AGL Care Ltd

The Tamarind

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

The Tamarind provides care and support for up to five people who have a learning disability and/or autistic spectrum. There were four people living in the service when we inspected on 17 February 2016.

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.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was friendly and welcoming.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.
Care and support was based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. People were encouraged to pursue their hobbies and interests and to maintain links within the community.
People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. Audits and quality assurance surveys were used to identify

shortfalls and drive improvement in the service.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.
People were supported to maintain good health and had access to ongoing health care support.
People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their

assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly this helped the service to continually improve.

There was an open and transparent culture at the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

The Tamarind

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 unannounced inspection took place on 17 February 2016 and was carried out by two inspectors.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions and gestures. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them. We spoke with two people who used the service and received feedback from four relatives.

We spoke with the registered manager and three support workers. We reviewed feedback received from two health and social care professionals.

To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the staff. One person when asked if they felt safe living in the service smiled and nodded their head at us.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of their autism had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. There was an established staff team in place to provide the support required to meet people's needs. Discussions with the staff and the registered manager told us that agency staff were rarely used to provide cover as existing staff, including the management team, covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs.

People's needs had been assessed and staffing hours were allocated to meet their requirements. The registered manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff and records confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way from staff. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on medicine administration records (MAR). Where medicines were prescribed to be taken as and when required, for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medicines, and what alternative strategies should be attempted before the use of medicines in such circumstances. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words that people understood.

Systems were in place to ensure that staff received training including refresher updates, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us they received additional training specifically to meet people's care needs. This included supporting people with autism and managing behaviours. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they were supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. A relative told us, "They [staff] take [person's] best interests into account." Staff had a good understanding of DoLS and MCA. Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have

the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. One relative commented, "Meal times can be difficult but they [staff] offer [person] four to five choices. They know [person] so well."

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

When asked if they liked living in the service and if the staff were nice to them one person said, "Yes," smiled and nodded their head. Another person said the staff and the meals provided were, "Lovely."

Feedback from relatives about the staff approach was positive. One relative commented that, "[Person] is glad to come to visit but [they] always want to go back to Tamarind. That shows us [they] are happy there." Another two relatives told us, "Since [Person] move to Tamarind [their] quality of life has been better than it ever was. This is by far the best place [they have] lived." They added, "We are very pleased with the care and attention [person] is given."

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff demonstrated an interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them.

Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on. For example we saw one person shake their head when asked if they wanted any refreshments then changed their mind a little while later and indicated they did want a drink. We saw the member of staff accommodate their request straight away.

We observed people in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day. We saw one person smiling and laughing, clearly enjoying the company of the staff member they were with.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example using aids such as pictorial cards to express their choices. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing. A relative told us, "A lot of the staff have been there as long as [Person,] they understand [them]." Two relatives said, "They [staff] are very understanding, very supportive to [person] and us."

Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety. We saw a member of staff recognise when a person's mood had suddenly changed and they had become distressed. The member of staff talked to the person calmly and in a reassuring manner. They encouraged the person to walk with them to the lounge and to do an activity they knew the person liked to do such as colouring in which may help settle them. We saw the

person smile and nod their head then walk with the member of staff to the lounge.

Staff told us how they respected people's dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. People's health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. Staff encouraged people to pursue their hobbies and interests and to maintain links within the community. Three people were out at the time of our inspection either socialising with their friends or taking part in activities.
Two relatives told us that their relative was supported regularly to go swimming, something they enjoyed doing. Another relative said, "It is not expected that everyone always goes out in groups, things are done individually, things that they enjoy and are important to them." We saw that staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required this was given immediately.
People had an allocated staff member as their key worker who were involved in that person's care and support arrangements. Conversations with relatives and staff informed us that key workers met regularly with people and where appropriate their representatives, to discuss the care arrangements in place and to make changes where necessary if their needs had changed. Records seen confirmed this. A relative told us how they were, "Kept well informed all of the time." This included informing the family of any significant actions taken such as contacting the doctor if they had concerns. This ensured that people received care and support that was planned and centred on their individual needs.
Two relatives described how the staff tailored care and support to meet people's complex needs. This included when people were not always able to express themselves verbally and were becoming frustrated at not being understood. They said, "They see the signals and know the signs. They have a checklist in their head to identify what [person] needs." Staff described how they shared with each other the best ways to recognise people's different behaviours and mannerisms and how to respond appropriately. This information was recorded in the care plans so that all staff were aware. Staff explained how they used different responses to communicate their understanding and to engage with people, this included short verbal sentences, pictures and using reassuring touch. This showed that staff recognised and were responsive to people's individual needs.
Care records contained detailed information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

People's daily records contained information about what they had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other and used a communication book to reflect current issues as part of a formal handover to staff on the next shift. This made staff aware of any changes in people's needs on a daily basis. A member of staff told us, "There is a message book which has key information for us to read and sign to show we have seen it."

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to menus and the choice of activities provided following

suggestions made. Good practice was fed back to the staff through team meetings and in one to one supervisions to maintain the consistency.

Relatives described how communication from the service was effective and kept them informed and updated about people. One relative commented about making a complaint, "It has never got to that stage. We have never had any major issues. There is very good two way communication." Another person's relative said, "[Registered manager] will respond to any concerns and act on them."

There was a complaints procedure available in the service. This explained how people could raise a complaint. In meetings attended by people and or their relatives, they were asked if they had any concerns or complaints they wanted to discuss. Records showed there had been no formal complaints received in the last 12 months but records of previous complaints showed that they were investigated and responded to in a timely manner. The registered manager told us that they spoke with people and relatives on a regular basis and any concerns were addressed immediately. This prevented people being unhappy enough to raise a formal complaint. They shared examples of how they had addressed concerns including replacing furnishings and decorating people's bedrooms.

Good

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people and relatives about the staff and management team were positive. One person's relative said the, "Residents and staff have been [at Tamarind] many years. It shows that residents, families and staff are happy." Another person's relative said about the service, "We are confident that they deal with things appropriately."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the manager and deputy manager were approachable and listened to them. One member of staff said, "The organisation is supportive. [Provider's regional manager] comes regularly and is on call when [registered manager] is off. The home owner [provider] also visits."

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, "The [registered] manager would listen to what I say. I speak to [them] on the phone, [registered manager] is very amenable and responsive. I have a very good relationship with the management and staff." Another person's relative told us, "On the whole the manager involves me in decisions regarding [person's] best interest."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and accessing the community. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, "If you are not sure about something it is always ok to ask, nobody makes you feel stupid."

A range of audits to assess the quality of the service were regularly carried out. These included medicines audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider's internal review system. This included feedback from family members, keyworkers

and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The registered manager and the provider's regional manager undertook reviews of their processes and systems to ensure consistency and effective practice were followed. The registered manager advised us they were developing an improvement plan for The Tamarind and had highlighted areas they were prioritising. This included additional control measures to ensure people's finances were handled appropriately, implementing staff competency assessments and consolidating Control of Substances Hazardous to Health (COSHH) data sheets for all cleaning products in the service. They also planned to improve people's documentation to ensure consistency, and were developing the complaints process to record the informal concerns and the actions taken to show that people's feedback was valued and acted on. These planned measures showed that the service was continually improving to ensure people received a safe quality service.