

TTCC Limited

Tarry Hill

Inspection report

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Ratings

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

Overall summary

At the last inspection carried out in July 2015 there were three breaches of Regulations. The provider sent an action plan to show how they were going to resolve these breaches and we found they had been successfully addressed at this inspection.

Tarry Hill is registered to provide personal care for up to 26 people, which may include some people living with learning disabilities. This inspection was unannounced and took place on 12 July 2016. At the time of our inspection there were 13 people living there.

The service did not have a registered manager. 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. The manager had applied to CQC for registration.

There was sufficient trained staff to meet people's needs and wishes. However some staff worked long hours and there was no system in place to ensure this working pattern did not have a detrimental effect on people or staff.

During our inspection visit we observed that staff were friendly and approachable. They spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way.

There were training and processes in place for staff to follow to keep people safe and staff followed these. People's physical and mental health was promoted. Staff were trained to care for people living with learning disabilities. Medicines were stored appropriately and were administered and recorded as prescribed.

We saw staff ensured people were stimulated and had a varied social life and had the opportunity to pursue their hobbies. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. People were offered a variety of healthy food and drinks.

There was sufficient staff to care for people and they focused on people they were caring for rather than the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected and when people needed private time it was promoted. People also had their independence and dignity promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day. Staff responded to body language of people

who were without verbal communication.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time. At the time of our inspection visit there were no visitors to the service.

Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. There was a varied activity programme for people based on individual preferences, or time in pursuit of personal hobbies or interests

The service was managed in an inclusive manner. People and staff had their wishes and knowledge respected. Staff were aware of their roles and responsibilities for people's care. The manager had systems in place to review the service and to ensure the service responded to people's on going needs.

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 enough staff to keep people safe and staff knew how to keep people safe and how to report any concerns. Risks were identified and managed which meant people were kept safe from potential harm. There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service. Staff knew people and their individual care needs. People's nutritional needs were understood and met. People were supported to ensure their physical and mental health was promoted.

Staff ensured they always had people's consent, either verbally or by understanding their body language prior to assisting them.

Is the service caring?

Good ●

The service was caring.

Staff knew what was important to people. Staff were caring and compassionate and spent quality time with people. They ensured people were not isolated and had the opportunity to have an enjoyable experience both inside and outside the service. They ensured the privacy and dignity of people using the service was always promoted.

Is the service responsive?

Good ●

The service was responsive.

People were included in ensuring the care plan represented their needs and wishes. People were offered the opportunity to

participate in their interests. They were offered stimulation and the service ensured people had the opportunity to pursue their hobbies and interests.

Is the service well-led?

Good ●

The service was well led, however there was not a registered manager in post.

People and their needs were put at the centre of the service. This created an open culture that invited the opinions of people, relatives and staff. This left people, relatives and staff feeling valued.

Staff felt supported by the manager who was available to staff for support and guidance. There were quality assurance systems in place

Tarry Hill

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.

The inspection took place on the 12 July 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

Before the inspection visit we asked the provider to complete 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. This was returned in a timely manner.

During the inspection we spoke with three people, four staff members, the deputy manager and the manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People who lived at Tarry Hill told us they felt safe. One person said, "Yes it is safe here." People who didn't have verbal communication showed signs such as a smile or thumbs up to let us know they were safe.

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "The last manager made sure we know we have to keep people safe. They kept checking we know what to do and I expect the new manager to be the same" Another said, "It's what we are here for and we do our best. We know what to do if there is a problem."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. All staff assured us that they would follow up on concerns until they were sure the issues had been dealt with. The management of the service were aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

People had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to people, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing and where possible involved the person. For example on the day of our visit some people went on a day trip and an assessment of the possible risks to them had been considered and a risk assessment has been completed. Risk assessments contained step by step direction on how to care for people who were living with conditions such as epilepsy. Staff had clear directions on what to do should someone have a seizure. Other risk assessments showed staff the risk to people in the community and how to address this risk. This ensured that the level of risk to people was still appropriate for them. Staff understood and respected people's right to take reasonable risks so that their independence was promoted. The garden was made safe for people by ensuring the furniture was safe and people were protected from traffic and other risks.

There were risk assessments for assisting people to move safely and to prevent malnutrition or extensive weight gain. Evidence showed that these risk assessments were reviewed and where necessary people's weight was monitored on a monthly basis. We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

Each person had a plan on how their needs should be met in an emergency. These were readily available to staff. Staff were aware of them and the assistance people needed to ensure their safety.

We saw there was enough staff on duty to keep people safe and to meet their needs and wishes. This included outings from the service and one to one care where appropriate. We saw people and staff had a good relationship. People confirmed that this was usual and told us the staff were, "My friends." Another said the staff were, "Very friendly." People said if they had a problem there was a special staff member to talk to.

Staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable harm. However some staff worked long shifts and provided one to one care for very long periods of time without a specified break. The manager had not assessed the impact of this on staff and their ability to provide safe effective care. Therefore they were not able to assure us this did not have a detrimental effect on the people they were caring for and the staff. They undertook to review this practice.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

Records showed people's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrists, community nurses, and annual reviews by the GP were also evidenced when required.

Is the service effective?

Our findings

At our last inspection carried out in July 2015 we found a breach in relation to Regulation 18 staff training. At this inspection we found this had been addressed.

People told us they were supported to have their needs met by staff who were trained to do so. One person said, "They know how to look after me."

There were systems in place to ensure staff were trained effectively to meet people's needs and wishes. Staff told us they felt supported and they received sufficient training in key areas of delivering safe and effective care. One staff member said, "I'm doing the care certificate at the moment; it is really good and I'm getting qualifications." They told us they were hoping to enrol for an NVQ once care certificate was completed. Another member of staff said, "I've done all the training I have been asked to do and have an NVQ 2 and a 12-week safe handling of medicines course."

New staff completed induction training. This was confirmed by talking to staff, observing care being given and reviewing records. A new member of staff told us they had completed a period of induction and were completing the care certificate. The care certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. Staff told us they had access to a variety of training. This included assisting people to move safely, food hygiene and first aid. They received support through the use of supervisions, appraisal, and team meetings. This meant that staff had been supported to deliver effective care that met people's needs.

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The assistant manager told us how they put the principles of the MCA into practice when providing care for people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions made in their best interests.

The 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.

The manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. People can only be deprived of their liberty so that they can 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 saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. This meant that people's rights were protected.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interests.

People were offered a choice of food and drinks during our inspection visit. We saw food was freshly prepared, nutritious and reflected people's needs and choice. We heard staff supporting people to make a choice of food and drink. Staff catered for people with specialist dietary requirements. For example, suitable choices and consistency of foods were provided for people who required soft diets.

We saw people were offered hot and cold drinks at regular intervals during the day. Staff knew people well and were aware of individual dietary and related support needs. We saw people were assisted to eat and drink appropriately. Staff took time to allow people to eat at their own pace and enjoy their food.

There were systems in place to ensure people's health and well-being were monitored and reviewed. We saw staff documented any changes to people's health conditions and contacted the relevant professionals for advice. These were easily identified within their care plans. People were supported to attend their annual health care reviews.

Is the service caring?

Our findings

One person said, "This is my home." Another said "I like being here." A third said "I help staff to cook." "[Staff name] is my friend, he helps me."

Staff were heard to be supportive and compassionate in conversation. For example, "Well done, you've done really well." Staff were also heard to ask, "Would you like some help?" And "Can you manage ok?"

Staff cared for people with kindness and care. Our observations supported this. People were supported to live in a homely, calm and relaxed atmosphere, and staff were friendly and approachable. We observed staff delivering care which met people's individual needs, staff supported people in a respectful and appropriate way.

People were cared for by staff who were kind and caring in their interactions with people. For example, we saw staff ensured people knew what was planned for the day ahead. This was to ensure they were still happy with the plans and choices they had made of what to do and where to eat and drink while out and about. .

Staff ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner. We saw and heard staff gave people choices, choices about what they wanted to do and what they wanted to eat.

Staff focused on the person they were caring for rather than on the task they were completing. We saw staff broke off what they were doing to respond to people. For example one person wanted to talk to us and staff supported them to do this.

Staff spoke in a positive manner about the people they supported and cared for and had taken the time to get to know people's preferences and wishes. A member of staff told us, "We put people first, we let people make decisions and choices and support them to do it." Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy and personal space was respected and people were able to spend time alone, should they require it. Where appropriate (some people were on one to one care) staff did not enter people's rooms without their permission. We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one staff member told us about how they ensured people's privacy was maintained during personal care.

People were encouraged to be proud of their work and hobbies. For example some people had their work displayed in the service.

Is the service responsive?

Our findings

At our last inspection carried out in July 2015 we found a breach in relation Regulation 9 to personalised care. At this inspection we found this had been addressed.

People had their needs assessed and a plan of care drawn up to assist staff to look after them. Two people said that the staff made sure they go through the care needed together so that the staff can be sure they were cared for as they wish. The plans included information on people's care needs, how they communicate, behavioural needs, and detailed how people wished to be supported.

Care plans were easy to read and to follow. They contained clear and concise directions to staff on the delivery of care. How best to deliver it and how to keep people safe and well. This included daily records of people's care and welfare. For example how people communicated through different behaviours and how staff should respond.

As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was significant to people in assisting them to live well. We saw people were supported to pursue their hobbies and interests. Special care was taken to ensure people who were living with learning difficulties were assisted to engage with their surroundings. Staff were aware of who was important to people and their contact details.

Some people were also supported with quieter activities such as photography and reading. Families and friends were welcomed to the service at all times. This approach to care helped to ensure people had the opportunity to live a full life.

Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift. Records supported this. This meant that staff were made aware of changes in people and were able to respond appropriately.

There was a complaints process in place. The provider was proactive in receiving feedback and open to listening and making changes, before they became a problem. For example the manger had an open door policy and we saw they knew people, their needs and their families' concerns. They held regular meetings with people their families and other representatives. Details on how to make a complaint were freely available. This was also available in an easy read format so that people could understand how to complain. At the time of the inspection there were no outstanding complaints. The service had responded to any complaints made.

Is the service well-led?

Our findings

At our last inspection carried out in July 2015 we found a breach in relation to Regulation 17 reviewing and assessing the service. At this inspection we found this had been addressed

There was a quality assurance system in place to ensure all aspects of the service were reviewed on a regular basis. This included reviewing care plans, risk assessment, how people's medicines were administered and ensuring the environment was safe and hygienically clean. For example following a review of the environment, plans were put in place to refurbish all the living accommodation. This was underway during our inspection visit. This approach to the management of the service helped ensure people using the service had optimum care and their welfare was at the centre of how the service was managed.

The service did not have a registered manager. However a new manager had been appointed and had made an application for registration.

Staff said the previous manager was very approachable, supportive and receptive to new ideas and so far they had the same expectations of the new manager. They spoke positively about working in the service and said that the team is really good and staff worked well together. This helped ensure people were receiving care to match their needs and wishes.

The manager was aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.

The manager promoted an inclusive and person centred culture. There were residents, staff and relatives meetings on a regular basis. This was confirmed by people we spoke with and minutes of meetings we saw. For example these meetings were recorded and covered issues concerning the service of the service, how staffs' knowledge of people was included in care planning. People were given the opportunity to have input into how the home was managed and the outings people wanted.

Other staff meetings included how to keep people safe and how staff should respond should they have concerns about how people were cared for. This included ensuring staff understood their duty of care to people under the provider's whistleblowing policy.

The provider ensured staff had the training they needed to care for people in a manner that recognised and met their needs. Staff said they felt well supported and had sufficient guidance from senior staff on how to meet people's needs.