

## Cumbria County Council

# Tarn House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out this announced inspection on 15 January 2016. We last inspected this service in June 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

As part of our regulatory activity we found that the provider for the service was not registered correctly. We discussed this with Cumbria County Council and they submitted an application to correct their registration details. We carried out an assessment of Tarn House in October 2015 as part of the county council's registration application. We judged that the service was likely to be safe, effective, caring, responsive and well-led.

Tarn House provides accommodation and personal care for up to 14 adults who have a learning disability and/or a physical disability. The home is two storey and divided into four units called, Hill View, Sea View, Greenland and Beachwood. Each of the units has a lounge and a separate kitchen with dining area. There are two fenced garden areas and ample car parking. Tarn House provides permanent accommodation for people and also short term respite care.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at Tarn House and told us that they made choices about their lives. Throughout our inspection we saw that people were treated in a kind and caring way that promoted their wellbeing.

There were enough staff to provide the support people needed. The registered manager adjusted staffing levels as required to ensure that people received the care they required.

Tarn House is an older building and we found that some areas of the premises were in need of repair and there were areas which were difficult to clean thoroughly.

Where areas in the home had been recently redecorated, people were provided with comfortable and homely accommodation.

The registered manager and care staff tried to support people to increase their independence, however the premises were institutional and the design and environment placed restrictions on how effectively this could be achieved.

The focus of the service was on promoting people's rights. People were included in planning their own care and in making decisions about their lives.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, (DoLS). People's rights were protected because the principles of the MCA had been followed.

Staff were well trained and supported in their roles. The staff knew the people they were supporting and how they wanted their care to be provided.

The registered manager worked with care staff supporting people and offering guidance. He maintained good oversight of the service and quality of care. Although we identified areas where the service needed to improve, these had already been identified by the registered manager and he had developed an action plan to address the issues which were within his control.

We have made a recommendation about maintaining hygiene standards in the home.

We have made a recommendation that the registered provider seeks advice about improving the environment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Most aspects of the service were safe, however we found that there were areas of the premises that were difficult to clean thoroughly to maintain high standards of hygiene.

People were protected because the staff in the home were knowledgeable about how to identify abuse and were confident to report any concerns.

Staffing levels were planned to ensure that there were sufficient staff to support people and to meet their needs.

**Requires Improvement** ●

### Is the service effective?

Although most aspects of the service were effective the premises were designed based on an institutional model of care and the environment restricted how people could increase their daily living skills and their independence.

Staff completed appropriate training to provide the care people needed.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected because appropriate authorisations were in place for any restrictions on their liberties.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

The staff were kind to people and treated them in a friendly, caring and courteous way.

People were given the time and support they needed to meet their needs and to support their wellbeing.

People were supported to maintain their independence and control of their lives as far as the restrictions placed by the environment allowed.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People were placed at the centre of their care and made choices about their lives and the support they received.

The staff knew the relationships that were important to people. People were supported to maintain friendships and relationships that were important to them.

The registered provider had a procedure for receiving and managing complaints about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The focus of the service was on promoting people's rights and independence.

The registered manager had a good oversight of the home and monitored the quality of the service to ensure people received safe care that met their needs.

The registered manager was aware of areas within the service that required improvement and had developed an action plan to address those that were within his control.

# Tarn House

## 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 15 January 2016. We gave the registered manager 24 hours' notice of our visit to the service because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by two adult social care inspectors.

There were eight people living at Tarn House when we carried out our inspection. One person was also staying in the service for respite care. Most people could not easily share their views of their care. During the inspection we spoke with three people who lived in the home, one relative, three support staff, and the registered manager of the home. We observed how staff interacted with people and looked at the care records for four people. We also looked at records that related to how the home was managed.

We reviewed the information we held about the service before we visited the home. We also contacted the local social work and commissioning teams to obtain their views of the service.

# Is the service safe?

## Our findings

People who could tell us their views said they felt safe at Tarn House. One person said, "It's safe here" and another person said, "Of course we're safe". Two people told us that they liked to follow activities on their own in the local community. They said the staff in the home supported them in this and gave them advice about how to stay safe in the community.

A visitor to the home told us that they had never seen or heard anything that gave them concerns about people's safety. They said that during their visits to the home they had always heard staff speaking to people in a respectful way.

We saw that people who could not share their views with us looked relaxed and comfortable around the staff who were working in the home.

All the staff we spoke with told us that they were fully confident that people were safe in Tarn House. They all said that they had received training in protecting people from abuse. They told us they would not tolerate any form of abuse and would be confident to report any concerns to the registered manager or to the local safeguarding team.

We saw that all areas of the home were clean and free from odour. However, some paintwork was chipped and the woodwork and plaster in one shower room was in need of attention. We also saw that in the main laundry room and in Hillview dining room, there were areas of bare woodwork which would be difficult to clean thoroughly. In the main laundry the equipment was of a commercial nature and could not be moved to allow thorough cleaning behind it.

We also saw that in one unit, which could accommodate up to three people, there was a toilet which did not have a wash hand basin. People needed to move to the separate bathroom to wash their hands. At the time of our inspection there was only one person living in this unit. The registered manager was aware that he would need to consider how people would be protected from the risk of infection before anyone else could be accommodated in this living unit.

We saw that there were enough staff on duty to support people and to meet their needs. The staff took time to sit with people who were in the home. One person was anxious during our visit and we saw that the care staff and registered manager gave them individual attention and reassurance to support their wellbeing.

The registered manager told us that staffing levels were planned around the needs of people in the home. We saw that two people had chosen to remain in the service during the day of our inspection. The staffing arrangements had been changed to ensure that there were staff available to support this choice.

During our inspection we also saw staffing levels being changed to meet people's needs. One person was coming to the home for a planned respite visit. Due to another person being anxious and requiring additional support, additional staffing was provided to ensure that everyone in the home received the

support they needed.

We saw that risks to people's safety had been identified and action taken to manage any risks. Risk assessments were used in a positive manner to support people to follow activities they enjoyed while maintaining their safety.

The registered provider had suitable plans in place to deal with emergencies such as fire. Each person had a personal evacuation plan which detailed the support they would need to move to a place of safety in an emergency. We spoke with staff in private and asked if they were confident that they would be able to evacuate people safely if there was an emergency in the home. All the staff said they were confident that they would be able to do this.

The registered provider had thorough systems for checking that any new staff were suitable to work in a care home. We looked at the recruitment records for two new staff. We saw that all the checks required by law had been completed. This helped to ensure people's safety, as checks had been carried out to ensure new staff were safe and suitable to work in the home.

We looked at how medicines were handled in the home. We saw that medicines were stored safely to protect people from the misuse of medicines. People who could speak with us told us that they received the support they needed with taking their medicines. We saw from staff training records that all staff who handled medicines had been trained in how to do this safely. All the staff we spoke with confirmed that they had to complete training before being permitted to handle medicines. People could be confident that they would receive their medicines safely and when they needed them.

We recommend that the registered provider seeks advice about maintaining hygiene standards in the home.



## Is the service effective?

### Our findings

People who could tell us their views said that they liked the staff who worked at Tarn House and told the staff were "good at their jobs". They said the staff knew the support they required and were able to provide this. A visitor we spoke with told us that they felt that the staff at Tarn House were well trained and said their relative received the support they needed from the staff in the home.

Tarn House provided support to people who had a learning and/or physical disability. The service was designed to what is now recognised as an outdated model of accommodation for people who have a learning disability. The premises were institutional in design, although the registered manager and staff in the home had improved the furnishings and décor in some areas to provide a more homely feel to the service. People told us that they had been included in choosing the décor in communal areas and in their own rooms. We saw that some areas of the home required redecoration in order to make them more homely. A number of rooms had metal radiator covers which were institutional in design and the furniture in one respite room was old, worn and institutional.

There was one flat in the home that a person with greater independence could use. However limitations in the design of the service restricted how other people could increase their daily living skills and their independence. There was a large laundry room with equipment that was of an industrial size, this meant most people could not gain experience of doing their own laundry. Accommodation was provided on two floors but there was no passenger lift to access the accommodation on the upper floor, this meant people who used a wheelchair were restricted in the areas of the home that they could access. We saw that although the registered manager and staff in the home had tried to improve the accommodation provided for people, the design of the building restricted how the service could be further developed in line with best practice.

People we spoke with told us that they had been included in agreeing to the support they received. We also saw that the staff in the home sought people's consent before providing their care.

Some people who lived in the home could not easily give verbal consent to their care. We saw that people's care records gave information for staff about how individuals communicated their wishes. There was detailed information for care staff about how an individual's behaviour may demonstrate if they agreed to their support being provided or not. Throughout our inspection we saw that people were given information in a way they could understand and staff only provided care with people's verbal or tacit consent.

All the staff we spoke with told us that they had completed a range of training to give them the skills and knowledge to meet people's needs. They told us that all new staff completed thorough induction training before working as part of the staff team. They said this training included working with experienced staff and the registered manager to gain knowledge and confidence in how to support people.

We looked at records of training that staff had completed. We saw that all staff had received training in how to support people safely including in moving and handling, safe handling of medicines and fire safety. We

also saw that staff had received training to meet individuals' needs such as supporting people to manage their behaviour.

Some people who lived in the home were not able to make important decisions about their care and lives. We saw that the registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the focus of the service was on promoting people's rights and respecting the decisions they made. Where people were not able to make important decisions about their care we saw that appropriate people had been included in making decisions in the individual's best interests. We saw clear records that showed the principles of the MCA had been followed. People's care records showed how they had been supported to be included in any decisions as far as they were able. Where people needed any restrictions on their liberty in order to maintain their safety we saw that DoLS authorisations had been agreed by the relevant supervisory body.

During our inspection we saw that people were offered drinks and snacks throughout the day. We observed people receiving support with eating their midday meal and saw this was provided in a caring and patient way. People were encouraged to eat and drink enough to maintain their health.

People who could speak with us told us that they were included in planning the meals provided in the home. They said the meals were discussed at meetings and they could request for changes to the menu as they liked. People told us that the care staff supported them to make healthy choices about their meal, but also respected the decisions they made.

People told us that they received the support they needed to see their doctor and dentist. The care records we looked at showed that people received support from a range of local health services. We saw that some people also received support from specialist services such as the learning disability nurse. People had detailed health support plans and were assisted to access the health care they required. This helped to ensure their good health.

We recommend that the registered provider seeks advice about how the service can be adapted and improved to promote people's independence.

# Is the service caring?

## Our findings

People who could speak with us told us that they were happy living at Tarn House and said the staff and registered manager were "kind".

Throughout our inspection we saw that the care staff and registered manager were friendly to people and treated them in a caring and courteous way. We saw that some people enjoyed joking with the staff and the atmosphere in the home was friendly and inclusive.

People told us that they were included in decisions about their lives. We saw that one person had been supported to attend and to lead a meeting to discuss their care. This meant they were able to express their views about what was important to them.

Where people were not easily able to make decisions about their lives we saw that people who knew them well had been included in planning their care. This helped staff to know the things that were important to the person, not just about the support they needed.

The staff on duty during our inspection were knowledgeable about the people who lived in the home and the support they required. Where people could not easily express their needs we saw that the staff knew how people's behaviour or body language could change if they felt anxious. We observed that the registered manager and care staff took prompt action to support people if they showed signs of feeling anxious or upset.

We observed how staff interacted with people who could not easily express their views. We saw that people enjoyed spending time with the staff, showing their pleasure by smiling and by their body language.

We saw that people were treated with respect and the staff took appropriate actions to protect individuals' privacy and dignity. People's care records included guidance for staff about how to support people in a manner that promoted their dignity.

One person, who could not easily express their views, was experiencing an increased level of anxiety on the day we inspected. The registered manager told us that they were working with the individual's GP and specialist health services to try to identify if there was an underlying health issue which was affecting the person's wellbeing. We saw records of this in the person's care notes.

During our inspection we saw all the staff spent time with this person offering companionship, reassurance, drinks and snacks to try to reduce the person's anxiety. All the interactions we saw were caring, patient and respectful. We observed the registered manager spent some time with the person reading aloud to them. During this time the person appeared calm and the outward signs of their anxiety stopped. We noticed that when the registered manager had finished reading they asked the individual if they had enjoyed the activity and said, "I enjoyed reading to you". This was an example of how the staff in the home treated people with respect and showed them that they were valued.

People who lived in the home had their own rooms which they had personalised as they wished. Where two people chose to share a bedroom we saw that they also had a second room to use as a private sitting room. We saw that two people were planning to rearrange the furniture in their own rooms. The registered manager was supporting this by providing them with a scale plan so that they could experiment with different arrangements before moving the furniture.

People were supported to maintain their independence and control of their lives as far as the restrictions placed by the environment allowed. One person, who was able to live with a greater degree of independence, had their own flat. This had a domestic style kitchen where they were supported to make their own meals and do their own laundry. This helped them to gain independent living skills.

The registered manager was knowledgeable about local advocacy services. An advocate is a person who is independent of the service and who is trained to help people to express their wishes. We saw that the registered manager would be able to assist people to access appropriate independent support if they needed it to make decisions about their lives or to raise concerns on their behalf.

## Is the service responsive?

### Our findings

People who could speak with us told us that they had been included in planning their own support.

Each person who lived at the home had a detailed care plan. We saw that the care plans included information about the support people required and how staff needed to provide this to ensure each individual's wellbeing. We saw that people had been included in writing their own care plans and in meetings where their care was discussed and planned.

People who were able to had signed their own care plans. We saw that where people were not able to express their views their families had been asked to share information about the things that were important to them in their lives. This helped staff to know how to support a person taking account of their preferences. We saw that the care plans were in different formats, suitable to the needs of each person. Where appropriate records were in pictorial format to make them easier for the individual to understand what was written about them.

We saw that people made choices about their lives and these were respected by the staff in the home. One person told us about a recent holiday they had planned and enjoyed. We saw that another person had shown that they did not want to attend an activity and that this had been respected.

We observed staff interacting with people and saw that people were treated with respect. The staff in the home knew people well and knew how each individual communicated their needs and choices. From observing staff interacting with people we could see that the staff were knowledgeable about how people wanted to be supported and the assistance they required. We saw that the staff were following the guidance given in individual's support plans and people received the support they required.

We saw that the care plans were very detailed, including information about how people wanted their care to be delivered at specific times through the day and on different days such as weekends and week days. This showed us that care was responsive to the different activities people followed and their choices about their lives.

During our inspection we saw that people followed a range of activities of their choice. People who could share their views told us about activities they enjoyed including planning and going on holidays, playing video games, visiting their families and attending day services.

People told us that their families and friends could visit them at any time in the home. One relative said they visited the home regularly and were always made welcome by the staff. We saw that the staff in the home knew the relationships that were important to people. They respected and supported people's rights to develop and maintain meaningful relationships. People who lived at Tarn House were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints. This was available in

the home if people needed it and also on the Cumbria County Council website. People who could speak with us said that, if they had a complaint, they would tell the registered manager and he would "sort it out".

Some people who lived at Tarn House would require support in order to make a formal complaint about the service. All the staff we spoke with said they would be confident assisting individuals to make a complaint if this was required.

## Is the service well-led?

### Our findings

People who could speak with us told us that they were asked for their views about the service they received. We saw that some people were asked for their views at meetings to discuss their support and there were also meetings with people who lived in the home to plan how the service was provided.

People told us they knew and liked the registered manager. One person told us that the registered manager was "a good bloke". Another person told us, "He [the registered manager] is alright".

All of the staff we spoke with told us that the service was well managed. They told us that the registered manager worked with them supporting people and gave them guidance on how to work with individuals. One staff member said, "He [the registered manager] is really knowledgeable, he really knows his stuff and I've learnt a lot from working with him".

All the staff we spoke with told us that the registered manager listened to their views and was committed to providing people with a high quality service. The registered manager showed that his focus for the service was to promote people's independence and to protect their rights. All of the staff we spoke with showed that they were aware of this aim. They told us that they knew it was essential to support each person in a manner that respected their choices and independence. We also observed this through the interactions between the staff and people who lived in the home.

The staff told us that they felt well supported by the registered manager. They said they could always contact a senior person in the organisation if they were concerned about a person's safety or about the actions of another staff member. All of the staff we spoke with told us that they were confident that action would be taken if they raised any concern with the registered manager of the home.

We saw that the registered manager had a good oversight of the quality of the service provided. He regularly worked with the staff in the home which allowed him to assess the quality of care being provided. He also carried out checks on aspects of the service such as how medicines were being managed and audits of the safety of the premises. Although we found areas of the service that required improving, the registered manager had already identified the issues and had developed an action plan to address the issues which were within his control. We saw that further improvements to the service would be restricted due to the design of the building.

Providers of health and social care services are required to inform the Care Quality Commission, (the CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant that we could check appropriate action had been taken.