Randall Care Homes Limited

Tanfield House

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

Tanfield House is a care home that provides accommodation and personal care for up to five people who have mental health needs. At the time of our inspection there were five people using the service. Public transport and a range of shops are located within walking distance from the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 systems in place to keep people safe. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding and reporting concerns.

Risks to people were identified and guidance was available for staff to follow to minimise the risk of people being harmed and to keep them safe.

Arrangements were in place to provide appropriate numbers of appropriately skilled staff to deliver the care people needed. Staffing levels were kept under review and adjusted when people's needs changed and to provide the support people needed to attend appointments and other activities.

Staff were appropriately recruited and supported to provide people with the individualised care and support that they needed.

Staff assessed people's needs and care plans were developed that reflected people's individual needs and preferences. People were involved in planning their care. Staff understood people's needs and provided care and support in a respectful way.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed.

People received their medicines as required. Medicines were stored securely and managed safely by staff

Staff received a range of training and support to enable them to be skilled and competent to carry out their roles and responsibilities.

Staff had understood the implications of the Mental Capacity Act 2005 [MCA] and applied its principles when providing people with care and support. Staff understood the importance of ensuring people agreed to the

care and support they received and knew they needed to involve others when people were unable to make important decisions.

Management staff were aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives in the least restrictive way possible. The service supported and promoted people's independence. Staff sought people's permission before they provided them with assistance and support.

People knew how to make a complaint and were confident their concerns would be resolved.

People's nutritional and dietary requirements were met. People made themselves snacks and drinks whenever they wanted.

There were systems in place to review, monitor and improve the quality of the services provided for people.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Tanfield House

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 checked 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 comprehensive inspection took place on 3 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection.

During the inspection we spoke five people using the service and the registered manager. We also spoke with another manager, general manager, deputy manager and two care workers and a therapeutic support worker. The management staff supported the registered manager in the day to day running of the service and the other four small care home services owned by the provider. Following the inspection we spoke with a relative of a person using the service and two health care professionals.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable living in the home. They told us that staff treated them well and there were always staff available to talk with and provide the care and support that they required. Comments from people included "I feel it is safe here" and "It seems safe here."

People approached staff without hesitation. Staff engaged with people in a friendly and respectful manner.

Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they became aware that people who used the service were being abused. They informed us that they would report abuse to the management staff and could also report it directly to the local authority safeguarding department and the CQC if needed.

Appropriate systems were in place to support people to manage their money. People were fully involved in decisions about their finances and signed records of their income and expenditure.

Risk assessments were included in people's care plans. These included guidance for staff to follow to minimise and manage potential risks such as risks associated with people's mental health needs, antisocial behaviour, and hoarding and self-neglect. A risk assessment of the premises had been carried out in 2016. This included details of action to be taken by staff to keep people safe. Management staff told us that they had plans to carry out an environmental risk assessment in 2017.

Staff had been carefully recruited. The required checks were carried out to make sure that only suitable staff were employed by the service. The four staff files we checked included the necessary documentation such as; a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom.

Care workers informed us that there were times when they were busy but generally they felt there were sufficient staff on duty to ensure people received the care and support they required. Staff told us there were extra staff provided when people needed staff to accompany them to appointments. During the inspection management staff supported two people to attend health appointments.

There were suitable arrangements for the recording, administration and disposal of medicines. We noted that the medicines were stored in a locked kitchen cabinet made of woodchip, which was not as secure as a purpose made metal medicines' cabinet. The storage of medicines was discussed with management staff who told us they planned to replace the cabinet. The temperature of the room where medicines were stored was monitored and was within the recommended safe temperature range to ensure people's medicines remained effective.

People told us they received the medicines that they were prescribed. Staff administered medicines to people in a safe and respectful manner. Staff told us and records showed that staff had received assessment of their competency to administer medicines. However, details of the medicines areas the competency

assessment covered were not available. Management staff told us that in future that information would be recorded. There were records maintained of the stock of medicines to be given 'when required' [PRN] but there was no record of the reason why a person had received a 'PRN' painkilling medicine. Management staff informed us that in future this information would be recorded so the person's pain would be effectively monitored.

There were suitable arrangements for ensuring fire safety which included a fire risk assessment and fire equipment service contract. The fire alarm was tested weekly to ensure it was in working condition. Records showed fire drills took place regularly. Checks of the gas and electrical systems also took place. Arrangements were in place to ensure that cleaning agents and other substances hazardous to health were stored securely in line with legislation to minimise the risk of people being harmed.

The premises were clean and no unpleasant odours were noted. Care workers had access to protective clothing including disposable gloves to minimise the risk of spreading infection.

Good

Is the service effective?

Our findings

People using the service spoke in a positive manner about the staff and told us they felt staff were competent and understood their individual needs. Comments from people included; "The staff are very good" and "They [staff] listen."

Staff told us and records showed they had received the induction and the training they needed to carry out their roles and responsibilities. Topics included; basic first aid, safeguarding people, moving and handling, fire safety, infection control and food safety. Staff had also received training/learning in other relevant areas including; Mental Health Act 1983, managing clients' behaviour, and medicines. Staff had also achieved qualifications in nationally recognised courses to help them develop their knowledge and skills and their careers.

Staff received regular one-to-one supervision meetings with a member of the management staff to discuss their progress and the needs of people using the service. Appraisals of staff performance took place. These also identified any training and development needs.

People's health needs were met and staff supported them to access healthcare services when needed. Two people attended health appointments during our visit. One person told us they had recently had received checks from a podiatrist and an optician. They also told us "The GP surgery is near. I go down there to see a doctor. They check my bloods and do a full check up every now and then."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff knew that when people lacked mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The general manager told us that at the time of the inspection there was no one using the service that had a DoLS authorisation but they were in the progress of submitting an application for authorisation to a local authority for one person whose needs had recently changed. Following the inspection a health professional informed us that this DoLS application had been made by the service.

People told us they made decisions about their lives, and that staff asked for their consent before providing them with assistance in day to day activities and prior to entering their bedroom.

Staff were aware of people's particular dietary needs and food preferences. People made themselves snacks and refreshments during the inspection. Staff offered people a choice of meals during lunchtime. Most people told us they were satisfied with the meals provided; however one person informed us that although they had enjoyed their breakfast they were not keen on most of the meals. People received dietary support and advice from dietician who regularly visited the service. A person told us they had their own cupboard for storing personal items of food. A person told us that "We get meals regularly. The meals are all right. A cooked hot meal is important. We can make toast and coffee when we like."

Several communal areas including the kitchen had recently been refurbished. The lounge décor was well presented and furnished to meet the needs of people. However, the upstairs bathroom flooring was not sealed in the area close to the bath panel so the floor was of risk of becoming damp. Management staff told us they would address this. A person who had mobility needs had a bedroom on the ground floor. A person kindly offered to show us their bedroom and told us "My room is very nice." Their bedroom contained a range of personal items including a television and their own armchair. Another person told us "my room is fine. I have my own things."

Good

Is the service caring?

Our findings

During our visit we saw staff engaged in a positive and respectful manner with people. People using the service told us that staff treated them well. Comments from people included; "They [staff] listen" and "they help me." A person's relative told us; "I am happy, the staff seem fine."

People's care plans were developed through discussion with people and included details of their preferences and individual needs. From observation and talking with staff we found that staff knew people well and understood their varied needs. Staff told us they got to know about people's needs from talking with management staff, reading people's care plans and talking with people about their lives and needs. Staff spoke to people in a friendly and respectful manner. A member of staff told us "I am here for them [people using the service]."

People were encouraged and supported by staff to be fully involved in decisions about their care and their independence was supported. People confirmed they were consulted about all aspects of their care and day to day living needs. A person told us they regularly spoke with staff about a range of matters and felt listened to. People's care plans included information about promoting and supporting people's independence. We heard staff involve people in making choices about activities and what they wanted to eat. A person told us they had chosen their breakfast. Another person spoke about an activity that they had chosen to participate in.

People were supported by staff to develop their everyday living skills such as cleaning their room, cooking and laundering their clothes, so they would be able to live more independently in other accommodation if they chose to do so. A person confirmed they tidied and cleaned their own bedroom with some support from staff.

We saw that staff respected people's privacy and were aware of issues of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People told us that staff respected their privacy. Staff showed consideration to people who chose to spend time by themselves but were also aware of the risks of social isolation. We heard staff frequently ask a person who had chosen to spend considerable time in their bedroom on the day of the inspection, whether they were all right, and when the person chose to spend time in the lounge staff talked with them in a positive and friendly manner.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the contact they had with family and friends. A person told us they had regular telephone contact with a family member. Staff spoke of communicating with people's family members and others important to them [when agreed by people using the service], about people's needs and progress. A person's relative told us "They [staff] let me know about [Person], they ring me."

People told us that religious festivals, birthdays and other commemorative days were celebrated in the home. A person spoke about their recent birthday celebration and told us that it had been enjoyable.

Staff we spoke with had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs, valuing their differences and treating people in a fair and equal way. A member of staff told us each person was an "individual with different challenges," and that "Empathy is important."

Good

Is the service responsive?

Our findings

People told us that staff understood their needs. They told us that they regularly met with their keyworker, other staff and health and social care professionals to review their progress and to discuss and plan their care and any treatment needs. People confirmed that their views were always considered by staff when their needs were discussed and reviewed. A person told us that they were "involved in decisions" about their care and that staff always considered their views.

An initial assessment of a person's needs was carried out by management staff with participation from the person prior to them moving into the home. People had care plans which were developed from information gathered from this assessment about their health, background, likes, interests and goals and how they preferred to receive their support. People's care plans included step by step guidance for staff to follow to support people to meet their individual needs. They focussed on people as individuals and had been regularly reviewed and updated to show any changes in people's needs A person told us that staff "go through my care plan [with me], which helps." Another person using the service told us that they had visited the home before moving in, which they had found helpful and had given them opportunity to meet staff as well as people living in the home.

Staff knew people well and told us about people's individual needs. They knew about the importance of recording and reporting to management and other staff any changes in people's needs. They had a good understanding of the symptoms of each person's mental health, so they knew when people showed signs such as changes in their behaviour that they were becoming unwell. Records showed staff were responsive in taking appropriate action including contacting health professionals and making health appointments with people's involvement when they needed medical or other health advice and/or treatment. A person's care records showed that staff had been responsive in providing a person with the support they needed when their mental health had showed signs of deterioration. A person's relative and health care professionals confirmed that they were kept informed of people's progress and of any changes in their needs

Records showed that staff had been responsive in taking action to address an issue to do with a person's sleeping arrangements and had fully involved the person in the decisions to do with the issue. A person confirmed this and spoke of the benefit it had to their well-being.

Meetings took place regularly between people and their keyworkers [a key worker is a member of staff allocated to a person to offer them individual support and guidance to help them achieve a good quality life]. During keyworker meetings people had the opportunity to discuss their care issues and/or aspects of the service. Records showed that these meetings were responsive. For example a keyworker meeting took place with a person in response to the person's behaviour that had them at some risk and that during the meeting the person had agreed to make some positive changes to their behaviour. The health benefits of exercise and a person's interests were other examples of other topics discussed with people during their keyworker meetings.

Information on people's health and support needs was shared appropriately, which enabled staff to provide them with the support they required. Staff told us and records showed people's needs were monitored on a day to day basis and during the night. Staff had a 'handover' prior to each working shift when they shared information about people's needs and discussed any changes to ensure people received the care and support they needed. 'Daily' notes of each person's progress, mood, behaviour and other needs were documented by staff during each shift so staff had up to date information about people's well-being and activities they had participated in.

People were offered a range of social activities in-house or in the community. Staff told us that due to the symptoms of people's mental health needs people sometimes did not have the motivation to take part in group and other activities. Staff spoke of encouraging people to take part in activities to minimise people's risk of social isolation. People told us they went on walks, watched television, listened to music, went to the cinema and shopping and enjoyed a range of group activities including art. A person told us about the daily exercises they completed to help them improve their mobility. We saw the person being supported by a member of staff to do a range of exercises. Another person informed us that they "Sometimes I go to the group [activities], some help with the emotional side of things, and I go for walks." A person told us they had visited a RAF museum. Another person told us "We go out a lot. We have a lot to do. "

The service had a complaints policy and procedure for responding to and managing complaints. People told us they would not hesitate to speak with staff if they had a worry or concern and that they were confident they would be listened to and the issue addressed. A person told us "I have no complaints." Staff knew they needed to take all complaints seriously and report them to the registered manager and or other management staff. Three complaints had been received during the previous 12 month period and appropriate action had been taken to address them.

Good

Is the service well-led?

Our findings

People spoke in a positive manner about the home and the way it was managed. A person told us "It [the service] seems to be managed ok." A relative commented "I think it is well run."

The service is managed and run by the registered manager with support and assistance from other management staff including a general manager and a deputy manager who also help with the running of the four other small care home services owned by the provider. Management staff spent time in the service during the inspection. We heard and saw them interact with people using the service in a positive manner. People told us they found management staff to be visible and approachable. A member of staff told us "We work closely with the managers." The member of staff provided us with an example of when they had contacted a member of the management team for support and the manager had responded quickly and appropriately to their request. Management staff supported people to attend appointments during the inspection.

Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager and other management staff. Where incidents had occurred records had been completed and retained at the service. Management staff were familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. Our records showed that we had been notified of issues to do with the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Staff told us they were kept well informed about the service. A member of staff told us they felt able to speak up and raise issues during staff meetings and felt issues raised would be addressed. They told us that there was "very good team work," that included "good communication" and "very strong support from management." Health care professionals also spoke positively about their communication with management staff.

People were asked their views about the service through feedback surveys, keyworker meetings and care plan review meetings and their feedback was acted on to improve care provided. Records showed that those important to people had also had the opportunity to provide feedback about the service and had been positive about the care provided to people.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation had a culture of openness and liaison with health and social care professionals. Records showed people's care co-ordinators were regularly kept up to date about the progress of people and informed of any incidents.

Staff carried out a range of checks to monitor the quality and safety of the service provided to people. These checks included reviewing people's care plans, completing fire safety checks, hot water and fridge/freezer temperatures and checks of the cleanliness of the premises. Records showed identified maintenance issues

had been addressed. Medicines management audits were carried out to identify and address any shortfalls.

Monthly audits of the service were completed by management staff. These audits included checks of a range of areas to do with the service including: whether care plan reviews had been carried out, health and safety issues, cleanliness, record keeping and staff training. Records showed that deficiencies in the service were identified and action taken to address them and to make improvements when required.