required. The registered manager had links to appropriate specialist services which she would contact if a person required support as they reached the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were involved in all aspects of their care and received high-quality, person-centred care that met their needs and promoted their rights. The registered manager and staff in the home showed they were committed to providing high-quality care that placed individuals at the centre of the service. The staff team had won an award for the provider's "team of the year" due to the efforts they had made to provide high-quality, person-centred care.
- The registered manager had informed us of significant events that had happened in the home, such as allegations of abuse. The notifications showed us the registered manager understood and had met her responsibilities under the duty of candour.

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

- The registered manager and staff were aware of their roles and responsibilities and ensured people received a high-quality service. They were aware of the limits placed on the service due to the environment and had taken steps to reduce the impact on people and the quality of the service.
- The staff told us the registered manager set high standards and was dedicated to providing people with high-quality service. They said they felt well-supported by the registered manager and able to provide people with good care. One staff member told us, "[The registered manager] is really supportive. All the staff here really want people to have a good quality of life."
- The registered manager was supported by the provider's operations manager. The operations manager visited the home regularly to support the registered manager to monitor the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who used the service, their families and staff were asked for their views and their feedback was used to improve the service. People had been asked to complete quality surveys to identify if there were areas of the service that could be further improved. The registered manager also arranged regular meetings in the home where people were asked how the service could be developed. People had suggested improvements to the garden areas and told us they had been included in planning how the gardens were being developed. They had also requested the home purchase laptops they could use and these had been provided.
- The registered manager and staff learnt from incidents to continuously improve the service. The registered

manager had identified aspects of the service that could be further improved and had shared these with the provider.

Working in partnership with others

- The service worked with appropriate other agencies to ensure people consistently received care that met their needs. Some people who used the service had complex needs and the staff in the home had worked with other services to ensure people were comfortable attending appointments and receiving care from other agencies.
- Where specialist services were involved in planning, assessing and providing people's support the advice they had given had been included in people's care plans. We saw the staff provided people's care in line with the advice given by the specialist services that supported them.