Life Opportunities Trust

Tanners

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

About the service: Tanners is a residential care home that provides personal care for up to seven older people with learning disabilities, autism and physical disabilities. At the time of the inspection six people lived at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What life is like for people using this service:

The property was clean, comfortable with plenty of room for people to live. People indicated to us they felt safe and happy at the home with gestures and smiles. There were safeguarding systems and processes in place that sought to protect people from harm. Staff knew the signs of abuse and what to do if they suspected it. There were sufficient staff in place, all of whom had passed safe recruitment procedures to ensure they were suitable for their role. There were systems to monitor people's safety and promote their health and wellbeing, these included risk assessments and care plans. The provider ensured that when things went wrong, incidents and accidents were recorded and lessons were learned.

People's needs were assessed in detail before moving into the home so the provider knew whether they could meet a person's needs. Staff were sufficiently skilled and experienced to fulfil their roles. They received training and were supported through supervision and appraisal. People were prompted to eat and drink healthily and could choose what foods they wanted to eat. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated kindly and compassionately by staff. People were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity and supported them to be as independent as possible.

People received personalised care because their support needs and preferences were detailed in their care plans. People were supported to lead meaningful and fulfilled lives through activities of their choice. The provider had a complaints policy and process in place; people told us they would feel comfortable raising complaints. There were no people at the end of their life, but the provider worked with people to establish their wishes at such a time, so that they could support people if their health changed.

People and staff thought highly of the registered manager. Staff knew their roles and understood what was expected of them. The area manager and deputy manager understood their responsibilities in the absence of the registered manager, to ensure people received a safe, high quality service. People and staff were

engaged in the service and their opinions were sought. There were quality assurance systems in place to assist the provider to monitor and improve its care and treatment of people. The service had built local community links to benefit the lives of people using the service.

This service met characteristics of Good in all areas; More information is in the 'Detailed Findings' below.

Rating at last inspection: Good. The last report for Tanners was published in June 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements

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 remains Safe. Details are in our Safe findings below.	Good
Is the service effective? The service remains Effective. Details are in our Effective findings below.	Good
Is the service caring? The service remains Caring. Details are in our Caring findings below.	Good
Is the service responsive? The service remains Responsive. Details are in our Responsive findings below.	Good
Is the service well-led? The service remains Well-Led. Details are in our Well-Led findings below.	Good

Tanners

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Tanners is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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.

Notice of inspection: The inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we reviewed two people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the service such as quality audits, people's feedback, and meeting minutes. We met three people who lived at Tanners. We also spoke with two care workers and the registered manager.

Some people were not able to tell us what they thought of living at the home; therefore we used different

methods to gather experiences of what it was like to live there. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People indicated to us they felt safe and that Tanners was their home. One relative said, "We are very happy with the home, it has put our mind at ease that [Name] is safe and well cared for." There were policies and procedures in place for staff to follow to keep people safe from harm. The safeguarding policy described the different types of abuse vulnerable people might face and information for staff to follow in case they suspected abuse. All staff had read this policy as part of their induction. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
•We saw detailed records were kept of safeguarding concerns and alerts and that, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). We saw concerns had been investigated properly and fairly in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
•There were easy read posters throughout the service so people knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed that the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management
•Staff knew people well and had been working with people for several years. They had developed a good understanding of the risks to people and the steps they needed to take to reduce those risks. For example, people had detailed risk management plans for when they had health conditions such as epilepsy. The information described the type of seizures they had, how staff should avoid harm to the person whilst having a seizure, and when staff needed to call for emergency assistance. Staff followed the risk mitigation plans.
•The provider ensured environmental risks were managed and had procedures in place to regularly check the environment at the home, to ensure it remained safe.

Staffing and recruitment
•The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). DBS certificates verify people's criminal history and suitability for working with vulnerable adults and/or children. This meant the provider recruited employees suitable for working with vulnerable people.
•There were enough staff at the home, day and night. Although the registered manager told us they had difficulty in recruiting permanent staff, we saw the same temporary staff were used at the home to maintain continuity of care for people. We saw a person requiring support was attended to immediately. The provider maintained a rota and ensured there were enough staff on shift at all times. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.

Using medicines safely
•Each person had records on which medicines they received. These records contained important information about people's health and the medicines they required.
•We checked people's medicines and their medication administration record (MAR) folders and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance.
•Staff were trained to administer medicines and their competency checked to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

Preventing and controlling infection
•There were effective measures in place to ensure risk of infection was prevented and/or minimised. Staff understood the principles of infection control. Staff used protective clothing and sanitizers when interacting with people to prevent the spread of infection. Colour coding was used to identify the usage of some cleaning materials, and kitchen utensils, to prevent cross contamination. This meant people were kept safe from infection as much as possible.

Learning lessons when things go wrong
•Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs were assessed before admission to the home. These assessments were comprehensive. They covered people's physical and mental health needs as well as their background. Records showed the individual support people needed. When people's needs changed, their support requirements were re-assessed to ensure people always received a service that met their needs.

Staff support: induction, training, skills and experience
•Staff received an induction upon starting work at the service. The induction included training, reading policies and meeting people and staff. It also included learning about the role by observing experienced staff so new staff knew how to care for people. Induction and training in the first few weeks of their employment was based on a recognised care qualification, to ensure staff had the skills they needed. Staff were required to pass a twelve month probationary period, which tested their skills and character before being permanently employed. Initial training included equipping staff with specialist skills to support people with their health conditions, such as dysphasia and epilepsy. This meant staff were trained in how to provide effective care and support to people.
•We saw people were supported to move around the home safely, which demonstrated staff had effective manual handling training.
•Staff received relevant, ongoing refresher training for their roles. One member of staff said, "It's the best training I've ever had. It has really given me the skills I need to support people." Systems were in place to check staff kept their training and skills up to date. There were development opportunities for staff and we saw that some staff had completed national vocational qualifications in health and social care. The registered manager also coached staff in understanding the values of the provider and how these needed to be achieved. This demonstrated staff were given the right guidance and knowledge to support people.
•Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks. The provider also arranged spot checks on the performance of staff and regular observations of their practice. Staff told us they felt supported by the provider in their role. This meant that staff were supported to carry out their jobs and develop.

Supporting people to eat and drink enough to maintain a balanced diet
•The service promoted healthy eating and monitored people's weight where appropriate. People could make choices about what they ate each day, and met to decide on meal plans and menu choices. The provider ensured extra staff were employed to help prepare meals and drinks for people throughout the day, to ensure everyone had support to eat and drink. We saw the fridge, freezer and cupboard were sufficiently stocked, so that people had access to food and drinks whenever they chose.

Supporting people to live healthier lives, access healthcare services and support
•People had access to health professionals. Staff took people to regular hospital, dietician, dental and clinical appointments to maintain their health. Where advice was provided from health professionals, care records were updated, and staff followed the advice. Each person had a health support plan, which detailed how staff should support them with their identified health conditions. This ensured that people received the right support to manage their health and wellbeing.

Staff working to provide consistent, effective, timely care
•Staff communicated effectively with other staff. There were systems in place, such as daily care records and a communication book, to share information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect how their needs were met.
•Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they needed a snack or a drink. They also checked if people were anxious, felt well, or needed help with their daily tasks or plans. This meant staff could respond if people became unwell.

Adapting service, design, decoration to meet people's needs
•People were involved in decisions about the premises and environment; they could decorate their room how they liked. We saw one person had decorated their room with pictures and possessions that were important to them. Other people had specialist equipment in their room to ensure their safety, such as padded furniture and doorways to protect people if they were prone to epileptic seizures. People indicated to us, and we observed, they felt comfortable in their home.

Ensuring consent to care and treatment in line with law and guidance
•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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found the service to be compliant. There were DoLS in place for people who had restrictions in their care plans to keep them safe from harm. The provider kept record of the authorisations and applied for them appropriately.
•Mental capacity assessments were undertaken, along with best interests decisions, for more complex decisions such as managing finances, where people lacked the capacity to make these decisions without support.
•Staff had received training and understood their responsibilities around consent and mental capacity. We witnessed staff seeking consent from people before providing care and support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
•We saw staff being kind to people and involving them with the tasks and activities they wanted to do. Staff communicated with people in a warm and friendly manner, and gave people the time they required to respond. People were comfortable in the company of staff, laughed and enjoyed their companionship, which showed they felt safe with staff members. One relative told us, "The care staff are lovely with [Name]."
•Staff responded compassionately to one person when they appeared anxious. We saw staff used techniques to distract the person and provided emotional support. This showed that people were supported in a compassionate manner.
•People were supported to receive care and assistance from others. When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.
•Where people had specific needs regarding their cultural or spiritual background, or other protected characteristics, they were supported in a way that met their individual needs. For example, where people required specialist diets that respected their cultural background these were followed.

Supporting people to express their views and be involved in making decisions about their care
•People were involved in decisions about their care. We saw easy read forms as well as notes and checks to ensure things were explained to people before they signed documents. We also saw that the service used pictorial cards to assist people make decisions and to understand what was going to happen. This meant people were involved, as much as possible, in making decisions about their care and treatment.
•People living in the home could not always use verbal communication to express their wishes but staff were skilled in looking out for other signs and body language which people used to communicate their preferences. Care files had good communication profiles which detailed how each person communicated which meant that staff had a consistent understanding of how to communicate with people.
•House meetings were held regularly. Discussions were focussed about people's choices and any changes to the service or the environment. For example, what activities people enjoyed, food choices, and where people would like to holiday. This showed people were involved with decisions about how they spent their time and supported to express their views.
•People were supported to maintain links with family and friends, which were important to them. Some people regularly stayed with their family and visited their family home for overnight stays. Other people received regular visits from family and friends at the home.

Respecting and promoting people's privacy, dignity and independence

•People had their own rooms and their privacy and dignity was respected. We saw where people indicated they wanted to spend time alone in their room, this was respected by staff. Staff knocked on people's doors and waited before entering, to respect people's privacy.
•The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
•People's independence was promoted. Staff encouraged people to do tasks that they could do themselves, such as drinking and eating unaided by staff. Staff were there to support people if they needed assistance. This meant people were encouraged to maintain their skills, and continue to be as independent as possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Each person had detailed care plans that identified and recorded their needs, goals and highlighted any risks. Care plans covered topics from physical and health needs, domestic needs, activity engagement, daily routines, preferences and risk assessments. There were also plans for when situations arose such as positive behaviour support.
•Where people had expressed a wish to achieve a goal, during care planning and care reviews, the provider supported people to achieve their wishes. For example, one person had expressed a wish for a funeral plan to be put in place, which had been done with them and a local funeral company.
•Care records were regularly reviewed and were kept up to date. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
•People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included hearing aids and visual aids, pictures and large print documents. One relative told us, "Since moving to the home [Name's] communication and speech has improved [because of the encouragement from staff]."
•People were supported to take part in activities of their choice. Each person had a personalised activity plan, which showed each day what they planned to do. One person's weekly plan included reflexology sessions, shopping, coffee with friends, chiropody appointments, listening to music, and doing housework.
•The provider kept records of activities people enjoyed, and photographs of enjoyable days out were on display around the home. This helped people remember and plan for future activities they might enjoy. People told us they went out almost every day, if they wished. A staff member confirmed this saying, "We try to take people out every day, or get them involved in their hobbies or interests." This meant people were enabled to live rich and satisfying lives.

Improving care quality in response to complaints or concerns
•People were supported to raise concerns. The provider logged verbal concerns and feedback, as well as formal complaints. We saw where people had showed their dissatisfaction with an element of their care, their concerns were taken seriously and were investigated and discussed with them.
•The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format. Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people receiving care have information made available to them that they can access and understand. The easy read information told people how to keep themselves safe and how to report any issues of concern or raise a complaint. The service had a complaints log, however, they had not received any formal complaints.

End of life care and support

•No one at the service was at the end of their life, or in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place to ask them about their wishes.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People and staff told us they thought highly of the registered manager and other staff at the home. One staff member said, "We all work together as a team to get the best outcome for people here." Another staff member told us, "If we had any concerns we could go directly to the registered manager. They are really good at conveying how we should follow procedures and policies, and support people."

•The registered manager and staff were able to convey the provider's commitment to providing person centred care, and from people's feedback and our review of records, we found people were at the centre of the work the service provided. The provider had a clear vision, which included the principles of involvement, compassion, respect, equality and safety for people.

•The provider recognised the valuable contribution staff made to the service, and recognised the good work that staff did by offering rewards, recognition, and sharing compliments with them.

•The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•People were supported to complete surveys for the service to capture their views and opinions. Surveys were in an easy to read format, and staff were available to assist people to complete them if required. The most recent survey showed people were happy with the care they received. One person's relative said, "We would like to thank you for the excellent care and support you have given [Name] since they moved in."

•Feedback led to changes at the home, for example, one person had asked for more activities and trips out and about. This had been arranged by the registered manager using local outreach services, which meant the person had individual support to access their local community. In addition, other people at the home were being offered additional support through outreach services as this had worked well for the individual.

•Resident meetings were held and discussed topics including activity and holiday choices and any changes in the staff team and the home. These meetings demonstrated that people were supported to engage with each other and be involved with the running of their home.

•Staff meetings were held where topics including mental capacity, equality and diversity, expectations within employee roles, and any changes at the home or provider's other services were discussed. We saw in a recent staff meeting holiday accommodation and destinations had been discussed, to ensure people were able to go on holiday in accommodation that suited their needs. This showed staff were involved in shaping and understanding the service.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

•The service was well run. Staff told us they were confident in the management team, were clear in their own roles and understood what the provider expected from them. Regular training, supervision, meetings with their manager, and checks on their competency ensured staff were supported to keep their skills and knowledge up to date. The provider had staff on site 24 hours a day, and an 'on call' arrangement was in place to ensure staff could always get support and guidance if needed. This meant people received good treatment from staff who knew what they were doing.

•The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The provider sent us statutory notifications about important events at the home, as they were required to. This demonstrated the management team was clear about their role and in being so, provided people with a good service.

Continuous learning and improving care

•The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, health and safety and quality audits of the entire service. All actions from audits were added to an action plan. These action plans allowed the provider to monitor and improve care for the people using the service. For example, updates to equipment, furniture and maintenance of the premises.

•Staff worked with the provider and the registered manager to review where things went well, and where things needed to be improved in the future. This type of review included how well people had enjoyed different trips, to determine what development of the service was needed.

Working in partnership with others

•The service had links with external services, such as community groups and commissioners of services, that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support.