

## Action on Hearing Loss

# 11 Tarragon Gardens

### Inspection report

11 Tarragon Gardens  
Frankley  
Northfield  
Birmingham B31 5HU  
Tel: 0121 411 2133  
Website: [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

Date of inspection visit: 7 and 8 May 2015  
Date of publication: 19/06/2015

### 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** 

### Overall summary

The inspection visit took place on 7 and 8 May 2015 and was unannounced. At the last inspection on 22 November 2013, we found that the provider was meeting the requirements of the Regulations we inspected.

11 Tarragon Gardens is registered to provide accommodation, personal care and support for up to four adults with deafness or hearing/visual impairment, blindness and mental health needs. At the time of our inspection, three people were living there.

There was a registered manager in post at 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.

People who lived at the home told us they felt safe and staff was available to support them, when they needed to be supported. The provider had systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

# Summary of findings

We found that there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the support needs of people.

The staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They had conducted assessments and held meetings to ensure decisions were made in the best interests of the people who used the service.

We saw that people were supported to make choices and were free to prepare their own food and drink, with support, at times to suit them. People made their own choices about what food to eat. We saw that staff supported people to go shopping and encouraged them to consider healthy options.

People were supported to access other health care professionals to ensure their health care needs were met.

Everyone thought the staff was respectful, supportive and caring. We saw that staff encouraged people to be as independent as possible.

We found that people's health care and support needs were assessed and regularly reviewed. People and relatives had no complaints about the service; but were confident, if they did, they would be listened to and issues addressed quickly.

The provider had established management systems to assess and monitor the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People told us they felt the service was safe.

There were sufficient numbers of staff that provided care and support to people.

People received their prescribed medicines safely.

Good



### Is the service effective?

The service was effective

People were cared for by staff that were experienced and suitably trained.

Staff supported people, where possible, to prepare their own meals and encouraged healthy alternatives where appropriate.

People were supported and had access to health and social care professionals.

Good



### Is the service caring?

The service was caring

People told us they felt the staff was very caring and kind.

Staff were respectful of people's choices.

People were encouraged to be independent.

Good



### Is the service responsive?

The service was responsive

People's support plans were regularly reviewed.

People were supported to take part in social activities and events.

Good



### Is the service well-led?

The service was well led

People told us they were happy with the quality of the service they received.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

Good



# 11 Tarragon Gardens

## 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 unannounced inspection visit took place on 7 and 8 May 2015 and was carried out by one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection, we spoke with the three people who lived at the home, three care staff, two relatives, two health and social care professionals and the registered manager.

We looked at the care records of the three people to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files; to check staff were recruited safely and trained. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

# Is the service safe?

## Our findings

People living at the home told us they felt safe and said they would speak with their support worker, if they felt upset in any way. One person said, “I will speak with [staff name] they are really good.” Another person told us, “I am safe here no-one would hurt me.” A staff member told us, “We speak with people every Sunday to ask them how things are going and if they have any worries or concerns, they do tell us.” Relatives and health and social care professionals told us they felt people were well supported and it was a safe environment for people to live in. A relative said, “I believe [person’s name] is safe at this home, it’s the best they’ve been in, always staff there to support them.” We saw that people reacted confidently around the staff which demonstrated to us they felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member said, “Most of the staff have been here for a while and we know the people really well, if their reactions or behaviours were different in any way, we would raise it with the manager or senior.” The provider’s safeguarding procedures provided staff with guidance on their role to ensure people were protected. We saw staff had received up to date safeguarding training with refresher training also being arranged. The provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

People told us they were supported by staff. One person said, “I like cooking and trying different recipes.” We saw from their support plan that appropriate risk assessments had been completed to support the person in the kitchen to prepare their own meals. Staff said people had risk assessments completed regularly to ensure they continued to meet the people’s individual needs. One staff member told us, “We review assessments every month with the person and sometimes more if there is a change in their needs or they want to do a new activity.” We saw from people’s support plans they were reviewed regularly and any identified risks were managed correctly. For example, we saw how the provider had conducted regular assessments to support one person to use the bus safely,

which led to gradually increasing their independence over a period of time. Information was also available to staff about foods that could cause negative reactions for people and the action to be taken by staff to respond safely.

Staff told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff were able to tell us what they would do and how they would maintain people’s safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

One person told us, “I think there is enough staff.” Relatives felt there was enough staff on duty to support people when they visited. One relative said, “I can’t visit as much as I would like but when I have been it has seemed ok.” Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. Bank staff was also available to call upon at short notice and as a final resort, the provider would use an agency. The agency would send the same agency staff, which assisted with the continuity of care. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

However, staff also said they felt the service would benefit from additional full time staff as sometimes the night shifts and weekends could be difficult to cover at short notice. They felt the additional staff could support the service to be more responsive to people’s needs. Particularly if a person decided to change their arrangements, from those previously agreed, days before. We raised this with the manager, who told us they were in the process of reviewing the individual staff to person ratio and this would be discussed in June 2015. In the meantime, the manager told us “Either myself or deputy manager are around and we can usually provide cover if needed at short notice.” People we spoke to had told us they were able to come and go when they pleased with the support of staff. Staff also confirmed to us the managers did provide cover when required.

People were supported by staff that were recruited with the right skills and knowledge. One person told us, “[Staff name] knows how to support me; they know just how I like things done.” A relative said, “I think the staff are properly trained, [person’s name] is encouraged to do things for themselves, the staff know what they want to do and what

## Is the service safe?

they like.” Staff told us they had completed the appropriate pre-employment checks before starting to work at the home. We looked at three staff files and found the pre-employment and Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People living at the home had mental capacity to make decisions about their taking medicine, although they required prompting. Where best interest decisions had been taken, the provider had followed the appropriate procedure in line with the Mental Capacity Act (2005). The

staff recorded the booking out of medicines which monitored medicine was being taken as prescribed and checked daily by staff. We saw medicines were given as prescribed by the doctor. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at Medication Administration Records (MAR) charts and saw that these had been completed accurately. We found the provider had procedures in place for managing people’s medicines to ensure staff administered medicines in a safe way.

# Is the service effective?

## Our findings

People, relatives and health and social care professionals were all complimentary about the staff. We were told they felt staff were effectively trained to support people. One person said, “Staff are very good.” A relative told us, “I think the staff have the skills and knowledge to support [person’s name], they are very happy here and that’s all that matters to me.” A health and social care professional told us they felt staff were knowledgeable and experienced to support people effectively.

Discussions we had with the staff demonstrated to us, they had a good understanding of people’s needs. One person told us, “[Staff name] knows my routine and knows I don’t like it changed.” We saw that there was a number of staff who had worked at the home for a number of years. This sustained consistent and stable relationships between people and their support worker. Staff also told us they had received ongoing training, supervision and appraisals to support them to do their job. A staff member told us, “The training is excellent, we have regular refresher training too.” Another staff member said, “They paid for me to learn how to sign, they will pay for any staff that joins to learn how to sign.” We saw staff received regular supervision and their training requirements for the year were planned and tracked.

People living in the home had the mental capacity to make decisions about their care and support needs. All staff was able to explain how they supported people to make decisions using a range of communication tools. Two of the three staff were also able to recognise what could constitute depriving a person of their liberty. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people, who may lack mental capacity to make decisions to consent or refuse care. Deprivation of Liberty (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. The manager had completed the necessary assessments and was not required to submit any DoLS applications.

Staff told us they prepared meals for two people and supported a third to prepare their own. One person told us, “I enjoy food and the staff help me in the kitchen.” Another person said “I know what food I should be eating but sometimes I do have food that I shouldn’t.” We saw two people had specific dietary requirements. A staff member said, “We do try to encourage people to eat a more healthy diet, we do make suggestions, but ultimately it is their choice.” We saw on one support plan that staff had encouraged a person to try a range of vegetables. Over a period of time, the person tried different foods and now chose vegetables themselves. The kitchen had been arranged to support people with visual impairments, to independently make their own snacks and drinks. For example, kitchen appliances, storage containers and foodstuffs remained positioned in the same place.

People told us they would discuss on a Sunday with the staff what food they would like to eat for the following week. A menu was planned and staff purchased fresh food twice a week. We saw that two people liked to shop for themselves, with the support of staff and they were encouraged to consider more healthier options.

People told us they were happy with the care and support they received from staff. One person told us, “I really like it here very much, the staff treat me well.” Another person said, “I don’t want to leave here, I am very happy.” We saw a number of health and social care professionals came to visit people in order to re-assess their needs. People told us they discussed their care and support needs with their support workers on a regular basis. One person said, “We have a meeting every Sunday to talk about what I want to do next week and if I have any complaints.” Support plans showed people were seen by health and social care professionals when required.

We also saw that people were encouraged to access information and guidance on preventative health, for example, flu injections, reducing or stopping smoking, which supported people to maintain their health and wellbeing. This information was made available in easy read and pictorial formats.

# Is the service caring?

## Our findings

People told us the staff was kind and helpful. One person said, “[Staff name] is very kind, they listen to me.” Another person said, “Staff sign and speak to me slowly so I know what they are saying, they are very kind.” A relative told us, “I think the staff are very caring, they are compassionate and listen to [person’s name] they know how to support them.” We saw that staff called people by their preferred names and listened to what people had to say. Another relative said, “It’s like one big family [person’s name] is very happy here.” One staff member explained to us how they supported one person to attend college; they drew up a detailed plan as they were new to the area and did not know where the college was. Over a period of time, with the support of the staff, they attended college independently and enjoyed the experience of making new friends. Staff also told us about people’s individual support needs, their likes and dislikes. This contributed to the staff being able to care and support people in a way that was individual to them. A staff member told us, “Everything we do is centred on the person, we provide a personalised service.”

People told us they were involved in planning their care and support needs. One person said, “The staff always ask me first before doing anything.” We saw from the comprehensive support plans, the care and support planning process was centred on the people. The plans took into account the person’s views and their preferences. One relative told us, “There is a good atmosphere here.” A health and social care professional told us when they were

assessing people’s care and support needs; they found the staff were very knowledgeable about people’s preferences and medical history. We saw staff had a good understanding of people’s needs and showed empathy towards them. There were good humoured interactions between staff and people living in the home. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We were invited into one person’s room and found it be decorated to their personal choice. The room was personalised with many personal items significant to them. They told us they like their room and were very happy to remain in it for most of the day as they ‘enjoyed being left to listen to music’. We saw that people, on occasion, had also been additionally supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views.

We saw that people were treated with respect and dignity. One person told us, “[Staff name] is very nice, they are polite to me.” Another person told us, “Staff always knock on my door and ask if they can come in.” A relative told us, “Since coming to this home, [person’s name] has learnt so much and their confidence has grown.” Relatives also told us they could meet their family member at any time and felt welcomed by the staff, which ensured the provider supported people to maintain family and friend relationships.



# Is the service responsive?

## Our findings

All the people living in the home were able to make decisions about their support. One person said, “The staff are great.” A relative told us, “The staff are as good as gold and look after [person’s name] well, they are settled here.” People told us they discussed their care and support with their support workers on a regular basis. One relative confirmed to us they were invited to participate in assessment reviews. Another relative said they could not remember being involved but were happy with the support their relative received. A health & social care professional told us that any advice or guidance given to staff, they were happy to action. We saw that staff responded to people quickly that required support.

People were supported to set their goals and monitor them on a regular basis. One person told us, “I tell [staff name] every Sunday what I want to do the next week.” Staff were able to tell us about people’s individual support needs and interests. For example, one staff member told us, “[Person’s name] chooses to spend their time in their room. They love music, and listen to the radio; they like to keep themselves to themselves.” Another staff member said, “We are very person centred, all that we do is about the person.” We saw staff involved people in decisions and because each person had a named support worker, that provided consistency, we could see people were comfortable with them. One staff member said, “Everyone has an input, everything is discussed in an open and transparent way with the person.” Support plans showed people’s preferences and interests had been identified and were regularly reviewed.

We saw that people had regular activities arranged throughout the week and these were reviewed every Sunday with their support worker. One person told us, “I go to church every two weeks, I enjoy the music.” Another person regularly attends college. A staff member said, “We look at what [person’s name] wants to do and how the staff can support them, then arrangements are put in place to make it happen.” A relative told us how they had raised some concerns with staff about their family member. They said “We are very happy with the way the staff responded quickly.” We saw the staff had reviewed the support needs with the person, to ensure they remained safe when they were not in the home.

People and relatives told us they had no complaints, although they knew how and who to complain to if they had any concerns. One person told us, “I tell [staff name] if I’m not happy and they deal with it.” Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. One person raised an issue about their support. We asked the person if they had spoken with their support worker, they had not but said they would. We also raised this with the manager who said they had received similar concerns from the person before and they would speak with them again. Previous conversations between the person, staff and the manager had been recorded on their care plan. We saw there was a system in place to record and investigate any complaints. The manager explained and showed us how they followed the process to reach a satisfactory outcome.

# Is the service well-led?

## Our findings

People, relatives, staff and health and social care professionals told us they felt the home was 'well managed' and the quality of the service was 'very good'. One person told us, "I get on with all the staff really well." A relative said, "The manager is very nice." Another relative said, "I don't really know the manager because I don't get to go often, but I am very happy with the home and had no complaints." A staff member said, "I feel valued and I am very happy here, it is a nice place to work." Another staff member said, "People are not frightened to voice their concerns, we have healthy discussion with each other, it's good." We were told the manager was approachable and supportive.

Staff told us they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. We were showed the different communication tools recently developed and introduced by staff. One staff member told us, "We have weekly team meetings which gives us an opportunity to share any ideas, worries or concerns we may have about anything." We saw the provider conducted monthly supervisions with staff and regular team meetings were held.

We asked the manager how they gathered feedback from family and friends. They explained questionnaires were sent out annually by the, 'policy and practice department' who reviewed all responses to identify any trends. If a trend or complaint is identified by the department, they will contact the individual homes to request an investigation. The manager also told us they regularly sought individual feedback through weekly meetings and reviews. People told us they were asked for feedback every week by staff at the Sunday meetings. Relatives told us, they could not remember if they had received questionnaires, although they were asked for their feedback at the review meetings.

We saw that questionnaires had also been sent to health and social care professionals. The provider had held resident meetings although people chose not to attend; however, they were asked if they wanted to contribute to the staff meetings. One staff member said "[Person's name] regularly sits in on the staff meetings."

There was a registered manager in post. Our records showed that we had not received any formal notifications from the provider of significant incidents concerning people who used the service. We noted that although incidents and accidents had been properly recorded, no significant incident had taken place that should have been reported to us. Staff told us about the procedure they should follow to report any incidents or accidents. This demonstrated that systems were in place so that when needed, the provider would report any important events that affected people's welfare, health and safety. Therefore, the provider knew what action would need to be taken to meet requirements as required to by law.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.

The information provided by the provider as part of the Provider Information Return (PIR) was consistent with what we found and observed within the home. We saw the provider had vigorous quality assurance systems in place. These were independently audited, annually, by an external agency. The manager also completed regular audits, for example of health and safety, care records and staff training. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.