Norwood

The Tager Centre

Inspection report

Ravenswood Village
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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

The Tager centre is set in the grounds of Ravenswood village. Ravenswood was set up in 1953 to provide education and accommodation for people with learning disabilities. People living at Ravenswood come from many different backgrounds, with the Jewish culture being at the centre of Ravenswood's ethos. The Tager centre offers care and accommodation for up to 16 people with learning disabilities. It specialises in supporting people who are on the autistic spectrum. Autism is a lifelong condition that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection there were 16 people living at the home. The home is split into four wings with four people living on each wing. All bedrooms are ensuite, with each wing having communal lounge, dining and kitchen areas.

The inspection took place on 6 February 2016. This was an announced inspection which meant the provider knew we would be visiting. As we were visiting the service on a Saturday we rang the day before the inspection to ensure there would be someone at home on the day of our visit. We also wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was employed by the service. 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.

People had developed caring relationships with staff and were treated with dignity and respect. People were supported by staff who knew them well and understood their care and support needs. Staff showed concern for people's well-being and quickly responded to their requests for support to meet their needs. Relatives spoke positively about the care and support their loved one received.

People were supported to maintain relationships with people that mattered to them. Relatives said they were kept informed of their loved ones health and well-being and any changes in their needs.

People were kept safe by staff who recognised the signs of potential harm or abuse and knew what to do when safeguarding concerns were raised. Staff felt confident concerns raised would be listened to and acted upon by the management team. People were supported to take risks to retain their independence whilst plans were in place to minimise these risks.

Staff were aware of people's dietary needs and preferences. People had access to sufficient food and drink and were supported and encouraged to maintain a healthy diet. As the Jewish culture is at the centre of Ravenswood's ethos, staff were required to follow specific guidance when preparing food in line with Jewish dietary laws.

People had access to health and social care professionals. Care plans were in place to meet people's health

needs and were regularly reviewed. There were safe medication administration systems in place and people received their medicines when required.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Training records confirmed staff received training on a range of core subjects as required by the provider.

Staff were knowledgeable about the rights of people to make their own choices and decisions. This was reflected in the way their care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support. Staff and the manager had an understanding of the Mental Capacity Act (2005).

The service had a positive open culture that was person centred, and inclusive. People, relatives and staff were empowered to share their views on how to improve the service for people.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home.

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

This service was safe.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs.

Medicines were managed appropriately by trained staff.

Is the service effective?

Good

This service was effective.

People were supported by staff who had access to a range of training to develop the skills and knowledge needed to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and where required appropriate mental capacity assessments had been carried out.

People were supported to have enough to eat and drink. They were encouraged to have a balanced diet that promoted healthy eating.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion in their day to day care.

Staff knew people's individual communication skills, abilities and preferences.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

Is the service responsive?

Good

This service was responsive.

Care and support planes were personalised and reflected people's needs and choices.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved.

There was a system in place to manage complaints. Relatives were regularly asked to provide feedback on the service their family member received.

Is the service well-led?

Good

This service was well-led.

There was a registered manager in post who was responsible for the day to day running of the service.

The provider and registered manager had quality assurance systems in place. Where audits had identified shortfalls action had been taken to resolve them.

Relatives and staff had confidence the registered manager would listen to their concerns and take appropriate action as needed.

The Tager Centre

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.

This inspection took place on 6 February 2016. This was an announced inspection which meant the provider knew we would be visiting. As we were visiting the service on a Saturday we rang the day before the inspection to ensure there would be someone at home on the day of our visit. We also wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. One inspector carried out this inspection. During our last inspection in July 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with six relatives of the people living at The Tager Centre about their views on the quality of the care and support being provided.

Due to the nature of people's learning disability and communication difficulties we were not able to ask direct questions. We observed staff supporting and interacting with people and spoke with the registered manager and eight members of staff.

We looked at records relating to people's care and support and the management of the service. We reviewed a range of documents which included four care and support plans, staff training records, staff duty rotas, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

Good

Is the service safe?

Our findings

People were protected against the risk of potential harm and abuse. Staff were trained in safeguarding vulnerable adults and were aware of the different types of abuse people may experience such as verbal, physical or financial. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they report their concerns to the registered manager, deputy manager or the shift leader. Staff were confident that any concerns raised would be listened to and acted upon. Staff had access to safeguarding information via posters and policy documents.

Relatives we spoke with felt their loved ones were safe and well cared for. Comments included "There are always enough staff available and I am confident they do everything needed to keep him safe" and "Because they live on a campus he can safely walk around. The staff have worked with him on how to stay safe".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There was a range of risks assessments in people's care records and areas such as personal care, accessing the community and support to help the person manage behaviour that may be seen as challenging had been planned for. People had behaviour support plans in place which provided information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently. For example, one person could become very anxious and distressed if they saw or heard something they disliked. Staff were aware of the impact this and plans were in place to minimise the risk of this happening and how to support the person appropriately when this did happen. One staff member explained risk assessments were reviewed regularly and information updated as required. They said where people were learning new skills this supported them with preventing the risk of harm. If the person was no longer deemed as being at risk in a certain situation then the risk assessment would be removed from the care plan. They said this avoided people being labelled as being at risk unnecessarily.

People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned for to ensure people remained safe whilst still promoting their independence. For example one person who had no awareness of road safety had been supported by staff with a 'safety' course which included how to safely cross the road to support the person with continuing to access the community. A relative told us "They (staff) have worked really hard to get him out in the community safely".

Staff had received training in how to support people if they did become anxious or distressed. For example they had completed training in de-escalation and intervention techniques including physical intervention. Physical intervention techniques in place had been signed and agreed by the organisations behaviour specialist before going before a panel of professionals for further approval. The registered manager explained that every time a physical intervention was required a report would be completed and brought before the panel for review. This ensured staff were not inappropriately using physical interventions. Records we reviewed confirmed this. Staff attended yearly refresher training in the use of these techniques and the plans were reviewed annually or as required. Relatives told us they felt staff took people's safety seriously and acted accordingly to reduce the risk of people coming to any harm.

People's medicines were managed so they received them safely. Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Staff had been trained to administer medicines safely and training records confirmed this. Staff told us they were also observed administering medicines to people by a senior member of staff before being signed off as competent. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Protocols were in place for people who required 'as and when' (PRN) medicines. There was a list available for staff to check homely remedies satisfied the requirements of the Jewish law. A staff member informed us they would check with the person's doctor before purchasing over the counter medicines to ensure they did not conflict with any of the person's current medicines.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. The registered manager explained an assessment of the person's needs was undertaken by both the organisation and the local authority to identify the person's care funding. They would then be able to identify the individuals direct staff contact hours for care and support. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. The service had access to an on-call service to ensure management support could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. The registered manager explained about the safe recruitment and selection processes in place to protect people receiving a service. They said checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff were invited to look around the home and meet the people living there before having a formal interview. Where possible people living in the home were involved in the recruitment of staff.

Good

Is the service effective?

Our findings

People had their needs met by staff with the necessary skills and knowledge. A system was in place to provide staff with core training required by the provider. This ensured they had the correct skills and knowledge to carry out their role. Core training included the safeguarding of vulnerable adults, safe medicines management, moving and handling and mental capacity. Staff had also completed training about autism to ensure they understood people's needs and knew how best to support them. We looked at the training matrix, which showed training staff had undertaken and highlighted when refresher training was due.

Training needs were also monitored by line managers through individual support and development meetings with staff. These were scheduled every month. However staff told us they could approach their line manager or registered manager at any time to discuss any suggestions or raise any issues. During these meetings staff discussed the support and care they provided to people and any difficulties or concerns they had. New members of staff received a thorough induction which included shadowing an experienced member of staff whilst they got to know people's needs. Staff felt the training they received had prepared them for their role and said they felt confident with supporting people with autism. One staff member commented "The training is good and relevant to our role". A relative told us "The quality of staff is excellent; the staff are highly skilled and well trained". Another relative said "I find the staff highly intelligent and competent. I have complete confidence in them".

The Jewish culture is at the centre of Ravenswood's ethos. This meant staff were required to follow specific guidance when preparing food in line with the Jewish dietary laws. For example kosher menus separate dairy from meat products and they require separate preparation areas. Staff explained they had all received training in how to prepare kosher food. We saw that the kitchens had separate areas available for food preparation.

People's dietary needs and preferences were documented and known by staff. People were supported to make choices about what they had to eat and drink. Picture menus were available to support people with choice. We saw people made drinks throughout our visit and had access to snacks of their choice. The registered manager explained about the celebration of the week called Shabbat. This is the Jewish custom of celebrating the week and is a day of rest. It starts on a Friday at sunset and ends on the following evening after nightfall. They said each Friday they celebrated the old week and welcomed in the new week with people sitting down with a meal which they all enjoyed. People were referred appropriately to the dietician and speech and language therapists if staff had any concerns regarding their nutritional well-being.

People had access to health and social care professionals. Records confirmed people had access to a doctor, dentist and optician where required and were supported to attend appointments. Care plans were in place and these were regularly reviewed. A relative explained staff had supported their family member with attending a medical appointment with the use of a social story. Social stories were created to help people with autism when planning for events. They are a short description of a particular situation, event or activity, which include specific information about what to expect in that situation and why. This had ensured the

person was informed of the appointment with a positive outcome.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. They explained there were support plans in place which detailed people's preferences and how they could be involved in decision making. They said people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. One staff member explained "Where decisions, other than daily living, are needed to be made we hold meetings with the person, relatives and other professionals to discuss the best way forward". They said they may need to do this if there was a decision to be made about the person requiring medical treatment such as an operation. We observed staff always sought permission from people before undertaking any care or support. For example, staff sought permission when offering support to one person with the activity they were taking part in.

Repetitive behaviour, obsessions and routines can be source of enjoyment for people with autism and a way of coping with everyday life. Each unit and some rooms had a key pad which restricted access. The manager explained these were in place to support people with accessing areas safely and with staff support. Sometimes people with autism have routines and rituals they may find hard to move on from. If someone had an obsession with water they may access the laundry area for example, without staff support, and turn on the tap. This may mean the person may then not be able to move on from the activity for several hours which may be a source of distress to the person. Therefore the key pads were in place to ensure people could access areas with the correct support. People were on 1:1 staff support so could move freely around the building.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. Some of the assessments and best interest we looked at had not been reviewed for some time to ensure the practices in place remained the least restrictive option. We discussed this with the registered manager who said they would address this immediately. During the inspection, the manager told us where needed applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority and they were awaiting a response.

Good

Is the service caring?

Our findings

People were supported by kind, caring staff who knew them well and understood the importance of supporting people to follow their daily routines. Relatives spoke positively about the care and support their family member received. Comments included "The staff are absolutely marvellous. This is the best care he has ever had" and "The staff are amazing. Their interaction with him is always calm and gentle".

We observed staff were skilled in using different approaches and ways of communicating with people appropriate to their needs. Information had been illustrated using the TEACCH system, using symbols and pictures to aid people's understanding. TEACCH is used with individuals with autism and involves the use of visual prompts, pictures and symbols, to promote understanding of what is happen in people's daily lives. For example we observed one person who was being supported to clean their room. On a board were pictures of the routine in which the cleaning was being completed such as, mopping the floor, and dusting the furniture. As each task was completed the picture was removed. This supported the person to understand the task had been completed and move on to the next task.

The TEACCH approach was used to support people to understand their choices. Documentation in care plans included guidance on supporting the person with understanding and making choices. For example, about what to eat or what activity they wished to take part in. Each person had a wish list in place specifying things that would make them happy and that they would like to do in the future.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Care plans detailed how to support people with their daily routines and what actions to take should a routine need to change. For example, for people who used TEACCH, pictures could be used to explain the changes and what was going to happen instead. We discussed with the registered manager and staff Passover, which is an important religious festival in the Jewish calendar. During Passover people in the Jewish community do not eat any food which contains leavened grain such as wheat, barley or rye. This means foods such as bread, cake and cereal will be excluded from people's diets for the period of Passover. As routines are an important part of people's life we asked staff how they supported people with this change to their routine. Staff explained for some people this change in routine could cause distress and anxiety. They said where this happened people were afforded a dispensation which meant they would still be able access these foods. They said the organisation was aware not all people would understand the festival and why they could not have certain foods during this time. Arrangements were put in place so people could have these foods whilst still respecting the religious festival. Excluded food would therefore not be on display and put away in cupboards.

Staff used positive behaviour support which is a proactive approach for understanding the cause or 'triggers' of a person's anxiety or distress and consequent behaviours. The approach explores ways of reducing the risk of them occurring and the support required by the person. Staff were knowledgeable and skilled at recognising the signs people displayed when they were becoming anxious or distressed and knew the actions to take to reduce or remove the source of anxiety. One person did not always like how people looked when out in the community. Staff explained when they accessed the community with this person; they

would discuss with them beforehand the possibility of meeting someone they may not like the look of. They discussed strategies with the person about what they should this situation occur, such as not looking at the person. This supported the person to continue to access the community whilst reducing their anxiety levels.

We saw people were totally at ease with staff and their surroundings. People moved freely around the home and did not hesitate to ask for support and assistance from staff when required. We attended the morning service in Ravenswood's place of worship, called the synagogue. It was people's choice if they wished to attend this service. People were supported by either 1:1 or 2:1 staff depending on people's dependency levels. The service was a relaxed affair with people being welcomed to stand at the front with the Rabbis. We observed one person liked to stand at the front and from time to time wander around the synagogue. Staff ensured the person was able to do this safely and explained what was happening at each stage of the worship for example, "We are praying now". On entering the synagogue, people from The Tager centre were asked where they would like to sit. One person liked to get up and run around the room and staff respected their need to do this.

Staff spoke about individuals with genuine warmth and compassion. They respected people's privacy and their right to make their own decisions about how they wanted to spend their day such as enabling them to have private time, or supporting them with intimate care. Staff explained how they promoted people's privacy and dignity. For example, knocking before entering someone's room and making sure intimate care took place behind closed doors with curtains drawn.

People's physical and emotional well-being were discussed at team meetings. Staff told us they used team meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked well. This helped to ensure people received care and support which was relevant to their needs.

People were supported to maintain relationships with people that mattered to them. Relatives told us they were welcome at the service any time and could telephone their family member in between visits. They confirmed they were involved in planning their family member's care and support. Comments included "I always get invited to meetings. They had produced a DVD of the things he had done during the year. I am very happy with the care he received" and "Before X moved here staff visited his previous placement to get to know him. The allowed him a slow transition to this home which included visits and an overnight stay before he moved in. We always come to his annual review. They see it as a celebration of what he has done during the year".

Good

Is the service responsive?

Our findings

People received care and support that responsive to their needs. A relative told us "They (staff team) are very sensitive to his needs and what it is he is asking for. They are good at pre-empting the support he needs". Another relative said "They take notice of his likes and dislikes and involve him in making choices"

Care plans provided comprehensive, detailed information about people including their personal history, individual preferences, interests and aspirations. They were centred on the person to ensure people received the correct care and support. For example, they included details of people's daily routines, preferences and likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. People's care plans contained details informing staff of when people displayed particular behaviour, what they were trying to communicate and how staff should respond. This also ensured the person received a consistent approach from the staff team with their support. Plans also included people's health conditions and how to meet their health needs. Where a person's health had changed it was evident staff worked with other professionals to review their care needs. For example the organisation employed a behaviour specialist who worked closely with staff in developing positive behaviour support plans. Staff told us they were provided with enough time to read people's care plans and were able to describe people's emotional and physical needs. They told us about the sorts of things people liked to do and people's care plans reflected what we had been told by staff. People's keyworkers completed quarterly reports for people which showed people's involvement in the review of their care plan and their goals.

People were involved in planning their days and choosing what they wanted to do in terms of hobbies, interests and how they would be help around the home. The TEACCH approach, using pictures and symbols, was used to help people plan and understand their day. One person liked to know which staff were on duty each day. There was a noticeboard which the person was able to put on pictures of the staff on duty. Staff waited patiently while the person found the relevant photograph and placed it on the noticeboard.

People were supported to follow their interests and take part in social activities and work opportunities within the home, Ravenswood village and the wider community. A relative told us about an employment opportunity The Tager centre had supported their family member to access. This involved them working at a book company, packaging books which they said their family member really enjoyed. There were also other people from The Tager centre who had accessed this opportunity with staff support. Each person had a timetable of activities for during the week. Activities included swimming, horse riding, arts and crafts and trampolining. Shabbat, which is the Jewish rest day and goes from sunset Friday to sunset Saturday, entails people refraining from work activities and engaging in restful activities to honour the day. The day of our inspection was Shabbat and we observed people getting up at their leisure and engaging in a relaxing day. Some people chose to spend time in their rooms or go for a walk.

We discussed with staff how they supported people with communication. They explained about TEACCH which we have previously mentioned. People had access to IPads which staff explained had been successful with supporting people to communicate their needs. One staff member explained whilst people might not

have verbal communication skills, they still had very good understanding. They told us how they had supported one person with their communication by showing them pictures on the IPad and also saying what the pictures were. They said by doing this the person had started to use speech and make their needs known. For example by asking for toast. The staff member said this had supported the person to be more confident in communicating their needs and they had also seen a reduction in some of their negative behaviours.

Handover information between staff at the start of each shift ensured important information about people was shared, acted upon where necessary and recorded to ensure people's well-being was monitored. Any change in people's care and support were communicated during this time. A staff member told us they would ensure any changes were communicated immediately to staff members and relevant care plans updated. They said staff meetings were used to discuss important events such as incidents or accidents and to identify if there were any trends or patterns. They would discuss if any actions were required, such as changes to people's care plans.

There was a complaints policy in place. Relatives told us they knew how to make a complaint and who to speak with but they had not had cause to raise any. They felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the staff team. Staff told us not all people would be able to verbally say if they were unhappy with something. However they said they monitored people's well-being and if they felt a person was unhappy with any elements of their care they would act on this. They said other people would be able to express verbally if they were unhappy with something and they would take action to address their concerns. There had not been any complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two deputy managers. Staff described an open and supportive culture within the service and told us they felt able to raise concerns or make suggestions. One member of staff told us "I really enjoy working here; we are like one big family". Relatives told us the registered manager and staff were approachable and were available for advice or a chat whenever they needed. A relative told us "I can phone or email and they will always get back to me. Their availability and how quickly they respond to me is really impressive". Another relative said "The staff and management team are absolutely marvellous".

The registered manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with other registered managers within the organisation to share issues, new ideas and ways of working. They kept up to date with new legislation or guidance affecting their service by reading a variety of publications. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

Staff were aware of the organisations visions and values. They told us their role was to provide people with safe care and support and to encourage them to be as independent as possible whilst respecting the Jewish culture and laws. Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff meetings took place monthly and provided the team with an opportunity to discuss people's specific needs and any changes to care. They could raise any concerns and put forward any ideas. Staff discussed accidents and incidents at these meetings to identify any trends or patterns and review people's care requirements.

The service had arrangements in place to monitor the quality of the service and to help inform and plan improvements. These included audits carried out periodically throughout the year by the registered manager, the deputy manager and staff members who had responsibility for certain areas. These audits included health and safety, management of medicines, care plans and training. Where actions had been identified these had been noted on the registered manager's action plan. The registered manager signed to say when actions had been completed. Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. The registered manager received a monthly report informing them of what training staff had completed and what training was required or outstanding. If staff had not attended the required training this could then be addressed with them. Staff told us they received the correct training to assist them to carry out their roles.

The management operated an on call system to enable staff to seek advice in an emergency. This showed

leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire.