Hertfordshire County Council

Tanners Wood

Inspection report

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31 May 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of Tanners Wood on the 25, 26 and 31 May 2016.

The service provides short breaks and respite care for up to eight people with a learning disability and/or physical disability. On the days of our inspections, there were between two and three people using the service.

At our last inspection on 20 May 2014, the service was not meeting two of the required standards that we looked at. During this inspection we found that these standards had not been met, we also identified further breaches of regulations because people's care was not planned and delivered in a way that ensures their safety. Additionally, there was no evidence that people consented to their care and the provider's quality monitoring processes were not always used effectively to drive improvements. You can see what action we told the provider to take at the back of the full version of the report.

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 some risk assessments, however these were not always regularly reviewed to minimise potential harm to people using the service. There were appropriate numbers of staff employed, however staff we spoke with told us that often they were reallocated to other adjacent services, resulting in administrative tasks not being completed.

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 an annual appraisal. Medicines were administered safely by staff who had received training.

We found that people, their relatives and /or other professionals were not always given the opportunity to be involved in reviewing people's care and the service did not have a process in place for staff to follow to ensure that people and/or their representatives were given the opportunity to be involved in care planning and review process.

People had access to healthy foods and were supported to eat and drink well. During our inspection we saw that people were encouraged to drink plenty of fluids to stay hydrated. People who required medical attention by ways of attending an appointment and/or been seen at the home by a doctor during their stay, the service support people to do so.

The management team were not always proactive in supporting staff to deliver a good service. In particular, they had not been given the time needed for them to undertake important administrative tasks such as

reviewing people's care plans to ensure that people were receiving safe and proper care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Staffing levels were appropriate to meet the needs of people. However staff were not effectively deployed to ensure that people's care records were up to date.

Risks to people were not always reviewed and documented in a timely manner.

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

Medicines were managed appropriately and safely.

Staff recruitment and pre-employment checks were in place

Is the service effective?

Requires Improvement

The service was not always effective

Consent was not sought in line with current legislation.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs). However assessments or reviews were not always carried out in a timely manner.

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

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

Is the service caring?

Requires Improvement

The service was not always caring

People and/or their relatives were not always involved in their own care planning and making decisions.

People did not have information in a way they understand.

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?

Requires Improvement

The service was not always responsive

Staff were not always aware of people's support needs, their interests and preferences due to care plans not being reviewed.

People and stakeholders were asked their views on the service.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led

The manager did not demonstrate strong, visible leadership or give consistent direction to the staff team.

There was a registered manager in place.

Staff felt supported by the management team.

Some audits were undertaken to assess and monitor the quality of the service people received, but the provider's quality monitoring processes had not always been used effectively to drive improvements.

Tanners Wood

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 25 May, 26 May and 31 May 2016, and was unannounced. The inspection team consisted of three 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 and notifications they had sent to us. A notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke with two people who used the service and observed the care of one other person who used the service. We spoke with a manager who was managing the service while the registered manager was on leave, three senior support workers, one support worker, one agency staff, three relatives of people who used the service and one professional who was visiting the service on the day of the inspection. We reviewed the care and support records of the 26 people that used the service, obtained information from the provider for three members of staff, as these records were not held at the location. We reviewed 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.

Requires Improvement

Is the service safe?

Our findings

During our inspection we found that not all people had up to date risk assessments in place. For example, the risk assessments for two of the three people whose records we looked at on the first day of our inspection had not been reviewed by the service. On the second day of our inspection, we found that a different risk assessment with a review date recorded prior to our inspection had now been placed in one person's file. We were told by one of the senior staff that it may have been placed elsewhere in the file and that the file had dropped and papers might have been placed in different places within the person's file. We noted that the risk assessment that we had seen was now at the back of the person's file.

On the last day of our inspection we reviewed a further 21 risk assessments and we were not able to locate the most recent risk assessments for two people despite records showing that these had been reviewed and placed in the file. Staff who assisted us were also not able to locate those records. We also found that three people's risk assessments had last been reviewed in 2014. This meant that staff did not always have the most up to date information in order to minimise potential risks to people who used the service.

We saw no evidence that people and/or their relatives had been involved in the decision about taking risk, and the manager and senior staff were not able to provide evidence of this. The manager told us that people's relatives were asked to complete a form each time their relative stayed at the home, which asked if there were any changes to their relative's needs. We were shown evidence of this.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that there were sufficient staff on duty to support people. However, staff we spoke with told us that often they were reallocated to work in the other adjacent services run by the provider. This was not reflected on the staff rota and therefore it was unclear how often staff were being redeployed to other services. Staff told us that the effect of this meant that 'paper work' such as risk assessments and care plans were not updated when they should be.

We asked a member of staff how important do they think paperwork is (writing care plans and undertaking risk assessments) in regards to keeping people safe. They told us, "Paperwork is very important, but providing care is more important. As the years go on, there seems to be more paperwork." This meant that people may have been put at risk of unsafe care as crucial assessments such as risk assessments were not regularly reviewed to ensure that possible risks to people were minimised. A manager we spoke with about this was aware that updates to risk assessments were outstanding. They advised us that the service was currently working though people's files and updating risk assessments.

A person we spoke with said, "Yes I feel safe here." All the relatives we spoke with said that their relatives were safe when residing at Tanners Wood. One relative's response to the question whether they felt that their relative was safe whilst at Tanners Wood was, "Yes absolutely." Staff we spoke with told us how they would keep people safe and meet their needs. Most staff had worked at the home for several years and knew

the people well. 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 we reviewed showed that staff had received training in safeguarding people who used the service.

Most staff who worked at the service had been employed for many years. We were unable to review the recruitment documentation because it was not held at the service. However, we obtained confirmation from the provider that all staff had completed an application form, pre- employment checks had been completed prior to them starting work, such as Disclosure and Barring Service (DBS) check and references were obtained.

People's medicines were being managed safely because there were systems in place for the safe storage, recording and administration of medicines. We saw that medicines were being administered by staff who had been trained to do so safely. The provider had a form that people's relatives completed to show what medicines they had brought to the service and what time they took these. Staff found this useful in ensuring that they adhered to people's routines. A list of people's medicines was added to medicine administration records (MAR) so that there was evidence that they had been given their medicines as prescribed

We saw evidence that 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. 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.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection it was found that the provider did not have a specific policy which detailed the process for obtaining, recording and reviewing consent. During this inspection we asked to see the policy pertaining to consent. The policy provided by the manager was 'guidance on consent'. This policy was not readily available and was eventually located in another of the provider's service. We noted that the policy stated, 'where possible, service users should be involved in writing their care plan and signing it to indicate consent'. The policy was due for a review on 1 March 2016 and we saw no evidence that this had taken place.

During our previous inspection we found that people had not always been asked for their consent. During this inspection we again found that there was not a clear system in place to show that people consented to their care and support. We reviewed 26 care plans and found that 23 of them did not show that people and/or their representatives had consented to their care and support. Staff we spoke with told us that they always tried to included people and their families throughout the care planning process to ensure that they consented to their care and support; however they were not able to provide us with evidence of this. We noted that one person had signed their care plan overnight following the first day of our inspection. There was no input from the person's relative, advocate or other professionals which could ensure that the person had the mental capacity to consent to and understand their care plan. This meant that the provider may not have acted in the person's best interest.

We noted that there were pictures of people doing activities displayed in communal areas of the home. We asked the manager if people had consented to having their photographs taken and displayed. Other than a list of people's names on a sheet of paper stating, 'I am happy for my photographs to be shown at the service review meeting on 10 July 2013', the manager was not able to provide any evidence that people had given their consent to have their photographs taken and displayed.

We spoke with staff about obtaining consent and they all told us that they always sought verbal consent from people before supporting them. They also told us that for people who did not communicate verbally, they would look at their facial expressions and body language to see if they were happy for staff to support them. We saw no written evidence to show that people were informed or made aware of their rights in respect of withdrawing consent either fully or in part at any time. This meant that there was no evidence that people's care and treatment was provided with their consent.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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. We observed that one staff asked permission and sought consent from a person who was not able to communicate verbally, we saw the member of staff observed the persons facial expressions. Staff we spoke with told us that they communicated with people

who were not able to communicate verbally by way of photos, pictures, pointing, watching gestures, watching body language and observation.

Records showed that all staff had received training in Deprivation of Liberty Safeguards (DoLS) and mental capacity assessments as required by the Mental Capacity Act 2005 (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 this 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). Some applications had been made for people under DoLS to the local authority for approval. However, we noted from a chart provided by a senior support worker that over half of people who used the service still required an assessment or review under DoLS, in particular in relation to them going out alone. There was no system in place to ensure those at high risk were assessed first as we noted that the assessments were being undertaken in alphabetical order.

Records showed that staff had received other appropriate training such as health and safety, medication, first aid and moving and handling. All staff we spoke with were complimentary about the training and said that it enabled them to support people appropriately.

Staff had received an annual appraisal and had 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.

The new style care plans documented people's food preferences including any details of special dietary requirements such as puree food. There was also 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 were offered drinks and snacks throughout the day. One person we spoke with told us, "The food is very nice."

As the home provided short stay respite care, we were told that people did not bring their 'purple folder' with them. The purple folder holds details such as people's medical appointments, how they want to be communicated with and their medication. Staff told us and showed us forms which were completed by relatives at each stay, detailing any changes to their health and wellbeing since their last stay. Staff told us that should people become ill whist residing at the home, they would seek medical advice from a local GP service.

Requires Improvement

Is the service caring?

Our findings

People who used the service had different levels of learning disabilities. We noted that the new care plans which were being implemented since January 2016 held more information about each person. However, they were not formatted in such a way that would support a person with learning disabilities to understand. We noted on the new style care plan it stated 'service users plans (HCC to complete and offer user friendly version if required by service user)'. We spoke with the manager about this and we were told that the home did not have a user friendly version but could devise one. This meant that the provider was not currently using methods available to them to ensure that people were appropriately supported to participate, devise and understand their care plan.

A person we spoke with told us that staff listened to them and were patient. When asked if staff are caring, relative's comments included, "If there is a problem, like [their relative] wasn't happy they do ring me." We were also told, "The communication is also excellent." and "Staff are definitely caring." During our inspection 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. We also saw that when people asked for support, staff responded quickly and in a positive, helpful manner. For example, a person wanted to make a cup of tea and a staff member followed them to the kitchen to do so. The person then changed their mind and wanted a cold drink instead. We were able to see that most staff knew people's needs including the needs of those that were not able to communicate verbally. Staff were observed spending time talking with people and supporting them with tasks. We noted that staff were patient and encouraged people to do as much as they could for themselves.

All staff we spoke with understood the importance of engaging with people in a way that they understood, and had good understanding of the principles of dignity and respect. Most staff had worked in the home for several years so were aware of each person they cared for and their history. However, the provider also used agency staff that would not be as aware of people's needs. Staff all understood the importance of respecting people's privacy and upholding their dignity. Staff told us that when entering people's bedrooms, they 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

Requires Improvement

Is the service responsive?

Our findings

The home was in the process of changing their style of care plans. This process of implementing the new style care plan appeared to be task orientated as we saw little involvement of people who used the service and/or their representatives. We found the new style care plan was more person-centred and contained comprehensive details of what support people needed, reasons for their stay, religious observations and people's choice about gender specific care. However they were not user friendly, and by this we mean written in a way in which people that used the service could understand. We were told by a manager that the service would have to devise their own user friendly care plan as there was not a standard one used by the organisation.

We reviewed 26 care plans and saw no evidence in 23 of those plans that people and or their advocates had been involved in the review process. A senior member of staff told us that if relatives were not able to visit the home to view the care and support plan, they would telephone them to get their opinion. We asked if this had been recorded anywhere and we were told that, "It should have been, but wasn't." This meant that people (who had the capacity to) may not have been given the opportunity to have their say about their care and be involved in the process at each stage. We asked relatives if they had been invited to attend reviews, we were told by two of the three relatives that we spoke with that they had not been involved and/or invited to attend their relative review by the home. However one relative told us that they still felt that the service "Communication is excellent."

Additionally, we noted that not all care plans had been reviewed to ensure that agency staff in particular, had up to date documentation to refer to, in order to ensure they were providing care and support in line with the person's wishes and needs. When we spoke with permanent staff they were however, able to provide us with information about people's likes and dislikes. For example, prior to speaking with one person staff told us that the person only liked people to use a particular hand to do things. This information supported us to be able to converse with the person in the manner to which they liked. We noted that this information had also been clearly documented in the person's care plan.

The service provided short term care and as such, people's daily activities which they undertook when residing at their home address such as attending day clubs was continued when they stayed at the service. We were told that information regarding people's daily activities was provided by their families and/ or representatives who acted as people's advocates. Staff told us that people were always given a choice as to what they wanted to do with their day, but they strived to keep continuity as much as possible to mirror how people lived when they were at their homes. They said this was important in order to try and limit any drastic changes which may cause people distress.

There was a complaints policy and procedure available and displayed in the communal area of the home. However it was not an easy read version so could not support people in understanding how to make a

complaint. The policy provided detailed information on how and where a person could make a complaint to the provider. Records showed that there had been one complaint raised in the last six months. The complaint had been appropriately recorded, investigated and responded to in a timely manner. All relatives that we spoke with knew how to make a complaint and were confident that the provider would take appropriate action to resolve any issues.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the service did not provide consistently safe and effective care to people who used the service. The care plans had not been reviewed and updated to ensure that people were safe and receiving appropriate care and support. We were told that following the previous inspection in 2014, the service had started to review care plans, but subsequently stopped as they were waiting for the new style care plans to come into effect. The new style care plans came into effect in January 2016. This meant that no reviews were undertaken between October 2014 and January 2016. This was contrary to the providers service user plan which states, 'your support plan is reviewed at least twice a year' and the statement of purpose which states '...people using the service have a support plan which is centred on them as an individual and is developed with them, and/or those acting on their behalf… reviews each support plan annually (or sooner if needs/wishes change) at the service user's review – which may involve relevant family and other professionals'. This meant that the provider did not maintain accurate, complete and contemporaneous records in respect of each person they supported. They also did not maintain an accurate record of the care and treatment provided to the people they supported and of decisions taken in relation to the care and treatment provided.

We noted that the care plans were being reviewed alphabetically and not in an order which would ensure that people at risk or with complex needs would be reviewed first. This would have enabled staff, in particular agency staff to have up to date information to refer to. There was no system in place to audit care plans to ensure that they were reviewed in accordance to the provider's statement of purpose.

We looked at a quality monitoring visit which was conducted by the provider on 7 and 8 March 2016 and the homes action plan following the visit. One of the actions that were required was completion of new care plans by the end of June 2016. We noted that although we were told that the new style care plans came into effect in January 2016, only 17 had been completed and this had been done between April 2016 and May 2016. According to the chart provided to us, there were still 31 care plans to be reviewed by the end of June 2016. We also noted that within the action plan, it was documented that all risk assessments had been reviewed by the end of March 2016, but we found this not to be the case.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place who was supported by a team leader and senior support workers. The registered manager was on leave during our inspection and in their absence, we were assisted by a manager from an adjacent service run by the provider.

Comments from relatives we spoke with varied when asked about the quality of the service they had received. They included feeling that the quality of the service had gone down in the last few years to "Absolutely excellent, very well lead and staff are very devoted to service users."

Staff said that the management team was approachable and was willing to listen to any concerns or ideas

they may have in regards to people's care. They all knew the names and positions of senior staff as well as details of the provider, and they felt that there was good and strong leadership within the home. Staff also said that they had a period of time without a manager which had an impact on the quality of the service. One member of staff said this when asked about the service's biggest challenge, "The biggest challenge is the paperwork and staffing as we sometimes have to support elsewhere so don't always get to do the paperwork". This was echoed by other staff we spoke with. One member of staff said this when speaking of the management team, "Good leadership, good support for clients and staff."

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. However although we found staff to be very caring, we noted that most people were not involved in their care planning process.

There were some regular audits undertaken such as checking that people's medicines were managed safely. Accidents and incidents were also reviewed and analysed to enable patterns and trends to be identified so where possible, plans could be put in place to keep people safe. We were told that if areas of improvements were identified, an action plan would be put in place to implement the improvements.

The provider had undertaken an annual satisfaction survey. We saw that there was a 'user friendly' format for people who used the service. The results showed that people were happy with the service that they had received. Relatives that we spoke with all confirmed that they had received an annual questionnaire from the provider seeking their opinion about the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure that people had consented to their care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all people had up to risk assessments.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain accurate, complete and contemporaneous records in respect of each person they supported. They also did not maintain an accurate record of the care and treatment provided to the people they supported and of decisions taken in relation to the care and treatment provided.