

Hertfordshire County Council

Tanners Wood

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tanners Wood provides short breaks and respite care for up to eight people with a learning disability and/or physical disability. On the day of our inspection, two people were using the service. Approximately 60 people had accessed the service during the past 12 months.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe at the service and there were enough staff to meet their support needs. Staff had received all necessary training and had a good understanding of people's needs.

Risks were managed appropriately. People were supported to manage their medications safely.

People's needs were fully assessed before they stayed at Tanner's Wood. Detailed support plans were in place and reviewed regularly.

The environment was clean; however, we observed the building to be worn and requiring re-decoration.

People were supported to eat and drink, in line with their individual needs. The service worked well with other professionals to ensure people received the right support.

Relatives told us staff were kind and caring. People had the opportunity to complete feedback survey's and the service had received many positive comments.

People were supported to communicate their wishes and make decisions. Staff were knowledgeable about the most effective methods to support people to communicate.

The provider had quality assurance systems in place. However, these did not always identify gaps in records and documentation.

The management team had effective oversight of the service and staff felt well supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at Last Inspection

At our last inspection, the service was rated good (published 8th June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Tanners Wood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Tanners Wood is a short breaks service, operated as a 'care home.' People in care homes receive accommodation and personal care as a single package, under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tanners Wood provides people with short stays away from their families and/or carers. These are an opportunity for people to have fun, share experiences and socialise outside their family home. The service also gave relatives and carers the opportunity to have a break from their caring role.

The service did not have a manager registered with Care Quality Commission. The registered manager, alongside the provider, are legally responsible for how the service is run and for the quality and safety of care provided. We were informed that a new manager had been recruited and an application would be submitted on commencement of their employment. At the time of inspection, the service was managed by an interim manager and the deputy manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We sought feedback from one person who used the service. We also spoke to the interim manager, deputy manager, team leader, two senior support workers, one support worker and an agency support worker.

We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records. We also spoke with three relatives and one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they were aware of the safeguarding and whistleblowing policies. One staff member told us, "I'd report anything that concerned me and would whistle-blow, if I thought I needed to."
- Staff told us they knew how to recognise abuse and protect people from the risk of abuse. A staff member told us, "If I had any concerns I would report these to my team leader. If I thought they weren't being acted on, I would go above them to the next manager. I would contact the police if I needed to."
- Relatives told us they felt their family members were safe at the service. One relative said, "I think the service is safe, very much so." Another relative told us, "I never think about [name] when they are at Tanners Wood, that is how confident I am that they are safe and well looked after."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed. Staff displayed a good awareness of risk and how to support people in a safe manner, in line with their individual needs.
- Moving and handling needs were clearly identified in people's support plans. Additionally, where required, protocols were in place for specific tasks, such as bathing.
- At the time of inspection, the service was in the process of completing fire safety remedial work, to the building. As a result, the management team had reviewed both occupancy and staffing levels. This ensured that fire risk was appropriately managed.
- Staff carried out regular health and safety checks to ensure premises and equipment were safe. People and staff were involved in fire drills.

Staffing and recruitment

- There were enough staff to keep people safe. The team leader explained how occupancy and staffing levels were determined by the needs of people using the service.
- One relative told us, "The best thing about Tanners Wood is the steady staff team, it means they know [name] really well."
- Agency staff were sometimes used to cover staffing vacancies. The manager explained that the service sought to use "regular" agency staff, who were familiar with the service. We spoke with one agency staff member who had worked shifts at the service for the past two years. They told us "I feel like I am part of the team here, I look forward to coming to work here."
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file.

Using medicines safely

- Medicines were managed safely and stored in line with good practice guidelines. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed "as required" medicines. Protocols were in place for their administration.
- Some people wished to be supported to take their medication in the same way in which they would be by their relative/carers at home. Where this was not in line with standard practice, staff had sought confirmation and authorisation from the relevant medical professionals.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene.
- Staff had access to all protective equipment, for example gloves and aprons.
- The environment was visibly clean and presentable.

Learning lessons when things go wrong

- Accident and incident records were completed, and evidenced appropriate action taken by staff.
- The manager gave examples of where the service had responded to incidents and applied learning, to make improvements to the service provided.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 fully assessed before accessing the service. An established process was in place for new referrals, whereby senior support workers would meet with people and their carers, to identify their needs and preferences. Information would be requested from relevant professionals and a pen picture commenced. This would form the basis of the initial care plan, to be developed during future stays.
- The service occasionally received short-notice stays. This had an impact on the ability of staff to fully assess a person's needs, prior to their arrival. However, the team leader explained that the service was flexible in terms of staffing and occupancy, to meet people's needs effectively.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. This included specialist training for specific health conditions.
- One family member told us, "The staff seem well trained, they cope well with everything that is thrown at them."
- Staff confirmed that they received regular supervision. They also felt comfortable to approach the management team if they required additional support. One staff member told us, "[team leader] is always available if I want to talk."
- Staff told us that they had opportunities to reflect on their practice via informal discussions, team meetings and handover meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. People's intake of food and drink was monitored, where required.
- People's preferences were documented in their support plans. Some people were required to follow specific diets due to their health needs. Where relevant eating and drinking guidelines, from the speech and language therapy team, (SALT) were held on file.
- One family member told us, "the staff are great, they have a good understanding of [name]'s needs, especially his dietary requirements, which are quite specific."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments with healthcare professionals, if this was required during their stay. The service had good links with the local GP surgery. This meant people staying at Tanners Wood could access appointments without being registered at that practice.

- Some people staying at Tanners Wood had complex healthcare needs. Their care plans contained detailed guidance surrounding how they should be supported. The service effectively liaised with people's families and healthcare professionals, to ensure needs were met and staff were appropriately trained.

Adapting service, design, decoration to meet people's needs

- We observed the service to be very worn and in need of redecoration. The carpets in the hallways were particularly stained and in need of replacement. The management team were open and honest about the situation. Support had been requested from the provider. However, this had been delayed due to a restructure of short breaks services in the region.
- Appropriate moving and handling equipment and specialist beds were available, to meet the needs of the people accessing the service.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been made, where required. These were yet to be authorised in most cases. However, the team leader kept a spreadsheet of their progress and ensured contact was maintained with the local DoLS team.
- MCA assessments and best interest decisions were formally recorded in people's care plans.
- We found examples of where consent forms and support plans had been signed by people's next of kin, without evidence of their legal authority to do so. However, capacity assessments and best interest decisions were completed alongside these.
- Staff we spoke to were aware of the need to operate within the principles of the Mental Capacity Act. One staff member told us, "if a person has capacity, we should let them make the decision for themselves, even if we don't agree with them."

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people who stayed at the service. One staff member told us "I always think if that was my family member, how would I want them to be treated."
- Relatives made positive comments about the care provided by staff. One family member told us, "[name] loves staying at Tanners Wood." Another told us, "[name] seems very happy there."
- Staff were passionate about caring for people and making a difference to their lives and that of their families and carers. The management team explained the importance of "building up relationships and trust" between staff, the people supported and their families.

Supporting people to express their views and be involved in making decisions about their care

- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews. Due to the complex needs of some people supported, this was not always possible. However, staff told us they would always encourage choice, where possible. For example, one staff member told us about a person who could be supported to choose his own breakfast, providing the cereal boxes were physically presented to him.
- Family members told us that the service undertook regular reviews of people's support. One family member told us, "staff always phone for regular reviews to see if anything has changed, this gives me the chance to feedback."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respects people's privacy, such as closing doors and curtains. One staff member told us, "if a person is non-verbal, I always talk to them throughout when supporting them with personal care, even if I don't think they understand, it's only right."
- Staff supported people to be as independent as possible and do what they could for themselves, such as making their own drink or sandwich. One staff member told us "I don't make assumptions about what people can and can't do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and there was clear information about people's likes and dislikes. We saw evidence within people's care plans that the service liaised with family members and carers, prior to each stay. This ensured records remained up to date. One family member told us, "following [name] experiencing a period of illness, a member of staff from Tanners Wood came out to our home and discussed everything about his support needs and how they had changed."
- People were encouraged to follow their interests. Staff told us that people were supported to continue with their usual routines whilst at Tanners Wood. However, if they wished to do anything different, they would seek to accommodate this. One family member told us that the staff "bend over backwards" to accommodate people's needs.
- People were supported with their cultural and religious needs. For example, some people required specific diets, and these were catered for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where verbal communication was limited, staff told us people were supported to use alternative methods. This included pictures, photos and the use of technology, such as an i-Pad.
- Staff told us that they would use non-verbal cues, such as facial expressions or gestures to support people to communicate. One staff member told us "Where people don't communicate verbally, I check their support plan and talk to relatives. Once I have supported someone for a while I can generally tell from their body language if they are happy or not."

Improving care quality in response to complaints or concerns

- Family members told us they would be comfortable raising any concerns with the service. One family member told us, "I'd feel absolutely comfortable raising concerns."
- The service had not received any formal complaints recently. However, there was a clear complaints procedure in place.

End of life care and support

- The service was not giving end of life support to people at the time of inspection. However, staff had a good understanding of where people had complex healthcare needs and what they should do in an

emergency.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = RI

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.

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to requires improvement. There was no registered manager in post. Audits were not always effective at identifying gaps in documentation and where improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service did not have a manager registered with Care Quality Commission. We were informed that a new manager had been recruited and an application would be submitted on commencement of their employment. At the time of inspection, the service was managed by an interim manager and the deputy manager.
- Staff were clear about their roles and responsibilities and knew they could go to the management team for advice at any time. One staff member told us, "The deputy manager and team leader make sure the service runs like clockwork." Another staff member praised the strong leadership shown by the senior support workers.

Continuous learning and improving care.

- Audits were completed in the following areas: finance, domestic and catering, medication and infection control. We found that these were not always completed in enough detail and it was not always clear what action had been taken. For example, finance audits had identified a recurrent issue with the recording of financial transactions. The manager explained that online training and competency assessments had been introduced in response. However, this was not documented.
- Due to the nature of the service, medication administration record (MAR) sheets were handwritten. However, these were not consistently completed in line with good practice and this had been not identified by the audits completed. For example, the two signatures of the staff writing the MAR were not present. The manager explained that the provider's medication policy was in the process of being reviewed. It is intended that this will provide staff with clearer guidance.
- There was limited evidence that people's care plans were audited. This meant areas of improvement were not always identified. For example, we found that risk management plans were often generic and not personalised to the individual. We also identified that people's emergency evacuation plans (PEEPs) did not accurately reflect people's current evacuation requirements. This appeared to be a records issue as the staff we spoke to during the inspection had a good understanding of both risk and the fire procedure.
- Accidents and incidents were monitored at the service. However, analysis of patterns or trends were not documented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported and there was a good team ethos. One staff member told us, "I think the team works well together."
- Relatives reported a positive, person-centred culture at the service. One family member told us, "I can't praise the staff highly enough, I am more than happy to leave [name] at Tanners Wood, she is happy, safe and well-looked after."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team was open and knowledgeable about the service, the needs of the people staying there and where improvements were required.
- One professional told us that the service was "open and collaborative with a recent safeguarding investigation."

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

- Staff felt engaged in the running of the service with regular team meetings and opportunities to catch up. One staff member told us, "I wouldn't change anything here, it all works really well."
- People and their family members were provided with the opportunity to complete "Having Your Say" surveys. Those completed recently provided positive feedback, with many family members expressing thanks to the staff team.

Working in partnership with others

- The service worked in partnership with organisations including the local authority that commissioned the service and other health and social care professionals.
- Relatives were very positive about the way in which the service worked alongside them. One family member told us, "if I have a problem, I'll phone them, if they have a problem, they'd phone me."
- A professional told us that the service, "interacted efficiently and professionally with me as a representative of an external agency."