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Tang Hall Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 24 August 2015 and was unannounced.

Tang Hall Residential Home provides accommodation and personal care for up to 20 older people who may also have mental health needs or dementia. The service does not provide nursing care. At the time of our inspection there were 17 people using the service.

A registered manager was in post at the service. 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 were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with family and people who were important to them so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to develop their skills and to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

There were enough staff with the skills to manage risks and provide people with safe care.

People were safe and staff knew how to protect people from abuse or poor practice.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received the support and training they required to provide them with the information they needed to carry out their responsibilities.

People's health, social and nutritional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were encouraged to be involved in decisions about their care with support and input from relatives.

Good

Is the service responsive?
The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain relationships with family and people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service was run by a competent manager with good leadership skills and who was committed to providing a service that put people at the centre of what they do.

Staff received the support and guidance they needed to provide good care and support. Staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Tang Hall Residential Home

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 inspection took place on 24 August 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people and two relatives. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and observed how staff interacted with people. We spoke with the registered manager, the deputy manager, one member of care staff and the cook.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

A relative said, "I feel it is absolutely safe here. I haven't any worries when I leave I know [my family member] will be looked after."

Staff said they had received training in safeguarding adults. They understood different types of abuse and knew how to recognise signs of harm. Staff were confident that if they reported anything that they thought was abuse or poor practice the manager would take action. The registered manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority and also knew they had to notify CQC of any concerns they had identified or suspected..

The provider had systems in place for assessing and managing risks. We saw that people's care records contained risk assessments which identified risks and the measures in place to reduce and manage the risk. People's care records contained a range of risk assessments including risks of falls and risks of developing pressure ulcers. Where people were at risk of falls pressure mats were in place at night so that staff were alerted promptly if the person got out of bed and could check that they were safe.

Care records confirmed that the provider used established scoring systems to assess, identify and measure the level of risks to people so that they could be managed effectively. For example, formal risk assessments using the Waterlow score tool were used to identify dependency levels in relation to the risk of developing pressure ulcers. When a risk of developing pressure ulcers was identified a care directive was in place that detailed how frequently the person required repositioning during the day and at night. The setting for individual pressure mattresses was calculated according to the person's weight and the pressure was checked daily and any adjustments were recorded.

The risk assessments were reviewed when a person's needs changed and care plans could then be amended to reflect the changes. Members of staff demonstrated a good understanding of people's care needs and associated risks and were able to explain about individual's specific needs.

Staff understood the processes in place to keep people safe in emergency situations. There were emergency evacuation plans in place in the event of an emergency situation such as a fire. Staff were able to demonstrate that they knew what to do in these circumstances and said there was a 'fire grab pack' in the entrance hall with all the information they needed. We saw that there were clear guidelines for staff to follow in a range of emergency situations including what they must do if someone needed to be admitted to hospital, in the event of a death or if someone had a fall. The registered manager understood the importance of learning from any incidents or accidents so that appropriate measures could be put in place to prevent further occurrences and improve the service.

The provider had clear recruitment processes in place that kept people safe because relevant checks were carried out as to the suitability of applicants. Checks on the suitability of applicants included taking up references and checking that the prospective member of staff was not prohibited from working with people who required care and support.

The registered manager told us they worked out staffing levels according to people's needs and their level of dependency. A relative told us that they did not have any complaints about staffing levels and their family member had never raised any concerns. Staffing levels were three care staff, a cook and a domestic worker. In addition the registered manager worked hands-on and these levels were seen to be sufficient to provide safe care and support for the people who lived at the service. We observed that people were not waiting for a long time for care and support and that staff had time to chat to people.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. The registered manager carried out a random audit of medicines once a month. There were clear guidelines for staff to follow when medicines were delivered, which included a double checking system by two members of staff. There was also a daily audit of medicines by a second member of staff when they were administered. We observed that medicines were administered by staff following the provider's procedures and that the medicines administration record sheets were completed appropriately. Where medicines were prescribed on an as required basis (PRN medicines), such as analgesics to relieve pain, there were protocols in place for staff to follow.

Good

Is the service effective?

Our findings

People's needs were assessed and staff had the skills to provide care and support to meet people's individual needs. Staff received a range of training to provide them with the knowledge to carry out their role. Staff told us the training was good. One member of staff told us they had recent updates on moving and handling and first aid. They also had received training on meeting the specific needs of people who lived at the service such as non-violent interactions for people with behaviours that may put themselves or others at risk. One member of staff said they had recently had a course about funeral planning. Two new members of staff were due to commence NVQ level 2 and all other staff employed by the service had completed an NVQ award.

Staff said they felt well supported by the manager and senior staff. The senior team carried out a range of supervisions. Staff had face-to-face supervisions every two months where they could raise any issues they may have had and identify any training needs. In addition observations of how staff provided care and support were carried out by senior staff to identify good practice as well as any learning needs. For example, an observational supervision had identified improvements were needed in relation to a moving and handling situation and re-training was arranged to address the issue. Staff also had a yearly appraisal. Staff told us they had team meetings approximately monthly where they could discuss care practices and people's changing needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected.

We saw that MCA assessments were carried out to consider whether people had capacity to make particular decisions about their day-to-day life. For example one person was assessed as having capacity to manage their own finances. One person had a history of refusing to take their prescribed medicines. The manager explained that an assessment was carried out of the person's capacity to understand the consequences of not taking prescribed medicines. In consultation with health professionals and with the person an agreement was reached for medicines to be given in food. Staff reminded the person each time they were offered food if it contained their medicine.

The registered manager understood their responsibility to make applications to the local authority for people as required by DoLS guidelines and we saw that DoLS applications were in the process of being completed to be sent to the local authority.

One person told us, "It is nice, I like being here. I like the food." The cook demonstrated a good understanding of people's likes, dislikes and preferences. There were able to tell us about people's individual needs such as pureed food and whether anyone had a poor appetite and needed to be encouraged to eat. They told us that people had a choice of two hot meals for lunch and we saw that people were enthusiastic about the food.

People's nutritional needs were assessed and health specialists including dieticians were involved in putting a plan of care together to meet specific needs. One person had a poor appetite and was encouraged to eat foods that they enjoyed. Staff monitored the person's food and fluid intake and this was recorded in the person's care records.

Another person's care records contained an assessment from the speech and language therapy team (SALT) because of difficulties in swallowing. A care plan was put in place with input from SALT which specified the texture of purred food that was best for the person and that liquids needed to be thickened to avoid difficulties with aspiration. The person was still able to enjoy foods such as biscuits providing they were softened. Staff had a good awareness of how to support the person with appropriate foods whilst enabling them to enjoy foods that they liked.

A relative described how the manager and staff supported their family member around a specific health condition. "We went to see the consultant who reduced the medication and now it is monitored by visits from the GP."

Staff understood how to support people with their individual health care needs. For example,one person had a condition that required support with breathing and had been prescribed treatment that required medicine to be administered through a nebuliser. Staff explained how they had worked with the person to ensure they understood the importance of using the nebuliser to relieve and manage their condition.

Good

Is the service effective?

People's individual health needs were met with input from relevant health professionals including district nursing services. One person who was unable to move independently had a specialised chair to provide support, but their reduced mobility had the potential to cause a breakdown of the person's skin integrity. They also had a pressure relieving mattress to minimise the risk of developing pressure ulcers. Staff carried out daily checks on people who were assessed as being at risk of skin breakdown because of poor mobility. The staff recorded when people had been checked and if there was any sign of redness that may indicate the early stage of skin breakdown. Any changes were reported promptly to district nursing services for assessment and a treatment plan. The registered manager confirmed that they had no-one with a pressure ulcer but they had five people who were assessed as being at risk and who were being closely monitored.

We saw from people's individual care records that there was input from a range of other health professionals such as doctors, opticians, chiropodists and mental health services.

Good

Is the service caring?

Our findings

One person told us, “The staff are magic. They are kind to all of us.” and another said, “All the staff are very kind.”

Relatives made positive comments about the staff, their attitude and how they treated their family members. One said, “My relative has been here for [a number of] years and is very happy. Staff are really friendly and approachable. They treat people as family.” A relative told us that staff were very caring; they said, “They are all very good and [a named staff] is exceptional. It’s [their] whole enthusiasm, people’s faces light up when [they] come into the room.”

We observed that staff treated people with care and kindness. Staff told us that one person who was living with dementia did not always want to co-operate with personal care. Staff understood how to approach the person and were able to reduce their anxieties. A relative told us, “Staff know how to help [my family member] to calm down [when they are agitated].”

Relatives told us that staff treated their family members with kindness. One relative said, “For staff it is not just a job it is a vocation. They do the things they say they are going to do. The culture here is to treat people like one of the family. It feels like home.”

Relatives confirmed that their family member was treated with dignity and respect. We saw that staff were discreet when checking with people whether they needed any support with personal care such as using the bathroom.

People told us they were able to express their views and staff would listen to them. One person said, “Staff listen to you, they sit and have a natter.” Where people had needs around mental health there was input and support from the community mental health team who visited and reviewed the person’s care and support needs and whether they were being met appropriately. One person was in the process of having a review with the local authority and they were looking at whether the person needed the support of advocacy services.

We saw that staff respected people’s choices such as whether they wanted to eat lunch or if they wanted to listen to their music or watch television. A relative told us they had been involved in discussions about their family member’s choices about what they would prefer to happen if they became ill. They said, “We have discussed end of life plans. There is a PPC [preferred place of care] in place. My [family member] doesn’t want to go into hospital.”

Good

Is the service responsive?

Our findings

People's needs were assessed when they moved to the service and their assessments were updated when there was any change of needs. People's care plans were developed from the information gathered during the assessment process. The care plans contained sufficient information to guide staff about the way they preferred to have their care needs met. Care staff knew people well, they understood their likes, dislikes and preferences. Staff told us they were able to feed back information when they noted changes to an individual's needs and the care plans were reviewed.

There were two people with sensory impairments living at the service. Staff knew how to communicate with them so that they could understand their needs and wishes. They used a range of methods including signs and pictures and, where a person was able to see and read, they used large print for documents.

We saw that people were supported with their individual interests and hobbies. One person enjoyed listening to music and showed us their extensive music collection. One person told us that they did not like to take part in organised activities but preferred to sit and watch television. Staff respected their wishes but always let them know what activities were planned in case they wanted to join in.

We saw that other people enjoyed playing a communal game of bingo. Staff explained that they had fundraising activities so that they could buy prizes such as boxes of chocolates and the majority of people liked to join in with these sessions.

One person told us they went out independently to the local shops and others told us they enjoyed it when they held events such as a garden party that had taken place the previous month.

The provider had a clear process in place for responding to concerns and complaints. People told us they had no complaints but they would be happy to talk to staff if they did. Relatives told us if they had any concerns they would talk to the manager or members of staff and minor concerns were dealt with when they arose. There was a complaints folder available in the entrance hall so that relatives, visitors or people living at the service could write comments or raise any issues. We saw that the registered manager had responded to concerns and made changes where appropriate.

A record was maintained of any complaints received and what actions were taken in response to the issue. The registered manager spent time talking to people, giving them opportunities to raise any issues they may have and used the feedback from the people who had raised concerns to improve the service.

Good

Is the service well-led?

Our findings

Relatives, people who lived at the service and members of staff made positive comments about the way the service was managed. A relative told us, "The manager is superb. Got her finger on the pulse and knows exactly what everyone needs." Another relative said, "Morale is good from the top down." We saw that the registered manager knew people well and they were confident in their exchanges. One person told us they would go to the manager if they needed to and they were confident they would be listened to.

The registered manager demonstrated an enthusiasm for developing the staff team so that people would receive the best care from skilled staff. The management team led by example and both the registered manager and the deputy manager had completed a National Vocational Qualification (NVQ) at level 5 in care and management. They worked together as a management team and were also an integral part of the staff team working beside care staff, providing care and support.

Staff were encouraged and supported to develop their skills and drive improvement in the service. Two new members of staff were due to commence NVQ level 2 and all other staff employed by the service had completed an NVQ award. One member of staff told us that they thought the training was good and they had recent updates on moving and handling and first aid. Staff also had received training on meeting the specific needs of people who lived at the service such as non-violent interactions for people with behaviours that challenged. One member of staff said they had recently had a course about funeral planning.

On a daily basis the registered manager was a visible presence and spent time with people, listening to them and providing support so that they developed supportive relationships and their views could be taken into account when making decisions.

The management team and staff carried out a range of checks including health and safety audits such as yearly portable appliance testing, fire systems and equipment. Other checks included monitoring care records

As a result of feedback from relatives the management team had put a newsletter in place to keep relatives and visitors informed of things that were planned or had taken place.

The provider sought feedback from people and their relatives to improve the quality of the service. The provider sent out surveys to families and health or social care professionals on a yearly basis and someone from head office regularly visited the service to talk with people and visitors.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. Care records were reviewed, assessed and updated according to changes in people's needs. Care records and personnel records were kept securely when not in use. People could be confident that information held by the service about them was confidential.