

Landermead Investments Limited

Catherine Tam Agency

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

We inspected this service on 12 and 17 August 2016. The inspection was unannounced.

Catherine Tam Agency is situated in the grounds of Landermeads Care Home in the Nottingham suburb of Chilwell. The service is provided from two bungalows which have been adapted to meet people's needs and allow them to live as independently as possible. The agency provides a supported living service to three adults who experience a learning disability or who have acquired brain injury.

At the time of our inspection, the service did not have a registered manager in place although an application had been submitted and was in progress. 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 the service provided made them feel safe and they did not have any concerns about the care they received. Staff showed a high level of understanding of how to keep people safe and protect them from harm. Safeguarding referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. People were kept safe with as few restrictions as possible. People were supported to take positive risks which enhanced their experience and enjoyment of life.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Catherine Tam Agency.

People received their prescribed medicines when required and these were stored and administered safely.

People received effective care from staff who received thorough induction, training and support to ensure they could meet people's needs and ensure they had a good quality of life. Ongoing training and assessment for care staff was scheduled to help maintain and further develop their knowledge.

The provider kept up to date with latest research guidance and developments and had links with organisations that promote and guide best practice. Staff had access to guidance and training which helped drive improvement of the service and enhance people's quality of life.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

Staff supported people to help them maintain healthy nutrition and hydration.

Excellent links were established with healthcare professionals and people had access to these when required. Staff worked in partnership with healthcare professionals and followed their guidance to ensure people maintained good health.

People told us they were treated with compassion dignity and respect and staff ensured their privacy was protected. We observed very positive, caring relationships between staff, people using the service and their relatives. Staff always ensured that people and their relatives were involved in making decisions about their care and their wishes were respected. .

Staff had an excellent understanding of people's support needs and used skill and innovative methods to ensure they received personalised, responsive care. Staff ensured that people had the opportunity to take part in enjoyable, constructive activities that reflected their interests and life history. There was an open and transparent culture at the service. People were encouraged to raise any issues or complaints and could be assured these would be listened to and acted on by the provider.

Effective quality monitoring systems were in place and were reviewed continuously to identify areas for improvement and develop action plans to address these.

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.

People were supported by sufficient numbers of well trained staff who showed excellent understanding of and commitment to, keeping people safe.

Staff were committed to ensuring people were protected from harm whilst encouraging them to take positive risks that enhanced their life.

Peoples medicines were managed safely

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had specialist skills and knowledge to meet their needs and promote health and well-being.

People were supported with their health and dietary needs. Strong links were established with other health professionals to enable this.

Systems were in place and staff had a very good knowledge of the Mental Capacity Act which ensured people's rights were protected.

Is the service caring?

Good ●

The service was caring.

There was a strong, visible person centred culture and people and their relatives had very positive caring relationships with staff.

People were treated with dignity, kindness and respect and their privacy was protected.

Staff used a range of methods to ensure people were involved in the design and review of their care.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to ensure that care was provided in accordance with people's individual preferences and needs.

People felt the service was flexible and the support offered reflected their wishes and needs.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

Is the service well-led?

Good ●

The service was well-led.

The owner, who was also the registered manager, promoted a clear ethos which put people at the heart of every decision. The views of people, staff and visitors were sought to identify further improvements which could be made to the service to benefit people.

High quality care and support was provided as effective systems were in place to regularly assess, monitor and improve the quality of care.

Catherine Tam Agency

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 12 and 17 August 2016 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from the local authority, commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with all three people who used the service and one person's relative. We spoke with the manager, the provider, three care staff, an administration manager, a nurse and a nurse liaison. We observed staff delivering support in people's homes and reviewed all three people's care records. We also reviewed other records relating to the management of the service such as quality monitoring audits, minutes of meetings and the recruitment files of six members of staff.

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt safe being supported by Catherine Tam Agency and did not have any concerns about the care they received. One person told us, "I'm happy" and a person's relative told us, "He's definitely safe. He's not safe on his own but they keep him safe here and look after his money."

The staff we spoke with demonstrated a commitment to and understanding of, the need to keep people safe. They were aware of safeguarding procedures including signs and types of abuse and their role in raising a concern. A staff member told us, "I'm very familiar with safeguarding procedures. I haven't seen any issues and I'm aware of the protocols." Training records showed that all of the 11 staff had completed recent safeguarding training and that further training was scheduled to ensure knowledge was kept up to date. All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand. We saw that, when required, referrals were made to the local safeguarding authority and that the provider carried out their own investigation into incidents. The outcome and learning from these investigations was shared with staff and where appropriate people's relatives.

The provider used imaginative and innovative ways to manage risk and keep people safe, whilst ensuring that they were able to have a full and meaningful life. For example one person demonstrated excitement by throwing their arm out. Staff recorded that this had occasionally caused harm to the person, other people sitting nearby at events or when travelling on the services mini bus. To reduce this risk, staff were guided to ensure the person always sat with their arm near to the bus window or away from others. We saw that since implementing this the number of incidents had reduced.

People were encouraged to take positive risks and supported to make unwise decisions that enhanced their enjoyment of life. The provider had completed assessments to identify the least restrictive way to manage risk for a number of areas. For example, assessments were in place to support people to go to the pub for a drink with staff and friends. We saw that taking part in these activities enhanced people's quality of life and they valued and looked forward to them. Assessments for trips and falls, the environment and fire safety were also in place. The assessments included information for staff on how to manage risk and were reviewed monthly or when a person's needs changed.

Staff we spoke with were aware of people's needs and the support they required to reduce risk. A number of staff had worked at the service for a long time and had developed a thorough understanding of people's needs and abilities that enabled them to support people take positive and appropriate risk in their lives. A staff member told us, "People aren't told what they can't do; they're supported to achieve what they can." We observed and were told about numerous examples of how this approach enhanced people's enjoyment and gave them a sense of purpose. For example, on one day of our inspection

The provider regularly reviewed records of accidents and incidents and carried out audits and investigations which enabled them to identify any trends or concerns to help manage future risks.

People and their relatives we spoke with said they felt enough staff were employed to meet their needs. This opinion was echoed by staff members who told us, "We've got plenty of staff. Everyone (who uses the service) gets one to one support." In the PIR the provider told us, "The daily staffing is done by the project manager and includes consideration of skills, cover at weekends, nights and holiday periods and the management of staff absence and shortage. In all the time (we) have been operation we have never used agency staff. However, the project manager is aware that this is a resource if there is no other option."

The provider had robust processes in place to ensure staff employed at Catherine Tam Agency were of good character and had the necessary skills and experience to meet people's needs. They had developed a recruitment checklist based on the requirements of current legislation. We looked at the recruitment files of four members of staff and found all contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current Disclosure and Barring Service (DBS) check. A DBS allows employers to make safer recruitment choices.

People told us they received their medicines when required and had not experienced any difficulty with this. One person told us, "I get them when I want to", a second person said, "I get the tablets when I want them." People's relatives told us they did not have any concerns with medicines and felt they were managed well. A relative said, "He gets them, in fact they've just cut them down. They [staff] tell me when there are any changes."

Members of staff and the manager told us they received regular training on the management and administration of medicines. We saw weekly audits of Medicines Administration Record (MAR) charts and controlled drugs were carried out by staff and checked by the nurse responsible for medicine management. A member of staff told us, "We've just had training, there's no issues with meds here." A second staff member said, "We've had quite a bit of meds training this year". Additionally we saw that the provider carried out regular competency assessments for staff administering medicines. Where medicines errors were identified, a full investigation was carried out and additional training and assessment carried out for the staff member.

MAR charts we reviewed contained information about the person including how the person preferred to take their medicines, a photograph and date of birth to help care staff ensure the correct medicine was given to the correct person. Medicines were stored securely and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening.

Is the service effective?

Our findings

People we spoke with and their relatives told us they felt care staff had the skills and competency to meet their needs and that they appeared to be well supported. One person's relative told us, "They [staff] are very good, I can't fault them."

We found that people were cared for effectively as staff were supported to undertake training, beyond that identified as mandatory by the provider, that helped them meet people's needs. All staff had successfully completed, or were working towards completion of, the Care Certificate. The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. In order for staff to attain the first aid element of this training the provider had accessed Basic Life Support training for all staff which meant staff were able to provide emergency lifesaving assistance if required. A staff member told us, "We get loads of training, there's always something to do."

Staff told us they felt supported by the manager and team leaders and were able to talk with them and discuss any issues. One staff member told us, "I certainly feel supported here. We have regular supervisions but more importantly the door is always open." A second staff member said, "We have support and a supervision every month." We saw that all staff received a regular face-to-face supervision meeting with their team leader or the manager. Staff told us they valued these meetings and felt able to be open and honest.

New members of staff undertook a period of induction upon commencing work at Catherine Tam Agency including shadowing experienced staff and role specific training. All staff had spent a period of time working in the providers other neurological support service based on the same site. In their PIR, the provider told us, "All new staff undergo a period of induction in the service and shadow existing staff until we feel they are competent. We operate a policy of matching staff to each service. Each of our service users has very different needs and consequently our staff need to be matched to this in personality and skill set. In addition each service user has a voice and we consult with them to gain their opinions of the suitability of staff. Through observation we gauge how effective the interaction is between staff and service users. This involves taking into consideration non-verbal connections. These observations are unannounced and any action followed up appropriately either at staff meetings or more urgently if necessary. In addition any interactions which are good are used as examples of best practice."

Care plans we saw confirmed that where possible people or their relatives had signed to indicate their consent to any changes and reviews and we observed their wishes were respected. Staff we spoke with were committed to ensuring people had choice in their daily activities and promoting their independence. A staff member said, "Choice is the main reason I am here, to give him what he wants."

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). 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. Care plans we looked at showed that the principals of the MCA had been followed with assessments carried out for each decision or activity. This meant that where people had capacity in some areas but not in others they were still able to have an involvement in their care planning. Staff we spoke with displayed a good understanding of the MCA and had received training in its application.

We saw that care staff supported people to maintain healthy nutrition and hydration. People and their relatives told us staff helped them prepare food or prepared food for them. One person said, "They come and ask you what you want for dinner", a second person said, "It's good, I got lasagne, I love it." Staff were aware of any dietary requirements such as people who required a diabetic or softened diet.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when as needed. One person's relative told us, "They ring me up whenever anything is up. He gets his feet done, sees the doctor and the physio." People's care records showed regular appointments with the optician, dentist, chiropodist and district nurse.

A staff member said, "We've got close relationships with all the local GP's they just pop down as soon as we ask them. They work really closely with the carers and nurses, they really do listen to us. They know we understand people's needs." We reviewed feedback from a survey of visiting health professionals carried out by the provider. The comments were overwhelmingly positive including, 'Genuinely caring staff in a lovely environment where patient's needs are at the forefront of care,' and, 'Staff appear to take on board advice and findings from our team'.

Is the service caring?

Our findings

People we spoke with and their relatives told us they were happy with the care at Catherine Tam Agency. They said they had a good relationship with care staff and felt they treated them with care, respect, dignity and compassion. One person told us, "Staff are polite, they talk in a nice way". A second person said "(the managers) OK and these (staff) are alright." This was echoed by people's relatives. One person's relative told us, "He seems very happy he's well looked after. They [staff] all seem to love him."

People received a comprehensive assessment before they began using the service, including a detailed life and medical history. This was used to develop care plans that were effective and person centred. This included recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a very good understanding of people's characters and needs and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to meet these.

People using the service expressed preferences for which staff they liked or didn't like providing support. We saw that the provider always respected these preferences without question and ensured only staff that people wanted to be there were employed at the service.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we observed that they gave the reader a very good understanding of the person, their needs and personality. A staff member told us, "We update them as they change or as his needs change." A second staff member said, "They're good. We know their (people using the service) needs."

At the time of our visit none of the people at service used a formal advocate although one was available. People were offered the use of advocacy when they first began using the service and again at care plan reviews. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Effective systems were in place to ensure that staff were informed of changes to people's planned care; this included, daily communication records, a handover of information between shifts and regular team meetings. A staff member told us, "We get a good handover from other staff."

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. Staff offered people support where required but encouraged people to be independent when they could. One person told us, "I go shopping with [manager]. We go food shopping and go to the new Sainsbury's." A staff member told us, "We always give [people using the service] the opportunity to do a little more. We promote opportunities and say, 'This is what we can do but if you don't want to, its ok'."

Is the service responsive?

Our findings

People were cared for by staff who had a very good understanding of their personality and care needs and ensured that the care was provided at the right time. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required. One person told us, "They are good, you can have a laugh with them." A person's relative told us, "They are very good, I can't fault them." A staff member said, "It's all collaborative work, it's not an intervention. We are providing support working together."

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The service had robust systems to ensure people were involved in the design planning and review of their care and recording people's consent to treatment. A staff member told us, "We try to keep him [person using the service] involved, we use pictures, prompts and talking to him". This was confirmed by a person's relative who told us, "I come and look at it (care plan) whenever they ask me too. They tell me even when there aren't any changes." A staff member said, "Care plans are very good but we always remember they are subject to revision. What's good here is that they are a live document, always changing."

The manager had implemented a system to ensure the service was always responsive to people's needs. They told us, "If someone is displaying what we used to call 'challenging behaviour', we assume we (staff) are doing something wrong and see what we can do to change it and help them. A monthly audit of 'expressions of emotion' is carried out to see what can be improved. We find this has helped tremendously." A staff member told us, "it's good because I know how to support [person using the service] to express their emotions safely".

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, people who required them had their glasses or mobility aids. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, these could be provided quickly.

We saw that staff supported people to maintain community and cultural links and to take part in meaningful activities that increased their social interaction. One person told us, "I do cooking, we go to the pub and days out." A staff member told us, "There's always something going on. We have a good day trip every week and go to the football once a week." People we spoke with told us they enjoyed these trips and we saw photographs of them taking part in these activities.

People and their relatives told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "I can talk to [manager], she's good." A person's relative told us, "I've never had to make a complaint but if there was ever anything know I can tell them. They are very good."

A clear complaints procedure was displayed in all houses of the service and included in people's care plans.

Staff were aware of the complaints procedure and knew how to advise complainants. The registered manager was aware of the duty of candour and told us they encouraged people to raise any issues or complaints directly with them as they recognised it as an opportunity to improve the service. They said, "It's actually been very positive, families have come to us and been so grateful for the feedback and being involved." We reviewed complaints received and found these were investigated thoroughly and openly and the findings shared with the complainant. For example, following one complaint additional monthly meetings were set up with staff and the person to enable them to monitor progress and have involvement in developing solutions to the issue. Notes of these meetings and feedback showed that the issue was resolved and the person and their relative were satisfied with the outcome. The person commented, 'I feel I am listened to and where action is needed they (staff) have demonstrated this by their actions. They may not always get it right but they have the ability to listen and turn things around and develop further good practice. They are good at reflective practice.' We saw that any learning from complaints and compliments was shared with all staff.

Is the service well-led?

Our findings

Catherine Tam Agency had a skilled, visible, management team who lead by example, had a clear vision for the service and a commitment to its continuous improvement and development. The service was truly person centred with the needs of people at the heart of every decision. The provider used innovative ways to ensure people were able to have an input into the development and direction of the service. All staff we spoke with embraced and were committed to the ethos of the service. They were aware of their role in providing this as they received clear instruction and direction from their managers.

The service had achieved and maintained nationally recognised accreditation on quality standards including, Gold Standard Framework - End of Life Beacon Status, Dementia Care Matters as a Level 1 Butterfly Home and Nottingham School of Nursing had awarded Mentor status to the service.

The service had its own mission statement which had been developed by staff to reflect how they would meet the needs of people they supported. Staff we spoke with were proud of working at the service.

There was an open and transparent culture at Catherine Tam Agency where people felt able to have their say on the running and development of the service. People and their relatives told us they were very happy with the standard of care, felt the service was relaxed and they were encouraged to give their feedback about the home. A relative commented, 'They are very good, they always let you know what is going on.'

Staff we spoke with told us there was an open culture at the service and would feel comfortable in raising an issue with or asking for support from, managers. One staff member said, "They are certainly open here. I am constantly asked what I think or how I would do something. We are continually moving forward and developing."

The provider used created methods to ensure people, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. These methods included resident and relative meetings, regular quality surveys and a private Facebook page that only relatives and staff had access to. We saw that the Facebook page was very well received and updated several times each day. Relatives told us they valued this as it kept them up to date with what their loved one was doing and allowed them to give instant feedback to the service.

Feedback from the regular quality surveys was discussed at leadership meetings and action plans developed to address any issues. Comments from the survey were overwhelmingly positive including, "I find staff helpful and caring, (my relative) seems very happy here." Health professionals had also commented positively about the service.

People and their relatives we spoke with told us they found meetings useful and they were able to have their say. One person said, "We can have a chat with staff. We have meetings every time, they say talk about yourself, and we do." One person's relative said, "I'm invited to meetings every now and then and they ask how things are"

In order to monitor and continuously improve the care and support offered at Catherine Tam Agency, regular meetings were held. These included meetings for leadership, staff, infection control, complaints and incidents. Notes from these meetings showed that issues including; training, feedback from audits and surveys and development of the service were discussed. Staff had the opportunity to contribute to these meetings and raise issues and these were acted on.

The quality of service people received was further assessed by the management team through regular auditing of areas such as, medication and care planning. Staff were involved in completing the audits and used them to improve the service. For example, a dedicated team was responsible for auditing care plans. Each care plan would be awarded a rating of red, amber or green, depending on the amount of information missing or if they had been updated. We saw that staff used this as healthy competition to aim to get as many green ratings as possible. Staff completing the audits told us that since introducing the review process the number of green ratings had increased.

Additionally the team at Catherine Tam conducted an analysis of the way the service managed people's expressions of emotion (challenging behaviour). Records confirmed that this had led to a decrease in incidents and upset to people. The registered manager told us, "It has helped staff to understand which methods work best for supporting people."

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way. Where events prompted investigation by the service CQC also received copies of the findings.