

Hertfordshire County Council

Tanners Wood

Inspection report

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Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Tanners Wood on the 10 April 2017.

The service provides short breaks and respite care for up to eight people with a learning disability and/or physical disability. On the day of our inspection, there was one person using the service who had gone out for the day and all other people had returned home after respite.

At our last inspection on 25 May 2016, we identified that the service was in breach of three regulations. The provider had not ensured that people had consented to their care and treatment, not all people had risk assessments in place, and records were not kept up to date. We found that the service was not meeting the required standards and was therefore rated as a service that requires improvement. During this inspection we found that the provider had successfully implemented a change in processes and the regulations were now being met and improvements had been made.

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 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with had described the staff as kind and caring. People were supported to go into the community and pursue their interests.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well led

The manager demonstrated leadership and gave staff consistent direction.

There was a registered manager in place.

Staff felt supported by the management team.

Audits were undertaken to assess and monitor the quality of the service people received. and to drive improvement.

Tanners Wood

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 the 10 April 2017 and was unannounced. We also contacted relatives of people who used the service on 28 April 2017.

The inspection team consisted of two inspectors from the Care Quality Commission.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection and notifications they had sent to us. A notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with the team leader and four staff. We were unable to speak with people who use the service but we were able to speak with four relatives of people who had recently used the service. We looked at the care records of eight people who used the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

During our last inspection on 25 May 2016, we found that the provider was in breach of regulations because risk assessments were not always kept up to date. During this inspection we found that all risk assessments had been updated and there were now systems in place to monitor and update peoples care plans and risk assessments.

We saw that since our last inspection, the registered manager had implemented a system to ensure the regular review of risk assessments to ensure that people were safe from harm and these were appropriately reviewed and updated when required. The provider had undertaken environmental risk assessments and health and safety checks to ensure that the service was suitable and safe for people; these included a fire risk assessment, regular gas safety checks and portable appliance testing. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy.

Relatives we spoke with told us that people were safe and well looked after when they visited Tanners Wood for respite care. One relative said, "Yes, [Relative] is safe." A second relative said, "They phone if there are any problems, they know how to keep [relative] safe." A third relative spoke to us about anxieties they had felt leaving their relative at the home in the past. They said, "I used to worry and couldn't relax while they were at Tanners Wood. I now understand that [staff] will call me if there is anything wrong, they are very good, so I find it easy to relax now." A staff member spoke to us about how they kept people safe. They said, "Making sure the client is safe as they can be includes looking at the environment, you have to continuously access that the client is safe in their environment."

Records showed that there were sufficient staff on duty to support people safely. On the day of our inspection, the service had three staff on duty. There were different views from staff regarding staffing levels some felt that there was not always enough staff available when they were asked to assist within other units on the site and others felt that staffing levels had improved. One staff member said, "Not always enough staff can be quite thin on the ground at times. Sometimes you end up having to support other houses on the close. Although we don't often have clients during the day there is stuff to be done like cleaning, care plans and washing, so going into another house prevents us from doing what is needed here."

Staff we spoke with were aware of where they could locate information within the home to report any concerns they had about people, this included either internal or external organisations such as the local authority. Staff knew where to locate the provider's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

Training records we reviewed showed that staff had all received training in safeguarding people. On the day of our inspection we observed staff preparing rooms for expected clients. We asked a staff member to talk us through the routine, they told us, "All bedding is striped, the bed is disinfected and the room is thoroughly

cleaned. This is done after each visit, however if the room is vacant for a while we still sanitise the room again, as though it had just been occupied, prior to a client coming. We then ensure we have everything in the room to keep the client safe for example the person that will be staying in this room today requires a crash mat for extra protection."

During our previous inspection we had found that staff employed at the service were suitable and qualified for the role they were being appointed to and this was still the case when we revisited the service. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We saw that medicines were continued to be stored safely within the home. Medicines records instructed staff on how people should be supported with their medicines including when being given as and when required (PRN) medicines. Medicines administration records (MAR) showed that medicines had been administered as prescribed.

Is the service effective?

Our findings

During our last inspection on 25 May 2016, we found that the provider was in breach of regulations because people had not always been asked for their consent and there were no clear systems in place to show that people had consented to the care being provided. During this inspection we found that people's care plans documented their written consent for support being provided to them and staff were also able to demonstrate to us their understanding of consent and how this would be gained from the people using the service.

A relative we spoke with said, "[Staff] know [relative] well, they always discuss and ask [for consent], They always write things down." Another relative said, "[relative] is given so much choice, sometimes I think they are given too much choice, but I know that staff follow what [relative] wants."

We saw from staff folders that the registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with confirmed that they were always given an opportunity to discuss concerns and self-development during supervision, and appraisals and could discuss issues with the management team if the need arose at any other time.

Appropriate training such as health and safety, first aid and infection control were undertaken by all staff. Regular refresher courses were undertaken to ensure that staff were abreast of any changes. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC). A staff member told us, "I think the training helps you to do a good job, training really makes you stop and think and look at things differently." And, "The office informs us via memo's in the main book when a refresher course is required, it's also written in the house book as well as on our rota's. This ensures that we have every opportunity to attend our training."

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

During our last inspection we were told that as the home provided short stay respite care, people did not bring their 'purple folder' with them. The purple folder holds details such as people's medical appointments, how they want to be communicated with and their medication. We saw that staff continued to use forms which were completed by relatives at each stay, detailing any changes to their health and wellbeing since their last stay. Staff told us that if required, people were supported to access healthcare appointments whilst at the service. Staff told us that they would speak with the parents prior to the person taking up respite at the service to check if they had any medical appointments that the parents required the service to support the person with. If there was an appointment we were told that it would be documented to ensure that the rota covered for staff to take the person to their appointment.

We saw that care plans were still documenting people's food preferences including any details of special dietary requirements such as puree food. Staff had access to guidance so that people were provided with a well-balanced diet while they were at the service. Where people required a special diet, there was also specific information regarding the type of foods that should be avoided. People were offered drinks and snacks throughout the day. One relative we spoke with said, "I discuss [food requirements] with staff when I drop [person] off. They are very good, they make sure [relative] has enough to drink especially as [relative] can be fussy with drinks."

Is the service caring?

Our findings

People were supported by staff who were caring and supportive towards them. A relative we spoke with said, "[Staff] are brilliant, they know how [relative] likes things and phone me if there are any problems." A second relative said, "I wouldn't send [relative] there if I didn't think the staff were caring." A Third relieve said, "Oh yes, the staff are very caring and understanding, some of them have been there for a while."

A member of staff told us how they looked at the personal needs of a client whilst making preparation for their stay. They said, "If our client requires equipment such as overhead tracking and hoist or a bath chair, we would be informed via the universal assessment which is information from the social worker team which gives us all our clients information about how to support and look after them, all their likes and dislikes."

People were encouraged to bring items from home that would help them settle in and enjoy their respite stay. One member of staff told us about how they helped a person to be comfortable in the service and decorated their room in items that they knew they would like. They said, "[Person] likes watching and playing with the old style video recorder so I always ensure that there is one in their room as well as video tapes." Another staff member said, "It's the way in which you talk to them that shows you're caring and spending quality time with them."

During our inspection there were no people at the service so we were not able to observe staff interaction with people. Staff we spoke with told us that they always endeavoured to respected people's privacy and dignity and that when undertaking personal care, doors and curtains were shut so that people were supported in private. One staff member said, "We care about people's privacy and dignity. I will only support [the same gender] unless there is a crisis, in that case I would ask for another member of the team to support me."

Staff told us that they always sought consent from people prior to undertaking any task. They told us that if people were non-verbal they would watch for facial expression body language to see that people were ok with what they were doing. They also told us that they would still talk the person though what they were going to do prior to doing it.

Is the service responsive?

Our findings

People received care and support that was individual to them and reflected their needs. People were supported by staff to follow their interests and participate in activities. People's support needs had been assessed prior to them joining the service.

One relative said, "There is usually quite regular staff and they know [relative]." A second relative said, "Even if there is new staff around, the older staff will support them and show them what [relative] likes. They all know [relatives] preferences." Staff we spoke with also told us they knew the preferences and choices of the people they supported. One member of staff said, "I already know their requirements, I meet them regularly." This member of staff also said, "I know that [person's] lips get dry when they are not drinking enough so I will encourage them to sip drinks." They also said, "The care plan states that [person] should have a nap in the afternoon, I don't always go with what it says. It's according to what [person] wants." They went on to further explain that although the person they supported was unable to verbalise their needs, they would observe them and support them accordingly. For example they said, "I watch to see if person is tired. The care plan says they should be put in bed in the afternoon, but if I see they are lively and wanting to be involved with what's happening in the home then I won't put them in bed. I wait until they are tired."

We saw that appropriate care plans were in place so that people received the care that met their individual needs. There was clear evidence that the care provided was person-centred and that the care plans reflected people's needs, choices and preferences. Routines were set out according to the person's preferences.

Staff told us how parents were encouraged to get involved in peoples reviews. One staff said, "If they are able to once a year we are now having reviews here. We invite parents also; this helps them to have their input into the care plan. This is important as parents sometimes give us additional information that we might not know." Relatives we spoke with also confirmed this, one relative said, "We have regular coffee mornings." while another relative said, "The staff always discuss medicine and any changes during the handover and they will always write it done." We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers.

Staff told us that if a person wanted to make a complaint they would support them to do so either by providing them with information on how to make a complaint, documenting the complaint on their behalf as well as informing the manager or shift leader.

There was a complaints policy and procedure in place and people were made aware of this when they joined the service using an easy read format. Relatives told us that when they had a complaint the staff would take action. One relative said, "I know I can contact [member of staff] or [registered manager] if I have a complaint."

Is the service well-led?

Our findings

During our last inspection on 25 May 2016, we found that the provider was in breach of regulations because they did not maintain accurate, complete and contemporaneous records in respect of each person they supported. They also did not maintain an accurate record of the care and treatment provided to the people they supported and of decisions taken in relation to the care and treatment.

We did not meet the registered manager during this inspection; we did however find that staff on duty demonstrated knowledge and understanding of safeguarding issues and what steps needed to be taken to ensure that the quality of care remained constant in the absence of the registered manager.

People were receiving an individualised service from a dedicated and committed staff team. Staff felt supported by the manager and team leaders. One member of staff said, "Yes, I feel very supported." A second member of staff said, "I can always find someone to talk to if I need some support." A third member of staff said, "Yes we are supported." A relative also said, "The home seems to be well run, I haven't had any issues." A relative also told us that they were able to give regular feedback about the service and coffee mornings were arranged so they could meet the staff and discuss any concerns.

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw that the culture was open, inclusive and empowering. Since our last inspection, the team had introduced new practices and monitoring tools to ensure that they remained in line with regulations and that people were being provided with the best possible care. A staff member said "We try to make our service as easy and comfortable as we can."

People's views were regularly obtained by way of satisfaction surveys which were used to drive improvement. We saw that recent surveys had shown that people and relatives were happy with the service being provided. Where people had provided feedback on how the service could be improved then this was recorded and actions taken.

There was a selection of quality assurance audits in place to ensure quality standards were met and legislation was complied with. The audits in place ensured that the manager was aware of all that was happening in the home and was able to plan ahead. The audits that were in place included Care plan audits, medication audits and quality audits. These were carried out regularly to ensure that standards were consistently being met. A staff member told us how the service had learnt from previous experiences and how they used there learning to improve the service. They said, "Medication errors were previously happening so we had extra meeting with team leaders and management. We implemented a check sheet, that is checked four times a day and we now check the medication in two's. This has reduced medication errors".