

Community Integrated Care Tanners

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Tanners is a residential care home that provides personal care for up to 7 older autistic people or older people with learning disabilities and physical disabilities. At the time of the inspection six people lived at the home.

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

Right Support:

People and their relatives told us they would like to see more opportunities to pursue their interest and try new activities within the home. We made a recommendation to the provider about this. People were supported to have maximum choice and control of their lives and staff supported 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 and staff understood how to keep people safe. Medicines were administered safely. Staff supported people to integrate and be part of the community. Staff knew people's needs and ensured each person received care and support that met their needs. People were supported to make decisions about their care.

Right Care:

The service worked in partnership with other health and social care professionals to ensure people received effective care. Medicines were managed safely. Risk assessments were in place to support and guide staff. People's needs were assessed before they moved into the home. The home was well maintained, and the home had good infection control practices.

Right Culture:

The ethos, values, attitudes and behaviours of the registered manager and support staff adequately ensured people living at the home led confident, inclusive and empowered lives. People and their relatives told us, the service had improved since the new manager had started at the home and they felt the home was moving in the right direction.

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

Rating at last inspection and update

The last rating for this service under the previous provider was good published (7 March 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We made a recommendation to the provider to ensure people were supported to participate in meaningful occupation and pursuing personal interests within the home.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tanners

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Tanners is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records related to 2 people's care and support. This included their care plans, risk assessments, and medicines records. We reviewed 2 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, complaints, quality assurance records and a range of policies and procedures. We spoke with the registered manager and 3 support workers. After the inspection we contacted 6 professionals, receiving feedback from 2, we spoke with 5 relatives of people living at the service.

Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People's relatives told us people were safely cared for. The provider had procedures for safeguarding people and whistle blowing. The staff received training in this and had opportunities to discuss this during team meetings.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. People were supported to be independent and try new things, but the registered manager ensured potential risks relating to these were assessed and had strategies to mitigate risks. For example, people were supported to learn to use public transport, cross the roads and pursue their interests within the local area.
- People had personal emergency evacuation plans (PEEPs) which indicated how each person should be evacuated safely in an emergency.

Staffing and recruitment

- During the inspection we observed there were enough staff on shift to meet people's needs and keep them safe. The registered manager told us they had been successful in recruiting new members of staff. People told us that there was enough staff to care for them.
- The provider followed safe recruitment practices. Appropriate pre-employment checks including references from previous jobs and criminal record checks had been completed.

Using medicines safely

- Medicines were managed safely. The registered manager ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medicine administration records were complete and no gaps in recording were identified.
- Where people had been prescribed 'as and when required' medicines, there were clear protocols in place giving guidance on how and when these medicines should be administered.
- Staff carried out weekly and monthly medicine audits and stock checks were completed to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they were able to visit when they wished. We observed a number of relatives people visiting people on the day of our inspection visit.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong and making improvements. There were regular meetings and handovers which discussed incidents and all incidents and accidents were monitored and reviewed by the registered manager to identify and share learning.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. 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 assessed before they moved into the home. The registered manager carried out initial assessments in people's homes. People's protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the pre-admission process.
- The manager had a process for considering the compatibility of potential new people moving in to ensure people living at the home had a say about who would live there.

Staff support: induction, training, skills and experience

- Staff had completed training in supporting autistic people and people with learning disabilities which is now a legal requirement for all health and social care services.
- The provider had recently introduced a new training programme for all staff which was more interactive for the staff team, the training programme was called Minds, Hands and Heart, which focused on knowledge, learning and checking staff's understanding of the training. One staff member told us they enjoyed this way of learning as it was more interactive.
- Staff said they felt well supported and had opportunities to develop professionally. One staff member said the provider was supporting them to complete a NVQ level 3 in Health and Social Care training. A NVQ is a work-based way of learning.

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

- People's dietary needs and nutritional requirements were assessed, and people were supported to have a balanced diet. People were involved in the meal planning and, if appropriate, were involved with preparing the meals.
- People told us they were happy with the food, one person said, " Yes, the food is nice and healthy. "
- Staff were prompted to ensure people were kept hydrated and to encourage people to drink more in the hot weather.

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

- The home was clean and very well maintained. People had their own rooms, but they shared bathrooms. People's rooms were personalised to their individual taste and preference.
- There was a communal garden which was accessible and well maintained and we observed people sitting in the garden. Relatives told us they enjoyed using this space with their loved ones.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The registered manager had plans in place to support people with complex health needs. There was evidence of prompt action taken to address health concerns. The service worked with specialist health services such as the speech and language therapists, district nurses and acted on their recommendations.
- The service had good links with the local GP service. There was a structured process for handing over information of concern to health care professionals.
- People had health passports which were used by health and social care professionals to support them in the way they needed.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. DoLS were in place for some people using the service. There were effective procedures in place for managing the DoLS procedure.
- Staff had received training for the MCA and understood the need to gain people's consent and involve them in the care they received.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. 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

- People's dignity and privacy was maintained. Relatives and staff told us they supported people from different cultures and religions and the care plans we viewed confirmed this. People were supported to attend the local church and participate in religious events within the community.
- Staff were attentive and kind to people and it was evident that people were happy living at the home. Staff clearly understood people's needs and they were able to respond in caring ways.
- Staff spoke about the importance of caring for people to their specific wishes and needs, one staff member had sourced a company to fix a special item which was very important to one person.

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

- The people we spoke with told us staff asked them how they wanted their care provided and their preferences with care were being provided in line with their wishes.
- Within care plans we saw that people were asked if they preferred if their care was provided by a male or female care worker and this was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff practices encouraged people to be as independent as they could be. Good procedures were in place to support people to take positive risks. One staff member told us how they worked with one person to support them to carry out a specific task independently. The staff had developed some goals to achieve this and both the staff member and the person spoke of their delight when they had achieved this. The person told us, " I am so proud of myself. "

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback from relatives about the lack of inhouse activities happening within the home during the day and at weekend. The inspector observed some missed opportunities to engage with people during the inspection.
- The home had an activities board which was not completed but staff told the inspector they were planning to complete this.

We recommend the provider ensure people were supported to participate in meaningful occupation and pursuing personal interests within the home.

- However, people and their relatives told us people were supported to attend events and activities in the community. People told us that they regularly went out and they enjoyed lots of different activities. Relatives spoke about the positive impact this made for people.
- People were also supported to use the local community for shopping, leisure activities and attending places of worship.
- People were supported to go on holidays and trips of their choice. People spoke with enthusiasm as they were planning holidays in the coming months.
- People built up good relationships with others living in the home and it was evident that people enjoyed living together.

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

- People received person centred care. The registered manager and staff spoke had made significant improvements to how care was being tailored to support to individual's needs. The registered manager told us since starting in post they had reviewed how each person received their care.
- The provider had recently introduced a new care delivery which was an electronic system, this sent alerts when care was due and when delayed. The registered manager and staff felt this was a good system for recording care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the AIS standard. People had detailed communication care plans in place, which focused on how to understand, and how best to help the person meet their outcomes. Staff spoke knowledgeably about working with people to ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. At the time of the inspection there had been no complaints. People and their relatives we spoke with told us they had not needed to make a complaint but if they had a concern they would speak with the registered manager.

End of life care and support

- At the time of the inspection the service was not supporting anyone who was end of life. People were supported to ensure their wishes as to how they wanted their care provided at the end of their life were met. There was a section within people's care plan which focused on people's specific wishes.
- Staff at the home had recently attended training on end of life as they told us they would like to support people to stay at the home if they were end of life.

Is the service well-led?

Our findings

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 our last inspection under the previous provider this key question was rated good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- There had been significant improvements to the day to day running of the home. People and relatives were satisfied with the management of the service. A relative said, "I am happy with the care - there is improvements to how the home is run."
- Staff understood their role and knew how to manage the home, The inspection was unannounced, and the inspector was supported by a support worker. The support worker was exemplary in how they supported the inspector and provided all of the information whilst also supporting people.
- The provider carried out regular monitoring of care plans and risk assessments. There were regular audits of the environment, such as furniture, health and safety, fire and gas and electrical checks.

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

- Staff and relatives told us they felt the home was well-managed and provided appropriate care to people. It was evident from the feedback and observations that people received good care and support. The registered manager and staff told us they were planning to introduce the activities planner for each person.
- The registered manager had recently started in post and relatives spoke about the positive impact this was having on the day to day running of the home. Relatives and stakeholders felt there was significant improvement in communication, and it was evident that peoples' needs were been met.

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

- The service had good links with the local community. People participated in events within the local area and staff worked to ensure people had access to range of organisations that could support them.
- The registered manager had recently introduced house meetings, which had proved successful.
- The service sought feedback from people and their families, and the registered manager operated an open door policy which meant people popped in regularly to speak with her. This proved successful as people, relatives and staff told us the registered manager was approachable and very supportive. One relative said, "Yes she is very supportive. "

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 registered manager understood their responsibility around the duty of candour and was transparent

in sharing information.

Continuous learning and improving care

- The registered manager was committed to making ongoing improvements and they told us about the importance of keeping updated with changes in law and practices. The registered manager received regular training from the local authority and attended webinars and training events which focused on training and developments.

Working in partnership with others

- The staff worked in partnership with outside healthcare agencies and other professionals.
- The registered managers told us they would contact people's GP on their behalf if required to arrange referrals to other services.