

Autism Care UK (4) Limited

Tanglewood Mews

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

About the service

Tanglewood Mews provides accommodation and personal care. The home accommodates up to five people in one house. The service also provides personal care to people living in supported living apartments. There were 17 people receiving personal care at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People said they were happy living at Tanglewood Mews and supported living. They told us they enjoyed being with the staff and getting out and about.

Some communal areas of people's apartments were being used by staff for training and paper work, the registered manager agreed to address this immediately. A very large 'Autism Care' sign was at the entrance of the home which identified people's homes as a care facility to the public. This was removed before the inspection was completed. The environment was very clean and homely. The décor was personalised in people's bedrooms and also in communal areas where people chose the colours.

People received person-centred support and staff knew people very well. People were supported to build and maintain important personal relationships that mattered to them, with their, peers and relatives.

The provider had systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings, phone calls and emails. People had good links to the local community through regular access to local services.

People were supported to be independent, their rights were respected and access to advocacy was regularly available. Support was provided in a way that put the people and their preferences first. Information was readily available for people in the correct format for them, including easy read.

Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

Medicines were managed well, safely administered and recorded accurately.

There were enough staff to support people and staff were always visible. Staff received support and a variety

of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people. Robust recruitment and selection procedures reduced the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Appropriate healthcare professionals were included in people's care and support as and when this was needed. People were supported to have enough to eat and drink people who need specialist diets were assisted with these.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Tanglewood Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tanglewood Mews provides accommodation and personal care for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager and provider

were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with two people who used the service, three relatives, an area manager, the registered manager, and four care staff.

We reviewed a range of records. These included two people's care records and two medication records. A variety of records relating to the management of the service, including audits and procedures.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies. We also spoke with a further two care staff on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- A fire risk assessment was in place and fire drills took place regularly. One person told us, "We do the fire drill in the car park."
- Regular maintenance checks, risk assessments and repairs were carried out to keep people safe. One person told us, "If anything gets broken they ring up and things get fixed."

Learning lessons when things go wrong

- Accidents and incidents were recorded. These were analysed to look for any patterns or trends and appropriate action was taken to minimise further incidents.

Using medicines safely

- People received regular medicine reviews with their GP and other healthcare professionals. The registered manager arranged training for staff on STOMP (Stopping over-medication of people with learning disabilities) best practice.
- People received their medicines as prescribed or medicines were managed safely
- Where people needed their medicines adapted to help take them this was done safely.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to raise any concerns appropriately. We saw action was taken if these procedures were not followed.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken. One member relative told us, "Anything that doesn't seem right I would report, any type of abuse."

Preventing and controlling infection

- The premises were very clean and tidy with no odours.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.
- The registered manager did regular infection control audits and identified a member of staff to lead on all infection control matters.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Staff were always present.

- Staff were recruited using robust checking methods to reduce the risk of unsuitable staff being employed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Some communal areas of people's apartments were used as staff office space; storing papers and for computer access for staff training. The registered manager agreed that this wasn't appropriate use of the people's home. They agreed to source laptops for staff and more suitable storage for records.
- On approaching the home and apartments was a very large 'Autism Care' sign on display that identified people's homes as a care facility. The registered manager agreed this didn't meet the registering the right support outcomes and the sign was removed.
- The outside courtyard area of the home was accessible, well used and maintained. We saw people using it to relax, enjoy the plants and chat with staff and socialise with peers.
- People's bedrooms and communal areas were personalised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- Staff were supported by regular supervisions and appraisals and were able to take up further education through distance learning.
- New employees completed an induction and shadowed more experienced staff as part of the induction.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- The staff were aware of people's dietary needs. People who required a specialist diet were supported well and their care plan had details and professional guidance to follow.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as speech and language therapists and GPs, to support and maintain people's health.
- People had detailed hospital passports in place. These shared important information with healthcare

professionals.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals, where appropriate, in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive rapport between people and support staff. We observed staff to be extremely caring, thoughtful, and amusing with people outside in the garden where they were all laughing and joining in together.
- People were supported to maintain personal relationships, to visit family and spend time with peers and friends.
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People could be supported to follow their chosen religion and to attend their place of worship if they wanted. One person attended a church group to socialise but chose not to practice.
- People from ethnic minority groups were able to meet their cultural needs regarding their diet.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by their key worker to make plans and discuss any changes to their support; their relatives would be included if appropriate.
- People were supported to have their say and had independent advocates when required.
- Staff spent time listening and talking to people.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence. One relative told us; "Our relative's independence is promoted all the time they choose their own videos, music, clothes. They decide when to go out in the car and what they want to do."
- People were supported to learn skills. One relative told us; "Today they are baking, making a pie and a quiche, our relative is peeling the potatoes and is doing more here than they did at home."
- Staff engaged with people in a dignified way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and were person centred and available in easy read format.
- People had positive behaviour plans in place and these were person centred.
- Reviews of care plans took place regularly and people were involved in these.
- The support people received was individual to their needs and was delivered in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with peers and family. No one had sexual relationships, but care plans covered this if people were able to choose to.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including church and social clubs. One person told us; "I go to the club, I play pool and drink two shandies."
- During our inspection people were busy; one person was baking, and another was watching their DVD's, a third person went out. One person told us; "I love baking with my staff" and "My staff take me out – I have just been for a walk."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs and each person had their own communication care plan.
- Various documents including care plans were available to people in different formats, including easy-read.
- People who used the service benefiting from the use of photo symbols to help with choices and planning.

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place that was followed by the registered manager and staff.
- People were supported to complain if they wanted to. One relative told us; "I once raised a problem but was very happy with the way it was dealt with and yes I think the service responds well with any problems."

End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes or if they didn't want to make plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post.
- The provider had personalised contingency plans for people to ensure minimal disruption to care in case of an emergency.
- Policies and procedures and audits were current and in line with best practice.
- The provider had sent us notifications in relation to significant events that had occurred within the service.
- People were supported by staff who felt valued and they told us; "We have an employee of the month with nominations we can win prizes for going over and above the normal job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- People and relatives were asked their views on the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a good system of communication to keep staff, people and their families informed of what was happening. One person told us, "We have meetings and talk about what we want."

Continuous learning and improving care

- People who used the service interacted positively with the registered manager. We observed people approaching the registered manager during our inspection and a positive rapport was noted.
- The registered manager took on board opinions and views of the people who used the service and their relatives to make improvements. One relative told us; "If you ask they'll do anything for you, they just get on with it, there is no humming and hawing, they are great like that."

Working in partnership with others

- People were encouraged to be active citizens within their local community by using local services regularly, including social clubs and local shops.
- The registered manager worked closely with health and social care professionals to ensure people received joined up care which met their needs

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager understood their duty of candour responsibilities and their management style was open and transparent.