Autism Care (UK) Limited

Tanglewood Mews

Inspection report

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Date of inspection visit: 14 January 2015 and 9 February 2015
Date of publication: 30/03/2015

Ratings

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

Overall summary

This inspection took place on 14 January and 9 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Tanglewood Mews provides care and accommodation for adults with a learning disability in residential and personal care to people living in the supported living settings. On the day of our inspection there were 18 people using the service, six people were in residential accommodation and 12 people were in supported living accommodation.

The home and supported living service had the same registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Tanglewood Mews was last inspected by CQC on 15 August 2013 and was compliant.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were securely stored and staff medication assessments took place.

Staff training was up to date however staff did not receive regular supervisions and appraisals, which meant that staff were not properly supported to provide care to people who used the service.

We did not find evidence of consent to care and treatment for people in the residential accommodation as none of the care records we looked at contained signed consent forms.

The home and supported living accommodation was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the locality manager and looked at records. We found the provider was following the requirements in the DoLS.

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity and respect and people were encouraged to care for themselves where possible.

We saw there was a full programme of activities in place for people who used the service.

People's needs were regularly reviewed and we saw care plans were written in a person centred way.

We saw a copy of the provider's complaints policy and saw that complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were securely stored and staff medication assessments took place.

Good

Is the service effective?
The service was not effective.

Staff training was up to date however staff did not receive regular supervisions and appraisals.

There was no evidence that consent had been obtained for the care and treatment of people living in the residential accommodation.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People we saw were well presented and we saw staff talking with people in a polite and respectful manner.

People had been involved in writing their support plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

Care records were regularly reviewed and risk assessments were in place where required..

There was a full programme of activities in place for people who used the service.

The provider had a complaints policy and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Tanglewood Mews

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 14 January 2015 and 9 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector and one expert by experience took part in this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited Tanglewood Mews we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and district nurses. No concerns were raised by any of these professionals.

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 our inspection we spoke with five people who used the service. The registered manager was on sick leave at the time of our visit so we spoke with the locality manager. We also spoke with five care workers.

We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

Tanglewood Mews is made up of a residential home and four separate buildings in the same complex for people in supported living accommodation, three of which contained individual flats. We saw that entry to the residential home was via a locked door and all visitors were required to sign in at each of the premises. The accommodation was clean, spacious and suitable for the people who used the service. The residential areas comprised of individual bedrooms, with communal toilets, bathroom, lounge, kitchen and dining room. The supported living flats contained a bedroom, living area and bathroom/toilet, and communal areas.

Staffing in the residential home was based on a rolling shift pattern throughout the day. The locality manager told us that there were four members of staff on duty in the morning, four in the afternoon and two on night shift. Additional staff would work at different times throughout the day depending on the needs and planned activities of the people who used the service. The locality manager told us a keyworker system was in operation and staff were matched to a person who used the service via a profile. At the time of our visit, there were five staff vacancies throughout Tanglewood Mews, two of these were in the residential accommodation. Staff told us they tried to provide consistency in staffing. When they used bank staff they tried to use them in the same building to provide continuity of care. Staff told us they worked in one building as much as possible but "pick up shifts to help out if need be."

We saw the provider's recruitment and selection policy, the aim of which was "to provide clear guidelines to recruiting managers and prospective employees about the organisation's recruitment process".We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. These included important information about the person and information for staff on how to assist the person, such as, the person's awareness of the evacuation procedure, assistance required, what to do if the person didn't want to be evacuated and safe routes.

We saw a copy of the provider's adult protection policy, which outlined the procedure to be followed when there was an allegation or issue of abuse. We saw a safeguarding adults staff action diagram on the wall in the office, which provided guidance to staff on how to respond to and deal with a potential safeguarding incident. We saw a file, which recorded incidents of staff misconduct or potential safeguarding issues. This included copies of letters to staff members, meeting minutes, copies of investigation reports, including those sent to the local authority, and witness statements. We also saw copies of notifications that had been sent to CQC.

Staff knew what they would do if they were concerned about something another member of staff was doing. One staff member told us, "Report to the team leader. If nothing was done I would go to the Manager. If still nothing was done I would go to a director and finally to CQC."

We asked staff about how they dealt with behaviour that challenges. They told us that 70% of the time they used pro-active strategies to avoid behavioural challenges. The staff told us the support plans were very detailed and they used a NAPPI (non-abusive psychological and physical intervention) approach and received six month refresher training on this.

In the residential accommodation, we saw medicines were stored in a secure cabinet in the medication cupboard. In the supported living flats, medicines were stored in locked cabinets on the walls of each person's flat. Keys were held by the staff team leaders. We saw 'keyholders' support plans were in place, which recorded that the person had given consent for staff to hold the key to their medication cabinet.

We saw medication lists in people's care records. These included the name of the medicine, details of possible side

Good

Is the service safe?

effects, the start date, the dosage, the frequency, whether it was a PRN (when required) drug and the finish date. We also saw medication support plans in place, which stated why the person was to take the medicine, what the outcome would be and instructions on how to take the medicine. For example, one person required risperidone put in a plastic beaker and mixed with orange juice.

We saw copies of assessments of staff administering medication. These included observations of the member of staff, including the procedure, identification of the person and their medicines and the documentation. The assessment also involved questioning the member of staff on procedures and scenarios.

Requires Improvement

Is the service effective?

Our findings

People who lived at Tanglewood Mews did not receive effective care and support because staff were not not properly supported to provide care to people who used the service. We could not find any evidence that consent had been obtained for the care and treatment of people who lived in the residential accommodation.

We saw copies of the provider's appraisal policy and supervision policy and procedure, which stated that supervisions should take place every six to eight weeks, with a minimum of six per year. However, when we looked at the supervision and appraisal records for three members of staff we saw that none of them were up to date. The last supervision records for the three members of staff we looked at were in February 2014, December 2013 and April 2013 respectively. We could only find two appraisal records for the same members of staff, one was in June 2011 and the other in November 2008.

We looked at the electronic supervision and appraisal matrix for all the members of staff at Tanglewood Mews and saw the majority of staff had not received a supervision in 2014. We also saw from the matrix that four members of staff had received an appraisal in March 2014 but the remaining staff appraisals were overdue or staff had not received one at all. We discussed these with the locality manager who was aware that the majority of supervisions and appraisals were out of date and the service had recently received an email from the provider regarding this subject. Some of the staff we spoke with told us they received monthly supervisions however the locality manager confirmed these had only being carried out in one of the supported living buildings. This meant that staff were not properly supported to provide care to people who used the service.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we looked at care records for the people who lived in the residential accommodation we could not find any evidence of consent being obtained. Systems were in place to gain and review consent from people who used the service as we saw each support plan included a section to be signed either by the person if they had capacity or by a nominated person if they did not. Where the person did not have capacity, details were to be included of where the best interest decision form was located. For all of the support plans we looked at this section was blank. We discussed this with the locality manager, who told us the format of the forms had changed the previous year and not all the best interest decision forms had been completed and input was required from social workers to complete them. We did see one mental capacity assessment and best interest decision form had been completed for a person regarding behaviour that challenges but could not find any other evidence that consent had been obtained for people's care and treatment.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the locality manager, who was aware of the service's responsibility with regard to DoLS. We saw that five DoLS applications had been submitted and authorised by the local authority for the people who lived in the residential accommodation. We also saw that notifications of these applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We asked staff about the management of people's personal finances. Staff told us that one person held his own money as he received money into his account each week for him to spend. We saw the person's file where he kept a record of everything he was spending. We saw another person's family sent money each week to use, which the staff managed for her.

We saw an electronic copy of the training matrix, which was colour coded. We saw that some training was showing as red (not completed or out of date) however the administrator told us this was predominantly new members of staff who had not completed all of their mandatory training. Mandatory training included induction, fire awareness, manual handling, food hygiene, first aid, infection control, safeguarding and health and safety. We looked at the training records for three members of staff and saw certificates which showed that all three staff members had completed their mandatory training.

Requires Improvement

Is the service effective?

We saw all staff completed an induction when they started working at Tanglewood Mews. This included an introduction to the service, the fire procedure, staff structure, roles and responsibilities, communication and staff handover.

We saw that care records contained a 'support team training analysis'. This was used to identify what training staff required to help them care for the person's particular needs. For example, it was documented that one person who used the service could at times display behaviour that challenges when upset, emotional or excited. Staff were supported to care for this person by attending managing challenging behaviour training. Staff we spoke with told us they received enough training for the role and they received regular refresher training.

In the residential accommodation the people who used the service helped staff with preparing meals and helped with their own shopping. We saw one person made his own sandwiches for lunch. In the residential accommodation, people had the same meal at tea time but they could have something different if they wanted to. In the supported living houses, some of the people planned their own meals and bought their own food to cook themselves. They told us that sometimes they have takeaways.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of appointments with, or visits from, external specialists including GPs, dentists and chiropodists. We also saw the medical appointments file, which included completed forms for each appointment a person had with a healthcare professional. The records included comments from the healthcare professional and what follow up action was required.

Good

Is the service caring?

Our findings

We saw staff talking with people at Tanglewood Mews in a polite and respectful manner and were attentive to people's needs. For example, we observed people having breakfast in the residential accommodation and saw staff talking with them and supporting them when required. There was a relaxed atmosphere in all the buildings and people were able to do what they wanted.

We observed one person who used the service engaging with a member of staff. He was asking the staff member about his shifts and what he was going to do when he got home. The staff and people seemed comfortable and talked together like they knew each other well. We saw staff communicated well with people.

We saw that people's bedrooms had been individually decorated and furnished. The locality manager told us that parents had helped decorate one person's room in the residential accommodation and were actively involved in people's lives at Tanglewood Mews. Staff told us that 22 members of staff had attended a "get to know you" session with one person's father, where he told them all about her life and what she liked/disliked.

We saw in the residential accommodation that people could choose when they got up and when they went to bed. We saw that timetables of events and activities showed people who used the service could choose what they wanted to do. In the supported living accommodation, one of the people who used the service had a hamster and some fish in his room. He told us he had chosen new furniture for his flat and he was going on holiday to Ibiza with a member of staff in four months time.

We saw people were given as much choice as possible and staff tried to accommodate this. One of the people who used the service wanted to go out when there was a shift changeover in the afternoon. It was explained to him that he would have to wait half an hour until the other member of staff came in. One person told us, "Staff fight over me to work with me." She told us she gets to choose who supports her. One person told us, "I went to London with [staff member]. I had a fantastic time. I went to see Wicked. I have never had trouble with my support staff."

Care records contained easy read profiles of the people who used the service. We saw these were person centred, people had been involved in writing them and staff knew and understood the person they cared for. For example, "My name is [name]", "[Name] is an expert at playing tricks on people", "[Name] likes to play football and watch Britain's got talent" and "[Name] enjoys helping out around the house by setting the dining table, taking out the rubbish and cleaning his bedroom".

We saw support plans were in place and included health, medication, safety in the community, communication, relationships, activities, mental capacity, night, daily living skills, finances, diet, travel and personal care. The support plans included details of the needs of the person who used the service, what outcomes the plan was to achieve and instructions for staff.

The records contained evidence that people had been involved in writing their plans and their wishes had been taken into consideration. For example, we saw one person's support plan for personal care stated, "I have a learning difficulty and require staff to support me to meet my personal care needs." The primary outcome of the support plan was, "To ensure I complete my personal care needs and staff to support me to maintain good personal care" and "To ensure I am supported to use the toilet as independently as possible". Support plans also included instructions for staff to follow and details of what the long term outcomes were. For example, "To develop my skills with my own personal care, such as putting my toothpaste on my brush myself." We saw that staff cleaned the accommodation but some of the people helped them. We met with three people who looked after their own flats in the supported living accommodation and did their own daily living tasks. We also saw one person ironing her clothes. This meant that staff supported people to be independent.

We saw people had promoting dignity support plans in place. One person's support plan stated, "I have a learning difficulty and need support to stay healthy and well." The plan contained a list of areas the person needed support with, for example, personal hygiene, medication, travel and communication. The outcome of the support plan was, "For staff to promote and maintain dignity in all areas of my life and to ensure that the dignity commitments are met." We observed staff knocking on doors before entering people's rooms and weren't just going in without permission. This meant that staff respected people's privacy and dignity.

Good

Is the service caring?

We saw that people had 'culture, spirituality, psychological and emotional' support plans in place. These were person centred and recorded the person's wishes with regard to these areas. For example instructions included, "My family and friends to be welcomed into Olive Grove when they choose to visit", "should I express a need/desire for religious input, staff to liaise with with parents and develop an appropriate support plan" and "all staff to be sensitive to my understanding of death and have empathy when I may become distressed".

Good

Is the service responsive?

Our findings

We saw that care records were regularly reviewed and evaluated.. Each person's care record included emergency contact details including next of kin, GP, social worker and a description of the person, including details of their diagnosis and disability.

Risk assessments were in place and included bathing and toilet needs, preparing food and drinks, nutrition, choking, falls, safety outside the home and journeys, transport, self harm, potentially violent and violent episodes, medication, community and fire awareness. Each risk assessment identified the level of risk for each area and the level of supervision required and whether a support plan was required. For example, one person's risk assessment for potentially violent and violent episodes identified that a support plan was required for staff intervention and proactive strategies. We saw a preventative strategy support plan was in place, which identified known triggers for behaviour that challenged and the approach staff should take. We also saw that other support plans for this person reflected the risk of behaviour that challenged and were updated accordingly.

We saw care records included a timetable of events and activities that each person took part in throughout the week. For example, we saw that one person went to a day service during the week and activities on his return included, "[Name] to help clean room" and "help to prepare tea". We saw copies of 'my daily diary', which documented what the person who used the service had done each day and was split into morning, afternoon and nights. Staff completed the diaries by answering questions such as "What am I doing", "Am I happy to do this", "Were any alternatives offered", "Was any progress made" and "Were any problems encountered".

We saw copies of 'hospital passports' in the care records. These were written in case the person who used the service had to spend time in hospital and included important information about the person. For example, how the person reacted if they were worried or upset about something, how the person communicated, how to tell if the person was in pain, what the person's personal care needs were and what they liked and disliked.

People were involved in activities and each person had their own activity planner. Some of the more independent people had activities going on all week and all the people got to go on holiday. Places mentioned included Florida, Ibiza and London. We saw one person who used the service went to day services each week day and two people went to college. One person who used the service told us he helped a staff member with a football team he runs in his own time for 7-17 year olds. The person told us he had helped put the lines on the field. He told us, "I used to play football myself but I left because I didn't get a game much."

We saw a copy of the 'client complaints procedure' on the notice board in the residential accommodation and an easy read copy of the provider's 'complaints and concerns' policy. These described what a complaint is, how to make a complaint, who to contact, the turnaround time for complaints and who to contact if the complainant was not happy with the outcome.

We saw the complaints file, which included records of complaints such as letters from complainants, minutes of meetings with complainants and members of staff and details of action taken. For example, we saw one complaint regarding an inappropriate comment from a member of staff. We saw that the staff member was spoken with about this and the complainant was happy with the action taken.

People and staff we spoke with knew about the complaints system and that there was an easy read booklet available about it. This meant that the provider had an effective complaints system in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

People who used the service, and their family members, told us Tanglewood Mews was well led. One person told us, “There’s a good staff team. They are all sound.”

Staff told us they felt supported by senior management. They told us, “The managers listen. There is plenty of communication. You can go to them if there is a problem. Everyone mixes in and gets on” and “I feel comfortable at work. If I have a problem I can tell [team leader] and it will get sorted out. You can ring up on your day off if you want to. We work as a team”. We saw one member of staff at Tanglewood Mews had received the provider’s employee of the month award and another member of staff had been sponsored by the provider to do voluntary work in Uganda last year. Staff also told us the provider had a helpline for staff to use if they “feel stressed.”

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw copies of the monthly quality assurance audit, which was completed by a senior member of staff in each house at Tanglewood Mews. This included an audit of the fire procedure, complaints, notifications, incident reports, menus, policies, risk assessments, the accommodation, health and safety, finances and medication. This audit was submitted monthly to the provider and used to inform visits to Tanglewood Mews to check the validity of the information. We also saw that all accidents and incidents were collated by the administrator and forwarded to the provider.

We saw relative questionnaires from June 2014, which asked questions about the quality of the home, furniture, atmosphere, gardens, food, activities, standard of care, support plans, staff, manager and whether people felt able to raise concerns. Comments included, “Everybody seems very much at home” and “staff are always polite and friendly”. We also saw copies of easy to read questionnaires for people who used the service.

We saw the night checks file for the residential accommodation, which contained night cleaning schedules, cleaning rotas and records of checks on people who used the service. These included auditory checks on people who used the service every half an hour and physical checks every two hours. We saw these records were up to date.

We asked staff how easy it was to get things for the accommodation if they needed them. They told us that they were able to request and get things without any problem. One staff member told us, “There is a handyman who does any work that needs doing.”

We saw servicing and maintenance records for emergency lighting, lifts and hoists. We saw fire safety checks had been carried out and saw a copy of the fire protection certificate, which was in date. We also saw portable appliance testing (PAT) records however these were from 2012 and were out of date. We discussed this with the locality manager who agreed to raise it with the maintenance staff.

We saw hot water temperature checks were carried out every morning. All were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014 apart from on 7 January 2015 when some temperature checks exceeded 44 degrees. The locality manager informed us there was a problem with the heating on that day, which was resolved and we saw temperatures had returned to normal the following day.

This meant that the provider gathered information about the quality of their service from a variety of sources.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Staff were not properly supported to provide care to people who used the service because supervisions and appraisals were not up to date. Regulation 23.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: Consent had not been obtained for people's care and treatment. Regulation 18.