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Tang Hall Residential Home

Inspection report

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Date of inspection visit:
31 October 2017

Date of publication:
31 January 2018

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

This inspection took place on 31 October 2017 and was unannounced.

Tang Hall provides residential care for up to 20 people. Some people who live in the home may have an acquired brain injury, mental health needs or dementia. There were nineteen people living at the service at the time of our inspection.

When we last visited the service it was rated good. At this inspection we found the service remained good.

The service has a registered manager in post. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated codes of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences and health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support.

People were treated with kindness and respect by staff who knew them well and listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 24 August 2015.

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**

Tang Hall Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2017. It was unannounced and was carried out by two inspectors.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We also reviewed a Provider Information Return (PIR). A PIR 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 used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with six people who used the service, the registered manager, deputy manager, two care staff and two activities coordinators. We also spoke with two relatives and two friends that were visiting at the time of our inspection.

Some people had complex needs and were not able to speak with us; therefore we used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in the communal part of the house and 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 to us.

We reviewed four people's care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt the service was a safe place safe to live. Comments included, "If I ring they come quickly, I can't complain" , "I feel safe here yes, very safe the staff know me, they have worked here a long time we do not have lots of different staff."

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. The provider had systems in place for assessing and managing risks. People's care records contained assessments which identified risks and the support needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help understand them. For example, risks of falls and dehydration and malnutrition. We observed two staff members assisting a person to transfer from a wheelchair to an armchair. The staff members demonstrated a good knowledge of the risks associated with moving and handling reassuring the person and informing them what was happening throughout the transfer.

We saw records which showed that equipment at this service, such as the fire system and the hoists, were checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. Staff spoken with were confident as to the steps they needed to take to protect people in the case of an emergency.

The manager told us how staffing levels were assessed and organised flexibly. The service did not use agency staff. The registered manager told us, "We pride ourselves on not using agency staff we all 'muck in'." Staff told us, "We do not have agency it would be confusing for our residents they need to feel safe with staff they know and trust." People, relatives and staff told us there were enough staff to meet people's needs and to keep people safe. There was a 24 hour on-call support system in place which provided support for staff in the event of an emergency. During our inspection we observed staff supporting people when they needed assistance. Staff were calm and not rushed.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines.The medicines we looked at as part of the inspection tallied with the records documented on the medication administration records (MARS).

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting work.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Relatives told us, "We never have any concerns about staff knowing what they are doing they are all very good and competent."

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). We found people were being supported appropriately, in line with the law and guidance. 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.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. Staff fed back to us they had felt they had only basic knowledge in first aid and manual handling and had therefore requested some more in-depth training which had been arranged. The staff team told us the registered manager regularly held quiz's during the staff meeting testing their knowledge and understanding on a chosen subject.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. We observed the lunchtime meal, it was very companionable, people sat with friends and it there was a nice atmosphere. However, we did not observe staff supporting or encouraging people to be independent. Some people that live in the service would benefit more from participating with the mealtimes to maintain their independence. We fed this back to the management team. They told us that out weekly meal audits are carried out on the quality of the food and the mealtime experience for people and that they would take this into account and cascade this to the staff team. Staff told us that people were asked the day before what they required for lunch. The registered manager told us that staff were aware of people's choices and preferences as the service was relatively small and they staff team had worked with people a long time.

Care records showed people's day to day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis. Health professionals we spoke with told us communication was very good between themselves and the service comments included, "You can leave staff in charge of tasks and they are always done" , "Good staff continuity. They know the ins and outs of people."

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. Comments included, "This is a wonderful place, I can't fault the staff. The staff have just done my nails and I am going to have a shower later", "The staff are always kind." Relatives comments included, "The staff are like part of the family." They gave examples, which included the registered manager lending them a satnav to get to the hospital quickly to visit a family member. Another relative told us, "I feel so happy that we have found a home we love."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. During our observations staff interacted with people in a caring manner. Some people were very independent and were able to walk and do whatever they wished to, other people required support and supervision which was provided by staff. People were able to have discussions with staff and shared jokes and stories with one another.

We observed staff supporting someone who was upset because their visitor had not arrived. The staff gave them a hug and distracted them by saying,"I know what will cheer you up what about some jelly and sprinkles?" The person told us afterwards, "I like all the staff they know how to cheer me up they are always good."

Staff respected people's dignity and privacy. We saw staff respected people's privacy by knocking on their doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain their dignity throughout the day. For example, we observed one person being asked if they wanted to change their clothes because they had spilt something on their clothing.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought it their ornaments and rooms were personalised with photographs and paintings.

Visitors were welcomed any time of the day and staff supported people to maintain contact with their families. One person was visited by their boyfriend who they went out with on return they were welcomed into the home and sat at the dining room table and had a cup of tea. They told us, "I come here nearly every day I enjoy playing bingo, I never win though." A relative told us, "I visit whenever I want to, I have always felt welcomed." We observed the deputy manager showing a family around the home and heard them say, "Pop in whenever you like we will always put the kettle on."

There was a noticeboard in the lounge which contained information for people about events that were happening but primarily this was done informally. There was lots of chatting to people and their families letting them know what was about to take place.

People's care plans contained end of life information including who they would like present at their bedside and if they wished to stay at home rather than go into hospital. Do not resuscitate forms (DNAR) were present and anyone with a DNAR in place had a butterfly sticker on their door frame which was a discreet

way to alert staff.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. Comments included, "The staff have all worked here a long time they know what they are doing", "They have made such a difference to [name of relative] because they know how to bring out the best in them."

We saw care records were written in a person-centred way. For example, People had a 'map of life' document which included things such as where they went to school, employment, family details as well as their likes and dislikes. We saw that in one care record it recorded that the person liked to wear nail polish all of the time and it was important to them to wear their jewellery. When we met this person we saw they had their nails painted and were wearing their jewellery. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs. We asked staff what person centred care meant to them and they were able to give us examples of how they responded to individual choices and preferences.

People had a range of activities on offer however, there was a lack of knowledge about best practice. For example, the provider had purchased a 'dementia doll' but the manager told us no one liked it. We were not aware of any training which accompanied the use of the doll or any more specialist training for supporting activities for people living with dementia. We recommended to the registered manager that some further training for activity staff would benefit them in being able to implement activities suitable for people living with dementia.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. People and relatives confirmed this and told us that they had a good relationship with the manager and staff and could speak to them about any concerns and things were dealt with immediately.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

Relatives told us, "The manager is so supportive and understanding and will take time to listen." and "Any problems, I just speak with [name of manager] it is always sorted straight away."

Staff morale was good and they told us the service was well organised and they enjoyed working there. They said the registered manager had a visible presence within the service and in what happened on a daily basis. They knew the people they supported and regularly worked alongside staff.

Staff described an open culture and told us that they were treated fairly, listened to and that they could approach the registered manager at any time if they had a problem.

As part of their continuous improvement processes the registered manager told us they were introducing new tablets for staff to use. They would be used to document care plans and daily records. Some staff had been anxious about this change therefore the manager had decided to gradually replace the paper care plan by using the tablet for daily records only at first, until staff were confident in using them and then gradually putting the whole care plan onto the tablet.

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives.

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