

Cumbria County Council

Tarn House

Inspection report

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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 ●

Summary of findings

Overall summary

We carried out this announced inspection on 16 March 2017.

Tarn House provides accommodation and personal care for up to 14 adults who have a learning disability and/or a physical disability. The home is two storey and divided into four units called, Hill View, Sea View, Greenland and Beachwood. Hill View, Greenland and Beachwood units each have a lounge and a separate kitchen with dining area. Sea View is a self-contained flat that one person, able to live with greater independence, could use. There are two fenced garden areas and ample car parking. Tarn House provides permanent accommodation for people and short-term respite care.

There was a registered manager employed in the home. 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.

Our last comprehensive inspection of this home was carried out 15 January 2016. At that inspection we found that the registered provider was meeting the regulations that we assessed. However, we identified areas of the service that required improvement and made recommendations about maintaining the hygiene standards in the home and about improving the environment to promote people's independence.

When we carried out this comprehensive inspection in March 2017 we saw that the standards of hygiene in the home had improved. We also found that improvements had been made to the environment. Although the premises were based on an outdated model of care, the registered manager had arranged for improvements to be made to the décor and accommodation to provide a more homely feel to the service.

However, there were still aspects of the environment that placed limits on how people's independence could be promoted and there were areas of the home that were not accessible to people who used a wheelchair. People who lived in the home did not raise any concerns about the environment. They told us they liked living at Tarn House and said it was, "A good place to live".

People were safe in the home and were protected from the risk of abuse and avoidable harm. They were supported to access appropriate health care services to maintain their health. Medicines were handled safely and people received their medicines as their doctors had prescribed.

There were enough staff to support people. The staff knew people well and treated people in a kind and caring way. People received reassurance and support promptly from the staff in the home and their wellbeing was supported.

People were included in agreeing to the support they received and care was planned and provided to meet people's needs. The principles of the Mental Capacity Act 2005 were followed and people's rights were

protected. 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.

The staff were trained and supported to provide a high standard of care. The atmosphere in the home was friendly, open and inclusive. People were asked for their views and had been included in planning improvements to the environment.

People were provided with a range of activities that they enjoyed and that took account of their interests and preferences. People enjoyed the meals provided in the home and were supported to make meals and drinks for themselves.

The home was well managed. The registered manager and registered provider carried out checks on the service and had made improvements to the environment and décor to provide a more homely place for people to live.

The registered provider had a procedure for receiving and managing complaints about the service. People were confident that action would be taken in response to any concerns they raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to provide the support people needed.

People were protected from the risk of abuse and avoidable harm.

Medicines were handled safely.

Is the service effective?

Requires Improvement ●

Most aspects of the service were effective, however the home was designed to an outdated model of accommodation for people who have a learning disability and placed limits on how people's independence could be promoted.

People agreed to the care they received and their rights were respected.

People were provided with meals they enjoyed and were supported to access health care services to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way and were supported to express their views about their care.

The staff treated people with respect and gave people reassurance if they felt anxious.

Care was provided in a way that respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were included in agreeing the support they received and

care was planned and provided to meet people's needs.

Activities were arranged to take account of people's interests and preferences.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

The atmosphere in the home was open and inclusive. People were asked for their views and included in planning improvements to the environment.

The registered manager assessed the quality of the service and took action where they identified areas that could be improved.

Tarn House

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.

The inspection took place on 16 March 2017 and was carried out by one adult social care inspector. We gave the registered manager 24 hours' notice of our visit to the service because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

During our inspection we observed how the staff supported people and spoke with six people who lived in the home, three members of the care team, the registered manager and the provider's operations manager.

We looked at the records relating to the care of three people. We also looked at staff recruitment and training records and records relating to how the registered manager and registered provider monitored the safety and quality of the service.

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. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local health and social care agencies, who had knowledge of the home, to gather their views about the service.

Is the service safe?

Our findings

People who could speak with us told us they felt safe living in the home. We saw that people were relaxed and comfortable in the home and in approaching the registered manager and the staff on duty.

One person told us, "Of course I'm safe". Another person said, "I'm safe, yes".

All of the staff we spoke with told us they had completed training in how to identify and report abuse. They said they were confident people were safe living in the home or visiting for planned respite care. One staff member told us, "I'm sure people are safe here, we're like a family and we look after people how we'd want our family to be looked after". Another staff member said, "I'm totally confident people are safe here".

When we inspected the home most people who lived there had been out during the day, attending activities in the local community. We saw that, as people returned from activities, the staff in the home chatted with them and asked if they had "had a good day". We saw this gave people the opportunity to tell the staff if they had any concerns about how they had been treated while they were away from the home.

People told us that there were enough staff to provide their support. The registered manager told us that staffing levels were planned to take account of people's needs and the choices they made about their daily lives. Most people enjoyed attending activities in the local community during the day. One person had chosen not to attend activities away from the home and we saw that staffing levels had been planned to support them to stay at home with staff providing activities that they enjoyed.

All of the staff we spoke with told us that there were enough staff to meet people's needs. They told us, and we saw, that they had time to spend with people, chatting or supporting people to engage in activities in the home. Throughout our inspection we saw that the staff were unhurried and patient and people received the support they required promptly because there were enough staff working in the home.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. We saw that risk assessments were used in a positive way to identify and manage risks while supporting people to follow activities of their choice. People we spoke with knew how to remain safe when they followed activities in the local community. The staff on duty knew the actions to take to maintain individuals' safety and to protect them from avoidable harm.

At our inspection in January 2016 we saw that some areas of the premises were in need of repair and there were areas that were difficult to clean thoroughly. We made a recommendation that the registered provider sought advice about maintaining the standard of hygiene in the home. At our inspection in March 2017 we saw that action had been taken to improve the hygiene in the home. Paintwork and furniture that were worn and difficult to clean had been repainted or replaced. Repairs had been carried out to the premises and the provider's operations manager and the registered manager of the home had developed their own plan of further improvements to ensure people continued to be provided with safe and hygienic accommodation.

The operations manager, registered manager and staff in the home also carried out checks on the premises and equipment used to ensure they were safe for people. Where areas were identified that required action these had been passed to the provider for the required work to be carried out.

People told us they received the support they required to take their medicines. People who were able to could manage their own medicines and there were systems in place to ensure they could do so safely. The staff in the home had received training in the safe handling of medicines and had been assessed as competent to support people with their medicines.

We checked the records around the use of medicines. These showed that people had received their medicines as their doctors had prescribed. The registered manager and senior staff in the home carried out checks on how medicines were given and the records of medicine administration. This helped the registered manager to ensure people received their medicines safely.

The registered provider used robust recruitment systems when new staff were recruited. People who applied to work in the home were checked against records held by the Disclosure and Barring Service and had to provide evidence of their good character and of their conduct in their previous employment. People who used the service could be confident that new staff had been checked to ensure they were suitable to work in the home.

Is the service effective?

Our findings

People who could speak with us told us that they liked living at Tarn House and said it was "a good place to live". They told us they liked the staff who worked in the home and said they were "good at their jobs". We saw that the staff knew people well and had the skills and knowledge to provide the support individuals needed. Throughout our inspection we saw positive interactions between the staff and individuals who lived in the home that supported people's wellbeing.

The home provided support to people who had a learning and/or physical disability. The service was designed to what is now an outdated model of accommodation for people who have a learning disability. Accommodation was provided over two floors, but there was no passenger lift to assist people to access accommodation on the first floor of the home. There were also steps up to one side of the building, where the registered manager's and staff offices were. This area was not accessible to people who used a wheelchair.

At our last inspection of the home, we recommended that the registered provider sought advice about how the service could be adapted and improved to promote people's independence. At our inspection in March 2017 we found that the registered manager and staff team in the home had considered how people could be supported to gain further independence despite the limitations of the environment. They had also made improvements to the décor and environment to provide a more homely feel to the service. No one who lived in the home raised any concerns about the environment. However, the premises and model of care were not suitable to provide a high quality of support to people with a learning disability or people who used a wheelchair.

All of the staff we spoke with told us they had completed training to give them the skills and knowledge to meet the needs of people who used the service. One staff member told us, "We have lots of training". Another staff member said, "We're always doing training. . . It's good that we keep up to date with any changes".

We looked at the records around the training that staff had completed. These confirmed that the staff had completed a range of training including safe moving and handling, safe handling of medicines, protecting people from abuse and the Mental Capacity Act 2005. We also saw that staff had received specialised training to meet individual's needs. Throughout our inspection we saw that people received support from skilled and competent staff.

The registered provider had systems in place to identify when staff training needed to be updated. This helped to ensure that training was provided in a timely way, so that the staff maintained up to date skills and knowledge.

All of the staff told us they felt well supported and able to provide a good quality of care to people. We saw that the registered manager and senior staff in the home were available to provide support and guidance, as staff members needed.

We saw, and people told us, that they agreed to the support they received. The staff knew how people who could not easily express their wishes showed by their body language or expression if they agreed to their planned care. Throughout the inspection we saw that the decisions people made were respected.

Some people who lived in the home were not able to make important decisions about their care and lives. We looked at how the registered manager protected the rights of people who could not make or express their own choices. 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. We found that people's rights were protected because the staff who supported them had a very good understanding of the MCA and the MCA Code of Practice. People were given choices about their lives in a way that they could understand. The staff knew how people communicated their wishes and respected the decisions people made. Where people needed support to make an important decision about their lives, the principles of the MCA were followed and decisions had been made in the individual's best interests by appropriate people. One person had been supported by an Independent Mental Capacity Act advocate (IMCA) to express their views about where they wanted to live. IMCAs are people who are independent of the service and who support people who do not have support from anyone other than paid staff to help represent their views.

Where people required restrictions on their choices or movements in order to protect them from harm the registered manager of the home had applied for appropriate DoLS. We saw that any restrictions placed on people were assessed to ensure they were the best way to protect the person and the least restrictive option available.

People told us they enjoyed the meals provided in the home. They said they were included in planning the menus and shopping for the meals they had chosen. People who were able to were supported by staff to make their own meals and drinks and to gain cooking and food preparation skills.

People told us that they were supported to maintain their health including by visiting their doctors and other health services as they needed. Some people had complex needs and had been supported by appropriate specialist services. We saw that where people required support in order to maintain their health this was provided.

Is the service caring?

Our findings

People who could speak with us told us they liked the staff who worked in the home. They told us the staff were "nice" and said, "I like the staff, you can have a laugh with them".

We asked people if the staff were kind and if they treated people in a caring way. Everyone who could share their views confirmed that the staff were kind and caring to people.

We saw that people enjoyed laughing and joking with the staff on duty and were comfortable and confident approaching the staff and registered manager.

The atmosphere in the home was relaxed, caring and inclusive. Throughout our inspection we saw that all the staff spoke to and about people in a respectful and caring way. People were called by their preferred name and we saw that staff spoke with people about things they knew interested them and that were important to them in their lives.

The staff knew people well and could identify when people were anxious and required support. We saw that people received the support they needed promptly and in a patient way. One person showed that they were feeling anxious about an appointment for a workman to visit their accommodation. They told the registered manager that they did not want their possessions to be touched by someone they did not know. The registered manager immediately gave them reassurance and agreed to stay with the workman to ensure the individual's possessions were not disturbed. We saw the registered manager understood the reason for the individual's anxiety and gave them the reassurance and support they needed in a very respectful and empathic way. The registered manager knew and spoke to the person about things that interested them and we saw that this, and the reassurance given, reduced their anxiety and supported their wellbeing.

Throughout our inspection we saw that the staff asked people informally for their views and supported them to make decisions about their support. They gave people the time and information they needed to make choices and respected the decisions people made.

Some people required support to make important decisions about their lives. The registered manager knew how to contact local advocacy services who could support people in making decisions about their lives. Advocates are people who are independent of the service and who can support people to make decisions or to express their views.

The staff took appropriate actions to promote people's dignity and privacy. They knocked on doors to people's private accommodation and only entered with the person's agreement. People who were able to were encouraged to hold the key to their own rooms so they could lock their doors and maintain control over their private accommodation. Appropriate locks were fitted to bedroom doors so people could secure their door while they were in their room but release the lock quickly, in the event of an emergency, by using the door handle.

Although the accommodation placed some limits on how people's independence could be promoted, we saw that the staff gave people opportunities to carry out some tasks themselves and to gain further skills. We observed the staff in one area as they prepared the evening meal. We saw that they chatted and joked with people and encouraged people to carry out tasks themselves. Other people, who were able to do so, prepared some of their meals themselves and people were also encouraged to make their own drinks.

One person, who was able to live with a greater level of independence, lived in a self-contained flat in the home. They showed us round their flat and we saw they were very proud of it and of their growing independence.

The registered manager had identified that some people would benefit from signs in one area of the home to help them to identify their own rooms and the communal living areas. We saw pictorial signs had been placed on doors and one person told us this had helped them to find their way around the area when they had moved into the home.

Is the service responsive?

Our findings

People who could speak with us told us that the service was responsive to their needs and wishes. Two people had expressed a wish to share their accommodation and they told us that they had been supported to do this. We saw this made them very happy and they were proud of their rooms.

Some people used transport to attend activities in the local community. The registered manager told us that, when people returned from their activities, the transport had taken them to a local day centre close to Tarn House, where people waited before returning to the home. The registered manager said she had discussed this with people who lived in the home and they had expressed that they would prefer to return to Tarn House after attending activities and did not want to wait at the day centre. The registered manager had arranged for the transport to bring people directly to the home when their activities finished. One person told us that they preferred this and said this made them "happy". This showed how the registered manager listened to people and made changes to how the service was provided in response to their wishes.

Each person had a detailed care plan that gave staff information about the support they needed and about the choices they had made about their care and lives. We saw that the care plans gave very detailed information about the support individuals required, how people wanted to spend their time and how they wanted the staff in the home to support them.

People's care plans had been reviewed regularly and we saw that the individual, and people who knew them well, had been included in discussing and agreeing to the care provided.

Some people's care plans had been developed in pictorial format to make it easier for the individual to understand what was written about them. People who were able had signed their individual plans, recording that they had been included developing and agreeing to them.

The staff we spoke with told us that the care plans gave them good information about how to support people and the choices people had made about their lives in the home. We saw that the staff followed the guidance in people's care plans. One person's care plan said that they enjoyed talking with staff about their family. During our inspection we saw the staff engaging the person by supporting them in this activity.

People told us they enjoyed a range of activities in the home and local community. We saw that the staff knew the activities people enjoyed and supported them to plan and follow these. Two people enjoyed playing on a games console and we saw them arranging to meet to share a game during the evening of the inspection. Other people told us about holidays they had enjoyed, supported by staff, and holidays that they were planning for the near future. Some people enjoyed going to concerts and this had been arranged with them. Activities were arranged that took account of individuals' interests and their preferences about who they shared activities with.

People were supported to see their families and friends as they chose. They were able to maintain and develop friendships and relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service. A copy of the complaints procedure was displayed in the home and was available for people to look at if they needed. During our inspection no one raised any concerns with us. People who could speak with us said they would talk to the registered manager or a member of the care team if they had any concerns about the service they received. One person told us, "I'd speak to [the registered manager] if I wasn't happy and she'd sort it".

Is the service well-led?

Our findings

Throughout our inspection we saw that the atmosphere in the home was relaxed, open and inclusive. We heard people laughing and joking with the registered manager and with the other staff in the home.

People told us they liked the registered manager of the home and said she was good at her job. One person said, "[The registered manager] is good". Another person told us, "She [registered manager] knows what she's doing". We saw that people knew and trusted the registered manager and were comfortable approaching her as they needed.

People who lived in Tarn House told us it was a good service. One person said, "It's good here, I like it" and another person said, "This is a good place to live". All of the staff we spoke with told us that Tarn House was a good home and that they were supported to provide people with good care. One staff member told us, "I'm happy that this is a good service and that people are well cared for".

The registered manager had systems in place to assess the quality of the service and had overseen improvements to the accommodation provided in the home. At our inspection of the home in January 2016 we found improvements needed to be made to the standard of hygiene in the home and to the environment in order to promote people's independence. We also saw that some bedrooms were dark and institutional in character and would not provide people with welcoming accommodation.

At our inspection in March 2017 we saw that the management team had made improvements to the cleanliness and hygiene and had considered how people's independence could be supported despite the limitations posed by the environment. The bedrooms that had been unwelcoming had been redecorated and newly furnished, so they provided pleasant rooms for people to use. We saw that actions had been taken to improve the home and people told us that they liked living there and valued the service provided.

People told us that they had been asked for their views about the service. Some people said they attended meetings where they were asked for their views and where planned changes to the service were discussed. Other people had been asked for their views at individual meetings where their care was discussed. People told us they had been included in plans for improvements to the environment. They said they had been included in choosing new kitchen fittings and dining furniture and the décor for the communal areas in the home.

The registered manager was developing questionnaires that would be given to people to formally gather their views about the service. People were given a range of opportunities to share their views about the service they received.

The registered manager and registered provider checked the quality and safety of the service provided at Tarn House. Aspects of the safety of the service were checked every month and the provider's operations manager audited the service each month, including by checking the premises, records held and speaking to people living in the home to gather their views.

Providers of health and social care services have to inform the CQC of significant events that happen such as serious injuries to people or allegations of abuse. The registered manager of the home had notified us of incidents as required, this meant we could check that appropriate actions had been taken and that people were protected.