# Life Opportunities Trust

# Tanners

## Inspection report

Tanners
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17 May 2016

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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

We undertook an unannounced inspection of Tanners on 10 May 2016. We spoke with people's relatives and professionals by telephone and email on 16 and 17 May 2016. During our inspection in August 2014, we had found that the service did not have sufficient numbers of staff to support people safely. We found that improvements had been made during this inspection".

The service provides accommodation and personal care for up to seven people with mental health and learning disability support needs. On the day of our inspection, there were six people using the service and one person was in hospital.

There was a registered manager in post. 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.

The staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service. Medicines were administered safely by staff who had received training.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Where there were staff shortages, agency staff were deployed. Staff were aware of people's rights and choices, and provided people with person centred care.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and annual appraisals, which enabled them to meet people's needs. Staff were well supported to deliver a good service and felt supported by the manager.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People, their relatives and/or other professionals were involved in planning the support people required. Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

People were supported to eat and drink well and to access healthcare services. Staff were quick to act on people's changing needs and were responsive to people who required support.

The provider had effective systems in place to monitor the quality of the service they provided. The provider engaged with people and their relative were asked their opinion about the service

## 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

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

### Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

### Is the service caring?

Good

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

## Is the service responsive?

Good

The service was responsive

Staff were aware of people's support needs, their interests and preferences

People and stakeholders were asked their views on the service.

There was a complaints procedure in place.

## Is the service well-led?

Good

The service was well-led

There was a registered manager in place.

Staff felt supported by the management team.

Staff felt comfortable discussing any concerns with their manager.

Regular audits were undertaken to assess and monitor the quality of the service people received.

# Tanners

**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 10 May 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection, our previous inspection report, and notifications. A notification is information about important events which the provider is required to send us by law.

People's complex needs meant that we were only able to speak with two people who used the service. We also spoke with the team leader, two support staff, the manager, three relatives and three health professionals.  We reviewed the care and support records of four people who used the service, two staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

During our inspection in August 2014, we had found that the service did not have sufficient numbers of staff to support people safely. Four of the six people who used the service at the time had complex mobility needs which meant that they required the assistance of two staff when attending to their personal care needs. During this inspection, we found that improvements had been made. We looked at staffing records covering the period from March 2016 to the end of May 2016 and this showed that there were always three members of staff on duty during the day and two staff at night. The registered manager told us that staffing levels were assessed based on the needs of the people and that the provider was in the process of recruiting more staff. They had recently interviewed two staff to cover the night duties. They sometimes used regular agency staff to cover vacancies and for planned staff leave or sickness. A relative we spoke with said that there was enough staff on duty to meet their relative's needs. We also saw that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. There was evidence that all staff completed an application form, references had been obtained from previous employers and staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

On entering the home, we saw that the hallway had a chart with staff names on it and pictures of the members of staff that were on duty so that people could identify who the staff were. This showed that the home had taken steps to help people feel safe about who should be in the home.

Staff we spoke with had in-depth knowledge of people's needs and how to keep them safe. They were aware of how to report any concerns they may have internally and externally and knew where they could find the policy on keeping people safe. Training records reviewed showed that staff had all received training in safeguarding people who used the service.

Staff had received training on how to deal with behaviours that challenged the service. We saw that there were clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques. Where required people's support plans detailed what triggered those behaviours, with information on how to minimise those triggers so that people's care and support were provided safely.

Regular risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately assessed and reviewed. For example, we saw that one person was at risk of choking when eating food. The risk assessment had clear instructions for staff to follow to minimise this risk, which included staff remaining with the person whilst they ate their food.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people to reside in. These included a fire risk assessment, and regular checks of gas and electrical appliances.

The provider had an emergency evacuation plan in place, which helped ensure that in the event of an emergency people using the service were kept safe. Individual assessments were undertaken which looked at people's ability and support they would need to leave the service safely in the event of an emergency. Staff were aware of people's individual evacuation plans and which documents should be taken from the home in the event of a fire.

We reviewed the current medicine administration records (MAR) for all seven people who used the service and we noted that these had been completed accurately, with no unexplained gaps. Everyone was being supported to take their medicines and we saw that this had been managed safely by trained staff. Between February and April 2016, 11 staff had their competence checked to ensure that they were still able to administer people's medicines safely. Where required, staff had guidance on how to manage people's medicines. For example, we saw that there was guidance on how to promote compliance with medicines for a person who regularly refused to take their medicines and were at risk of having epileptic seizures. Staff were expected to offer the person their medicines a few times before they can record that the person had refused it. We noted that this had been mainly effective.

Good

# Is the service effective?

## Our findings

A relative we spoke with confirmed that the service was meeting their relative's needs. A person we spoke with told us that staff supported them well by. We observed staff interacting with people and we noted that staff knew how to best communicate with those who were not able to communicate verbally. For example we saw that staff pointed to objects and used pictures that enabled people to communicate their needs.

A health professional told us, "They (staff) are reliable to always act on health advice given and always proactive in asking for advice." Another professional said, "(Manager) is always responsive to recommendations made by health professionals, challenging poor practice where he sees it."

Some of the people were not able to speak and we used the Short Observational Framework for Inspection (SOFI) to understand their experiences of the care provided. All staff told us that they communicated with those people by way of photos, pictures, pointing, watching gestures, watching body language and observation. We saw that people's support plans provided information on how to communicate with each person effectively.

Although some people were unable to verbally provide consent, we saw that support plans contained written consent for care and support provided by the staff. These were reviewed and signed by relatives or professionals who were involved in the person's care. Staff told us that they always asked people's permission before undertaking any task on their behalf or with them. They told us that they looked for facial expressions and body gestures to ensure that people agreed with the help and support they were providing.

The manager had sent applications to the relevant local authorities in relation to the Deprivation of Liberty Safeguards (DoLS). Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act (MCA). Staff understood and were able to explain their responsibility under the Act. Staff told us that if they had any concerns regarding a person's ability to make a decision, they would discuss with the manager who would ensure that appropriate capacity assessments were undertaken.

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). We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required applications were made for people under DoLS to the local authority for approval

Records showed that staff had received other appropriate training and this was up to date. A member of staff told us, "We regularly have training; some is on-line and some face to face." Staff told us that the training helped them to keep their knowledge up to date in order to provide the best care for people they supported.

Staff we spoke with and records showed that they had an annual appraisal and regular supervision, during which they discussed issues such as training needs, self-development, issues relating to the care of people who used the service and other operational issues.

Records were kept of what people ate and there was clear guidance for staff to follow so that people had a well-balanced diet. Where people required a special diet, there was also specific information regarding the type of foods that should be avoided. People's likes and dislikes had been documented within their care support plans which helped staff to plan the menus. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. People were offered drinks and snacks throughout the day. We observed staff support people to make food during breakfast and throughout the day. The person we spoke with said, "Food is nice. I sometimes choose what I want to eat, but I don't mind what is offered on the menus."

We saw evidence that people were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. A health professional when speaking about a person who lived at the home said, "I felt confident that the home would be able to take (person), give relevant information at the appointment and follow any advice, such as a new medication." We noted that a record was kept detailing the reason for the appointment and the outcome, and whether a follow-up appointment was required. Relatives we spoke with all said that they were kept informed about their relatives' health.

Good

# Is the service caring?

## Our findings

A relative we spoke with told us, "Staff are very nice". This was supported by a person who named some of the staff they considered to be "nice". They also pointed to the member of staff who was in the room with us and said, "Staff is a nice lady." A health professional told us that the manager was "proactive in the care of residents always advocating for their needs and pushing for the rights, independence, choice and inclusion of people with learning disabilities."

We observed staff interacting with people in a positive way. We saw that staff had time to sit, talk and interact with people and were patient when trying to understand what a person needed. Relatives we spoke with told us that staff treated their relatives in a "caring way". They told us that they were always kept informed on their relatives' wellbeing and were always made to feel welcome by staff when they visited the home.

We observed that staff knew people's needs and spent time talking with them and supporting them with tasks. We noted that staff were patient and encouraged people to do as much as they could for themselves. A member of staff we spoke with said, "I always allow service users to do what they can for themselves so that they don't lose the ability to do so and can remain independent."

All staff we spoke with understood the importance of engaging with people in a way that they understood, and had good understanding of dignity and respect. Staff were aware of each person they cared for and their history. When we spoke with staff they were able to provide us with information about people's likes and dislikes. For example, we tried to speak with one person but found that they were reluctant to speak to us. Staff explained that the person did not like to speak with strangers. The member of staff explained to the person about our visit and engaged them in conversation.

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people, so were more aware of their interests and preferences. People had been given information in a way they could understand. The care and support plans were written in an 'easy read' format. We saw that people, and where possible their relatives and/or other professionals were involved in the care planning process and that pictures and symbols were used to assist people to make choices about how they wanted to be cared for .

We observed that staff respected people's privacy and dignity. When entering people's bedrooms, staff knocked on the door and waited to be given permission to enter. They slowly opened the door when entering the bedrooms of people who did not speak so that they gave them the time to communicate that the staff could not come in. They also ensured that doors and curtains were shut when providing personal care.

Staff we spoke with understood the importance of confidentiality. One member of staff said, "It's important to only share information with those who are involved in the service user's care or if consent has been given to share the information. All personal documents are kept safe and locked away." The home ensured that

people had access to advocacy, which supported people to have an independent voice.

Good

# Is the service responsive?

## Our findings

People's cognitive needs meant that some people were not able to tell us about the care needs, However care plans reviewed were person-centred and contained comprehensive details of what support people needed. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences. These were written in first person with a lot of photographs to show peoples interest, families and friends.The support plan included a one page profile which was a summary of what was important to people. It also included people's daily routine and guidance on how people can be could be supported to be moved safety using hoist and sling.

We noted the care plans were also regularly reviewed and where possible, people and their relatives or other professionals were involved. People also had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. One person told us that staff supported them well with their catheter care. Relatives we spoke with told us that their relatives' keyworkers kept in regular contact with them, informed them of any changes to their relatives' needs and invited them to review meetings. A relative we spoke with confirmed that staff were approachable and that if they had any concerns they were comfortable to approach staff and the management team.

People had been supported to attend activities within the community such as church and day clubs. There were regular meetings with staff and people who used the service during which topics such as food, holidays and activities would be discussed. A person we spoke with told us that they attended an outreach service on Mondays, during which they visited places of interest to them. They said that when not out, they sat in the communal areas of the home and enjoyed talking with staff and some of the other people who used the service. They also said that they enjoyed preparing some of their meals and staff supported them with this.

There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home. The policy provided details of how and where a person could make a complaint to the provider. We saw that there was one complaint in the last six months which had been appropriately documented and responded to in a timely manner. Relatives we spoke with told us that they knew how to make a complaint should the need arise. Staff told us that any concerns/complaints where appropriate are discussed in team meetings to drive up improvement and to share learning.

Good

# Is the service well-led?

## Our findings

There was a Registered Manager in place, who was supported by a team leader and a senior support worker.

A health professional told us that under the guidance of the manager, "The team works well and service users' needs are always at the forefront. A service of excellence from my experience." They also said, "This is one of the most efficient care establishments I have worked with." Relatives we spoke with told us that staff were open, honest and approachable.

Staff said that the management team was approachable and were willing to listen to any concerns or ideas they may have in regards to the service and people's care. They all knew the names and positions of senior staff, as well as, information about the provider of the service. Staff said that there was good and strong leadership within the home. Staff told us that the manager had made many improvements to the home which ensured that people were receiving the best care.

Staff told us that the philosophy within the home was providing person centred care and involving people as much as possible in areas such as care planning, food, activities, holidays and supporting them to make choices that promoted their wellbeing. On the day of our inspection, we noted that staff were very interactive with people. Staff told us that the manager had worked hard at ensuring that people had access to local community facilities and where possible, they supported them to participate in activities in the community.

There were regular staff meetings and these were recorded so that staff that were unable to attend could be kept abreast of any changes.The manager and the team leader were visible throughout the home and were also involved in providing care to people who used the service.

We noted that safeguarding incidents had been recorded, appropriate action taken and where necessary, staff had sought advice and guidance from other professionals in order to keep people safe. Regular audits of medicines were conducted to ensure that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised and that people received their medicines safely and at the right time.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so that plans could be put in place to keep people safe. Audits of the home environment were undertaken to ensure that people were receiving a high standard of care in a safe place and to identify any areas where improvements would be required. The manager told us that if areas of improvements were identified, an action plan would be put in place to implement the improvements. We saw that the provider's quality assurance system was effective in assessing the quality of the service.

The provider had undertaken a satisfaction survey between December 2015 and March 2016. We saw that there was an 'easy read' format for people who used the service and that staff had supported people to

complete the survey. The results showed that people were happy with the service that they had received. Stakeholders and relatives had also been asked for their views on the quality of the service. We saw that one professional had stated, "The home is always clean and tidy including the individual rooms, with personal touches like flowers and ornaments. I am always greeted well." A relative said, "My relative's care is beyond excellent." We saw evidence that the local authority quality monitoring scored the service at 100% for care and welfare, consent, and respect and involving people.