

Tameside Metropolitan Borough Council

Tameside Learning

Disability Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tameside Learning Disability Service is a domiciliary care agency, providing personal care to people in their own homes. The service provides support to people with a physical disability, learning disability and autistic people within a supported living setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 58 people were receiving personal care.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People were involved in their care planning and care plans were regularly reviewed, and support was adapted to people's changing needs. People told us they were encouraged to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training in safe medicines practices. Staff had been trained in safeguarding and abuse and were aware of how to report concerns.

Right Care: There were sufficient numbers of staff to meet people's needs. Staff knew people well and care records contained person-centred information to guide staff in how support should be delivered. Information was available to people in alternative formats to support people's communication needs if this was necessary. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

Right Culture: The management team promoted a positive culture at the service. Managers led by example and advocated staff provided support to people which was person-centred to their individual needs. The ethos of the service was to promote people's independence where possible which was tailored to the person's needs rather than service led. There was a focus on providing support to people specifically at the time they requested rather than directed by staff availability and service needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection

The last rating for the service was good (published 15 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendation

We have made a recommendation in relation to medicines management.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

Tameside Learning Disability Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector, a regulatory coordinator, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also predominantly supported people in a number of supported living and extra care settings, so that they can live as independently as possible. However, the provider needed to update their registration to confirm they were providing these additional services.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 January 2024 and ended on 12 January 2024. We visited the 3 supported living settings on 10 January 2024 and one of the location's offices on 12 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 12 family members about their experience of the care provided. We spoke with the registered manager, service unit manager, 2 senior support workers and 9 care workers. We reviewed a range of records. This included 6 people's care records.

We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, audit outcomes and the staff training matrix.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines training and competencies had been completed by staff administering medicines.
- Guidance for 'when required medicines' was not always person centred. This needs to be updated to allow staff to be able to administer the medicines when appropriate.
- Medicines Administration Records (MARs) need to be updated for some medicines that were handwritten to include extra instructions on how to give service users medicines safely and according to manufacturer's guidelines.

We recommend the provider seeks guidance and support around ensuring all when required protocols are personalised.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were protected from the risk of abuse. The provider had policies and procedures in place to guide staff in the action to take should they have any concerns.
- Staff completed safeguarding training and knew what to do if they witnessed abuse. They were knowledgeable about the different types of abuse and signs and symptoms that may alert them.
- People and their relatives felt safe using this service. One relative said, "[Person's name] is very safe. They [care workers] are very attentive and always on hand. It is a skilled environment and there is plenty of staff available all of the time."
- We found a small number of safeguarding incidents had not been submitted to CQC by the registered persons. These safeguarding issues were considered low level. Following our feedback high level assurances were provided to confirm this area of governance had been strengthened.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately.
- Risks associated with people's care, potential risks and risks within the home environment were assessed, mitigated and kept under review to promote people's independence and safety. Additional person specific risk assessments were in place, such as managing a specific health condition and support people needed if they became distressed or agitated.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave good guidance for people and professionals in evacuating the building.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people who use the service. There was enough suitably qualified and experienced staff to keep people safe.
- People received care and support from staff who knew and understood them. Comments from people's relatives included, "They [staff] are good. There isn't a high turnover of staff at that facility. We recognise the faces when we go in and know them on first name terms."
- Staff recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered employment.

Preventing and controlling infection

- The service used effective infection, prevention, and control measure to keep people safe, and staff supported them to follow them. The service had good arrangements to keep premises good and hygienic. People told us they were happy with the overall cleanliness and maintenance of the properties.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents. The registered manager had oversight of all incidents, and recorded the action taken so lessons could be learnt, to reduce further reoccurrence of similar incidents.
- Staff completed relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Newly recruited staff received a detailed induction before supporting people and continued to receive training relevant to their role and people's individual needs.
- Staff had completed training on essential areas such as on safeguarding, medication awareness and moving and handling. Staff also received specialist training such as diabetes and dementia awareness, so they were able to support people effectively. Training was provided with a combination of classroom and online sessions to give staff an opportunity to ask questions and share information.
- A small number of staff provided support to a person with their Percutaneous Endoscopic Gastrostomy (PEG). We were assured staff had received the appropriate training. However, a competency framework needed to be introduced, in order to assure the provider that staff had the appropriate competency levels. Assurances were provided that this competency framework would soon be introduced.
- Staff received one to one supervision meetings which provided a forum to discuss their work, receive feedback and identify any learning needs.
- Staff felt supported by the management team and could get help and advice whenever they needed. Staff told us, "Yes absolutely, we have a good team and support team. There is always someone available to help you out, there is a strong sense of teamwork, everyone is supportive."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- A comprehensive needs assessment was completed so the service could confirm they had the appropriate staff available to meet the person's needs. Information gathered on assessment included the person's specific needs, their likes, dislikes and preferences.
- Managers and staff we spoke with were knowledgeable about people's care needs and their individual preferences.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care staff ensure that people's individual needs and wishes were respected and met.
- People were involved in choosing their food, shopping and planning their meals. We observed people

making choices of food they wanted and staff encouraging them to be as involved with preparing as much as they could and wanted to be.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to attend appointments. For example, GP, district nurses, physiotherapist, occupational therapist, dentist and opticians.
- People had hospital passports in place. These contained detailed information about people's health needs, likes, dislikes and communication.
- We saw records confirming communication and partnership working with healthcare professionals. The management team and staff were all passionate about promoting people's health and would advocate for people if they became unwell to ensure they receive timely medical treatment.

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 MCA 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.

- The management team and staff worked in line with the MCA and ensured people were involved in decisions as far as possible. Where people lacked capacity, best interest decisions were recorded.
- DoLS authorisations had been applied for where people required them, and conditions were being met where they were in place.
- We reviewed records which identified people had consented to their care. Where required, capacity assessments were undertaken, and any best interest decisions were recorded.

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.

At our last inspection we rated this key question good. At this inspection the rating has select option good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- Staff had established positive and caring relationships with people they supported and their family members which helped them deliver person centred care and meet people's individual needs. Staff knew people's routines and over time had got to know what people liked.
- Staff received equality and diversity training. Staff knew to treat people as individuals and not to discriminate against them based on any protected characteristics.
- Some of the comments from people included, "I am happy, I like the staff" and, "All of the staff are great." One person's relative commented, "I think they [care workers] are very caring very attentive, very tolerant and patient. They have developed an ability to read [person's name] moods, I am very impressed."

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

- People were supported to express their views and make decisions about their care.
- People told us they were able to make decisions about the things they did and how they received care. They also explained the provider had supported them to access advocacy services and to understand decisions about other aspects of their lives, including benefits.
- People told us they felt they were listened to. A person told us, "I have access to my care plan, and I always can makes changes if I need to."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People and their relatives said care workers respected their dignity. A relative told us, "From what I see they [care workers] give him choices, they respect [person's name] choices."
- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us how they wanted to volunteer at a charity shop, the service had made contact with a local charity shop and created a work support plan to ensure this was a smooth transition for the person.
- People were supported to develop independent living skills when they wanted. Some people explained how the staff had supported them in this way and how this had a positive impact on their lives. One person told us, "I like my independence and the staff respect this. Sometimes I may need support, but the staff always listens."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People's needs were met in a personalised way. Staff and the management team knew all the people who used the service extremely well. This was demonstrated during the inspection as well as feedback from people and relatives. This meant people were consistently the focus of care planning arrangements and this helped to ensure their aspirations were met.
- Support plans reflected the principles of right support, right care and right culture; they clearly stated when people wished to be independent and what they required support with. Support plans were truly person-centred and written in a way that showed people's individual personalities, life histories and how they wanted to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs in line with Accessible Information Standards.
- People's communication needs were considered as part of their assessment and care planning process.
- Communication support plans were person-centred and provided clear guidance around how to support effective communication between people and staff.
- Where necessary, information was available to people in accessible formats, such as easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service assessed and recorded people's social needs, wishes and aspirations and supported people to attain those goals.
- Staff spent time getting to know people's background and history to enable them to support participation in activities meaningful to them.
- Care plans detailed what people enjoyed doing. We saw staff support people with these same activities and talk to us about these as interests of people.
- People continued to enjoy a variety of activities and experiences which significantly improved their quality of life and were supportive of protected characteristics. These tailored activities meant people were able to

lead fulfilling and active lives respecting their individuality. A person's relative commented, "[Person's name] has one to one time. They [care workers] help [person's name] to identify activities and access the community."

Improving care quality in response to complaints or concerns

- Systems and processes were in place supported by a complaints policy, provided in easy read to support people's understanding.
- We saw records which supported that complaints and concerns were documented and addressed. People concerned were kept up to date with the progress and outcomes of any investigations as required.

End of life care and support

- At the time of our inspection no one was receiving end of life care and support.
- There were systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- The management team completed comprehensive audits which identified where improvements were required and ensured timely action was taken to make improvements.
- Audits were completed on people's care and medicine records to ensure they remained up to date and accurate.
- However, some systems and processes to ensure quality performance, risks and regulatory requirements had not always been effective around the providers registration. As noted in the background section of this report, the provider needed to ensure their current registration reflected the services they were delivering to people. We will be seeking further assurances following this inspection process around the providers registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open-door policy. Care workers told us they had no concerns with speaking to senior staff when required. They told us they were confident concerns would be addressed.
- The provider involved people and their relatives in a meaningful way and people were at the heart of the service. The provider was passionate about ensuring local people received local services and a new initiative called 'my house my home'. This looked at securing new services for people to ensure they were no longer being placed out of borough.
- People told us they were able to contact senior staff when required. One person commented, "I can speak to any of the staff if I have a problem." During the inspection this person shared a concern with staff who sensitively supported the person is taking forward their concern.
- Staff told us they enjoyed working at the service. They had opportunities to develop their careers and they felt supported. One staff member told us, "The support I have had with my personal life has been amazing. If I had a family member who needed our type of care, I would be proud to have them in my service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- There was a positive and open culture at the service. People told us they thought the service was well managed. One person's relative commented, "I like that they are very caring and attentive to [person's name] needs. They work hard to give [person's name] a settled life with lots of variety in it."
- People and relatives were involved in their care planning and this helped to ensure people received good care outcomes. For example, 1 person wanted to fulfil an ambition of having a tattoo. Meticulous planning from the service took place and ensured the person was involved at all stages while adhering to the Mental Capacity Act. During the inspection the person smiled and confirmed they had the tattoo.
- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. Staff meetings involved staff and gave them a chance to ask questions and contribute their views. Records showed phone calls had been made to people and relatives to gain their views and feedback about the service they received. This helped to ensure people, relatives and staff were involved in the running of the service.
- The registered manager was responsive to feedback during the inspection about ways they could continue to develop and improve the service.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to GPs and district nurses to seek health support for people's conditions.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.