Cardell Care Limited

Tomlen

Inspection report

33 Streamside, Tuffley, Gloucester GL4 0TA
Tel: 01452 528264
Website: www.cardellcare.co.uk

Date of inspection visit: 5 June 2015
Date of publication: 10/07/2015

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?	**Outstanding**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 5 June 2015 and was announced. Tomlen provides accommodation for up to four people with a mental health condition or a learning disability. At the time of the inspection four people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People living in Tomlen received highly individualised care which reflected their personal aspirations, wishes and preferences. People had access to a range of social and health care professionals to help them to stay healthy and to monitor their well-being. Staff worked closely with professionals keeping them informed of changes in people's mental or physical health and following their advice or recommendations. People's medicines were administered safely and appropriately. Staff had a really good understanding of people's needs and anticipated their moods or emotions. They received the training and support they needed to achieve this.

People were helped to maintain and develop independence in areas of their life such as moving on to other types of living arrangements, having a job or helping around their home. They enjoyed a range of

Summary of findings

activities of their choice such as fishing, gardening, going to day centres and colleges and going on holiday . People were supported to stay safe whether in their home or when out in the community. Staff knew how to keep people safe from harm and what action to take if they had safeguarding concerns.

People benefitted from a home which was well managed and from staff who focussed on them as individuals. People were supported to live a calm and fulfilled lifestyle. A healthcare professional stated, “Each person has been allowed to develop to their full potential and sometimes exceeded what we would have thought achievable initially.” Staff were complementary about the openness of the registered manager and the support they received to develop professionally and within the home.

People’s experience of care was monitored through a range of quality assurance processes which included their feedback and views as well as those of staff. Checks were maintained to keep a safe environment and ensure people’s care records reflected the care they received. Service improvements were made where needed. People knew how to raise concerns whether with the registered manager, staff or other professionals. People said they were happy living at the home. A health care professional commented, “The people are cared for to a high standard.”

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?

Good

The service was safe. People were protected from possible harm and kept as safe as possible. People were supported to take risks whilst any known hazards were minimised to safeguard them from harm.

People were supported by enough staff who had the right skills and experience to meet their needs. Recruitment processes were in place to make sure the appropriate checks had been completed before staff were appointed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by a very experienced staff team with the relevant knowledge and understanding to care for them.

People's capacity to make decisions about their care was assessed and when they were unable to consent, staff were confident in applying the Mental Capacity Act 2005 to make a decision on their behalf. Deprivation of liberty safeguards were used appropriately.

People were supported to have a diet of their choice and to maintain their weight. People were able to stay well accessing local social and health care professionals who provided on-going support.

Is the service caring?

Good

The service was caring. People were treated with sensitivity and patience. They were given time and space to do things at their own pace. Staff understood and respected the importance of this.

People had the opportunity to express their views and give feedback about their experience of the service, through individual and residents' meetings as well as informal talks with staff.

People were supported to be independent around their home and in their local community.

Is the service responsive?

Outstanding

The service was responsive. People were involved in developing their care which reflected their individual needs and focussed on their wishes, preferences and aspirations.

People were supported to follow activities of their choice, to develop their independence and to live full lives. Creative ways were found to engage with people and to offer opportunities to integrate with their local community.

People knew how to raise concerns and were confident they would be listened to and their views respected.

Is the service well-led?

Good

The service was well-led. People and staff were involved in quality assurance processes to assess and monitor the quality of service provided.

Summary of findings

The registered manager led by example, creating an open and transparent atmosphere, valuing respect, equality and safety for people and staff.

The registered manager understood the challenges of sustaining and improving the service provided to people. They kept up to date with current best practice and guidance.

Tomlen

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 5 June 2015 and was announced. 24 hours notice of the inspection was given because the service is small and the registered manager and people are often out of the home. We needed to be sure that they would be in. One inspector carried out this inspection. 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 also reviewed information we have about the service including past inspection reports.

As part of this inspection we spoke with three people living in the home, the registered manager and three care staff. We reviewed the care records for three people including their medicines records. We also looked at the records for five staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. A person showed us around the home. After the inspection we received feedback from one health care professional.

Good

Is the service safe?

Our findings

A person confirmed they felt safe living in the home and staff had advised them how to stay safe when out and about in their local community. One person said they liked staff to go out with them into town and found their company reassuring. People said they would talk to staff or the registered manager if they had any concerns or were worried about their safety. The registered manager described how they handled bullying or harassment by a person on others living in the home. Strategies had been put in place to protect people but also help the person manage their behaviour.

People were kept safe by staff who had a good understanding of safeguarding. They talked about how they would keep people safe and what they would do if they had any concerns about potential abuse or the conduct of other staff. They were confident the registered manager would listen to them and take the necessary action to keep people safe. Staff had completed safeguarding training and their understanding had been checked through a questionnaire. They discussed safeguarding at team meetings and also reflected on any incidents which had occurred. A health professional commented, "The people are cared for to a high standard and are kept safe."

People were protected against the risks of financial abuse. Risk assessments clearly detailed the level of support each person needed to manage their finances and how their money was kept safe. Their financial records were audited by the registered manager each month. They had an inventory for their personal possessions.

People were safeguarded from the potential risk of harm. Any risks they were likely to face in their day to day lives were assessed and strategies were put in place to minimise any known hazards. People were involved in this process and encouraged to be independent but as safe as possible. For example, one person liked to go out during the day which meant taking their medicines with them. Upon their return they confirmed they had taken their medicines and the necessary records were completed.

In order to keep some people safe restrictions had been agreed with them and social and health care professionals. These were clearly recorded and evidenced the reasons why the restrictions were in place. For instance, reducing the amount of alcohol which could be drunk due to healthcare concerns or keeping sharp knives locked away to prevent self harm. Any restrictions were reviewed to make sure they were still relevant and proportionate.

Plans were in place to keep people safe in the event of an emergency. Each person had a personal evacuation plan which described how they should be supported to leave the home in an emergency such as a fire. Emergency information was provided for staff to guide them about how to respond to such emergencies as utility failures or flood. An out of normal working hours system was in place for staff to access help, advice or support from the registered manager or a representative of the provider. Health and safety checks were completed at the appropriate intervals to make sure equipment and the environment had been maintained and were safe.

People were supported by sufficient staff with the appropriate knowledge, experience and skills to meet their needs. There had been very few changes to the staff team since the home had opened seven years ago. This meant staff knew people extremely well and had the right mix of skills and experience to support people. Staff confirmed they worked closely together and staffing levels were flexible enough to take into account each person's individual needs. For example, one person had allocated hours for the support of one member of staff and had chosen to have this between 10.00am and 3.00pm each day. Staff also said they visited a person who was currently in hospital and had in the past provided 24 hour cover for a person staying in hospital.

People were protected against the risks of poor care by recruitment and selection procedures which were robust and checked the fitness and competency of staff to undertake this work. There had been no new staff appointed since our last inspection. If staff were needed to cover annual leave or sickness staff from other homes owned by Cardell Care would help out. This ensured a consistent approach and continuity of care. Staff were confident poor practice would be challenged by the registered manager and the appropriate disciplinary action would be taken.

People received their medicines safely and at times when they wanted them. One person disliked taking medicines but would take their medicines in their food. This was done under the guidance of the speech and language therapist. People had given consent to have their medicines

Good

Is the service safe?

administered by staff. An easy to read consent form was available using plain English and pictures. People were supported to manage their own medicines if they wished. Occasionally, people were prescribed medicines that could be taken as and when needed. Protocols explained when these should be given, the maximum dose and when staff should contact the GP for further advice. The registered manager said medicines prescribed in case people needed help to become calm were used as a last resort if people had been unable to achieve this themselves. Records confirmed this to be the case.

Medicines were stored and managed safely. The registered manager explained how they had just transferred to a new pharmacy for the dispensing of their medicines. They said they were working with the pharmacy and their GP to make sure people's medicines were prescribed and administered safely. Staff had completed training in the safe handling of medicines and their competency was assessed through observations of their practice. The stock levels of medicines were recorded on administration records and spoiled medicines were returned to the pharmacy. The administration of medicines was monitored and audited by a named member of staff to make sure they were being managed safely.

Good

Is the service effective?

Our findings

People said, "Staff are alright", "I like the staff, they are fun". Staff effectively communicated with people, showing an understanding of their verbal and non verbal communication and interpreting their needs. Each person had a communication profile to guide staff about how to understand their speech and their body language. Staff had been supported to develop the skills to communicate effectively with people whether this was by using pictures, symbols or sign language.

People were supported by staff who had access to a range of training and developmental opportunities. Staff training needs were monitored by the registered manager using a training matrix which identified when staff needed to update their training. This was available through a mixture of open learning, taught courses and custom-made training from external training providers or health care professionals. Staff competency and understanding was then assessed through questionnaires or observation of practice. Staff had access to the Diploma in Health and Social Care and staff had access to the new Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers.

Staff confirmed they had individual meetings with senior staff to discuss their roles and responsibilities and training needs. Records of these were kept evidencing how staff were supported to develop in their roles and were provided with additional training when needed. Staff were encouraged to reflect on their response to incidents and to learn from these. Prior to their annual appraisals staff were able to complete a self assessment. They then reviewed their performance and discussed their future development. Staff meetings were held at appropriate intervals providing the opportunity for staff to share and learn from each other. They reflected on the support people received and how they could improve their experience of living at the home.

People's capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Care plans identified when people might be unable to consent to aspects of their care. For example, when people had fluctuating capacity to make decisions because they were mentally unwell or under the influence of alcohol, decisions would be carried out in their best interests. A best interests decision is made when people are assessed as not having the capacity to make a decision and involve people who know the person well and other professionals, where relevant. Staff were observed giving people choices and encouraging them to make decisions about their daily routines. For example, people chose their activities for the day and how to spend their time when at home.

Deprivation of liberty safeguard (DoLS) standard authorisations had been granted for a person living in their home to keep them safe. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager and staff had a good understanding of the MCA and DoLS. People had other restrictions placed on them to keep them safe from possible harm. For example, making sure people were not able to accumulate stocks of homely remedies in their rooms where they were at risk of self harm. Consent for the use of such restrictions was recorded in their care records. There was evidence the least restrictive option was being considered for example a light switch was disengaged at night to prevent a person from continually switching it on and off and they were given a box of light switches to engage with.

When people were upset or anxious staff supported them to become calm and kept other people safe from potential harm. Clear guidance had been provided about how people responded to certain situations and how staff should support them to remain calm. People and staff reflected on incidents and whether they could have anticipated people's responses or prevented them from escalating. Records were kept analysing incidents, people's behaviour and how staff reacted. Staff confirmed they had not used physical intervention or restraint, instead relying on the effective use of distraction and diversion to help people to manage their emotions.

People told us they talked about the meals they would like to eat at house meetings. One person preferred a vegetarian diet and had their own menu. They prompted a member of staff to help them prepare their menu for the following week. Other people had agreed a menu plan which was produced in a format using pictures and photographs. People made their own lunches and helped to prepare the main meal. They made themselves drinks and had access to snacks and fresh fruit. One person had problems with weight loss and was given fortified yoghurts to help maintain their weight. Their weight was closely

Good

Is the service effective?

monitored. It was important to them they chose where to eat their meals and staff were observed following their lead. People told us they really enjoyed going out for "coffee" and "coke". They joined with people living in other homes owned by Cardell Care for parties enjoying a buffet or sit down meal. The registered manager said they were aware of new guidance about informing people about allergens in their food. No one living in the home had any known allergies.

People were registered with a local GP and visited them regularly. A record was kept of any health care appointments so that staff could monitor these and make sure follow up appointments were kept. People had recently seen a dentist, optician and attended outpatient appointments at the hospital. When people were unwell there was evidence they or staff arranged to see the appropriate health care professional. People were supported to attend appointments with social and health care professionals from local specialist teams monitoring their mental health. Each person had a health action plan and hospital assessment describing their health and well-being, any medicines they were taking and their medical history. People's care records and medical information was provided in a format appropriate to their needs using photographs or pictures to illustrate the text. The registered manager confirmed people had attended a local event promoting the health of people with a learning disability. People also had annual health checks with their GP.

Good

Is the service caring?

Our findings

People told us, "I enjoy having a laugh with staff" and "Staff are fun". People were observed interacting positively with staff. They chatted amiably and responded sensitively and patiently to people's questions. People were given time to make decisions and to complete activities. They were not hurried or rushed in their tasks. A member of staff emphasized the importance of "going at [name] pace" and adjusting to people's lifestyles and choices. Staff understood people's emotions and moods and anticipated when they might become anxious or upset. They responded quickly and appropriately to people's changing state of mind. Staff said it was really important they worked consistently together as a team and this reassured people.

People's background and histories had been discussed with them and were produced as a summary. This provided staff with an outline about people's likes and dislikes, any routines which were important to them and their aspirations for the future. One person told us staff were supporting them to move on and to look for alternative accommodation. Another person liked to help out taking post or parcels to other homes owned by the provider. One person's routines were extremely important to them and staff understood this and helped them to maintain these.

One person had recently become unwell. Staff had noticed the gradual changes in their well-being and raised concerns to senior staff and to health care professionals to investigate. The person was admitted to hospital for on-going investigations and staff made sure they visited them, staying with them for as long as they wished.

People's recorded preferences for the way they were supported with personal care highlighted if they liked to have male or female staff to help them. People's spiritual needs were also recorded in their care records. People were supported to maintain relationships with people important to them. People were provided with guidance about personal relationships and had privacy when they wished. This included taking responsibility for housekeeping and gardening tasks.

People said they talked to staff or the registered manager about the service they received. They also had individual one to one meetings and resident meetings to provide feedback. People said they did not have individual named staff to oversee their care and all staff took shared responsibility for this. People were involved in reviews of their care with staff and other social or health care professionals. People were observed having open access to the registered manager and staff to ask questions, seek confirmation and generally have a talk. People did not have advocates but would have access to advocacy if they wished or needed it. The registered manager said they had discussed advocacy for one person to help them make a decision about their future.

People were supported with dignity and respect. They said staff did not shout at them or raise their voices and treated them well. A member of staff said, "We adjust care to people's individual needs, we know their interests and help them to be independent." People said they did their laundry and cleaned the house, as well as helping with the shopping and gardening. A person told us, "I am learning to cook my own dinner and to use the bus." The registered manager described how they had supported a person through a bereavement by ensuring contact with other members of their family and establishing other networks of support with people outside of the home.

Outstanding ☆

Is the service responsive?

Our findings

People described how they were involved in talking about their care needs with staff. They were part of the process of assessing, monitoring and reviewing their care records. One person's care plans were written in the first person detailing how they wished to be supported in all aspects of their care and support. They had signed their records. Care records were produced in a format appropriate to people's needs using plain English and pictures or symbols to illustrate the text. Where people were unable to express their needs staff observed their behaviour and reflected on their knowledge of the person to develop their care plans. The views of relatives and social or health care professionals were used as part of this process.

People's care records were individualised reflecting their personal interests, preferences and future wishes. When people needed additional help or support to manage issues such as nutrition, their mental health or poor physical health, there was evidence the appropriate social and health care professionals had been involved. Their advice had been incorporated into people's care records and staff explained how they followed this in practice. A health care professional confirmed staff were "good at recording" their advice and "always implement what we ask". For example, a person at risk of choking had a softer diet and ate their food in an environment of their choosing.

Adjustments were made for people needing support to manage their mental health conditions. Their care records clearly detailed what helped them to remain calm and engaged and what was likely to impact on their feelings or emotions. Staff were given guidance about what to look for and how they should react to prevent people becoming unwell. Staff had an excellent understanding and insight about people and how to help them to stay well. One member of staff said, "We adjust care to reflect people's individual needs." A health care professional commented, "Staff are knowledgeable about the people they support and appear to follow care plans effectively."

People were encouraged to be as independent as possible learning new skills or maintaining existing skills. Staff talked about supporting people to develop their confidence to try new things. People spoke with pride about moving on or doing jobs for others. The registered manager explained how staff had realised some people did not have an understanding about the value of money or the skills to use cash machines. In response they had arranged a training day using a cash machine lent from a bank, so they could learn to withdraw money in a controlled environment. They would then choose a lunch and pay for this. The skills they learnt would then be transferred to using community facilities. A health care professional said, "Each person has been allowed to develop to their full potential and sometimes exceeded what we would have thought achievable initially."

People spoke about what they enjoyed doing which included going to garden centres for coffee, shopping in town, meeting with friends and family and going on holiday. They attended local day centres and colleges and used local sports facilities. One person was being supported to participate in a national award for people with a learning disability. Another person said they liked to go fishing occasionally and another person enjoyed frequent walks around the local area.

Each person had a schedule of activities which they had been involved in putting together. Staff said they supported people to access age appropriate activities. One person said they had a routine during the week and "like to relax after a hard week" at the weekend, going for a newspaper and having a roast meal. People had been involved in a gardening project helping to develop a garden at another home owned by Cardell Care. This had been so successful they had volunteered to help with the garden at a sheltered housing project. People were known in their community and had positive relationships with local people.

People said they would talk with staff or the registered manager if they had any complaints. One person said, "[name] or [name] or whoever, if I have a concern, they listen to me." People could raise concerns during formal individual meetings with the registered manager and house meetings with staff. They also dropped in to see the registered manager to have a chat so any issues were talked about as they arose. A complaints procedure was available in the hallway and each person had a personal copy in their service user guide. One person had mentioned concerns to a visiting professional and these had been followed up and responded to with the person and the professional. This had led to staff reflecting on how they reviewed and explained people's care records with them.

Good

Is the service well-led?

Our findings

People and staff were actively involved in reviewing and developing the service. Their feedback through individual meetings, group meetings or annual surveys helped to shape and improve the service provided. People said they liked living at the home. A health professional said, "In my experience Tomlen is an excellent service."

The registered manager said her vision for the home was to "Provide a meaningful day to minimise challenging behaviour." Staff endorsed this saying, "It's important for people living here to get the dynamics of the home right" and "We keep day to day lives calm and manage people's anxieties". The registered manager encouraged staff to be open and transparent reflecting her values and behaviour. Staff said she was "easy to talk to about everything and discreet" and "you can go to her anytime, day or night, she is very supportive". The values and behaviour of staff were monitored through supervision and support was provided for staff to develop personally and professionally. A health care professional said, "She [registered manager] is excellent, highly skilled in the client group and very knowledgeable about the people they care for."

There was close working with other social and health care professionals. Incidents were raised with the appropriate authorities and the relevant notifications submitted when needed. The registered manager described how they had liaised with the staff at the hospital about recent admissions and "couldn't fault" the support provided to people. Likewise they worked co-operatively with specialist teams in the community and the GP to monitor people's well-being. The registered manager had worked proactively to make sure people were not discriminated against and received access to the health services they needed. For example, she questioned why blood tests had not been carried out as part of people's annual health checks and these were immediately offered.

Staff were supported to develop their skills and knowledge to drive improvements in the service provided. They had been given clear guidance about their code of conduct and expectations of their role and responsibilities. The registered manager described the impact of new training on people's experience of care and how staff had been able to reflect about different ways of supporting them. She said, "Positive behaviour support has transformed the way my staff think." Staff were confident the registered manager would respect any concerns they raised and take the appropriate action to keep people safe.

The registered manager described the challenges of continuing to provide a quality service to people under the current climate of funding cuts. She recognised these could impact on what could be provided safely. Staff commended the registered manager for making sure when the home had a vacant room they considered the compatibility of people wishing to move in with others already living in the home.

A range of quality assurance systems were in place to monitor the quality of the service being provided. Staff had delegated responsibility for key tasks such as auditing medicines, care records and health and safety checks. Where issues were highlighted, actions were identified and had been carried through. An annual infection control report had been produced in line with national guidance. Accident and incident forms were analysed to prevent these happening again. The home had recently been inspected by the local environmental health authority and awarded the top score of five stars for the management of their food hygiene systems.

The registered manager maintained their professional development through external courses and collaborating with a range of local and national organisations. As a member of a local care provider's organisation she was able to keep up to date with changes in legislation and local commissioning as well as sharing best practice. She had participated in a "Valuing Care" project with the local authority to develop a local pricing tool for the provision of care and was an active committee member for this project. The registered manager said she kept up to date with national guidance and best practice through registration with the British Institute for Learning Disabilities (BILD) and the National Institute for Health and Care Excellent (NICE).