

Tameside Metropolitan Borough Council

Tameside Learning Disability Service

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 4 July 2017. This was the provider's first inspection since registration in 2015.

Tameside Learning Disability Service provided personal care to people who had a learning disability in their own homes. There were 80 people using the service at the time of the inspection.

There was a registered manager in post who was unavailable on the day of the inspection. 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 who used the service received an excellent personalised service that met their individual needs and preferences. People were at the centre of how their service was run and were fully involved in the planning and developing of the service. Staff used innovative ideas and actions to improve people's quality of life and to give them outstanding opportunities in daily life.

People felt able to complain and their views were regularly sought through meetings and reviews of their care.

People were safeguarded from abuse as staff knew what constituted abuse and what to do if they suspected abuse had taken place. The provider followed the local safeguarding procedures as appropriate.

People were supported to take risks to enhance their independence. Staff knew people's risks and followed individual risk assessments to minimise the risk of harm.

There were sufficient numbers of suitably trained staff to keep people safe. New staff were recruited through rigorous recruitment procedures to ensure they were fit to support people.

People were supported to take their medicines by staff who were trained to support them. Staff received support and training to be able to fulfil their roles effectively.

The provider followed the principles of the Mental Capacity Act 2005 by ensuring that people were consenting to their care or where they lacked mental capacity were supported by their legal representative.

People were supported to maintain good health by staff who supported them to receive the health care support they required. People's dietary needs were met and they were supported to eat and drink to maintain a balanced diet.

People were treated with dignity and respect and were fully involved in their care planning and delivery. People's right to privacy was upheld.

The systems the provider had in place to monitor and improve the service were effective and people who used the service were at the centre of how the service was run.

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.

People were safeguarded from the risk of abuse as staff recognised and acted upon any signs of abuse.

People were supported to take risks to promote their independence and staff knew people's risks and supported them to stay safe.

There were sufficient numbers of suitably trained staff who had been employed through safe recruitment procedures.

People were supported to take their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported and trained to fulfil their roles.

The principles of the Mental Capacity Act 2005 were followed to ensure that people who lacked mental capacity to consent to their care and treatment were supported to make decisions in their best interests.

People were supported to eat and drink food of their choice dependent on their individual needs and preferences.

When people became unwell or their health needs changed they were supported to seek advice from health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and their right to privacy was upheld.

People were encouraged to be as independent as they were able and to maintain friendships and relationships.

People were involved in the decisions about their care and support.

Is the service responsive?

The service was very responsive.

People who used the service were at the centre of what staff did to support them.

Staff used innovative ideas to support people to experience an excellent quality of life dependent on their individual needs and preferences.

People felt able to complain and staff used tools to recognise when people with communication difficulties may not be receiving the care they needed.

Outstanding 

Is the service well-led?

The service was well.

The provider had systems in place to ensure that the quality of service was continually monitored and improved.

People who used the service were at the centre of the service delivery and were involved in decisions about how their service was run.

There was clear leadership and management throughout the service.

Good 

Tameside Learning Disability Service

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 4 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people with a learning disability and we needed to be sure that someone would be able to facilitate the inspection.

The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the 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 the information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns.

We spoke with 26 people who used the service. We spoke with 11 members of staff and two three members of the management team.

We looked at the care records for eight people who used the service. We looked at staff support and training records and two staff recruitment records. We looked at the systems the provider had in place to monitor and improve the service for people.

Is the service safe?

Our findings

People who used the service were safeguarded from the risk of abuse. One person told us: "I feel safe and if I didn't I would talk to my carer". Staff told us how they supported people to recognise any dangers or signs of abuse. One person told us: "I go out on my own and bad people are red and good people are green, I know to ring the staff and tell them 'red people', if I am worried". Staff we spoke with demonstrated an understanding of what constituted abuse and told us if they suspected abuse they would report it to a senior member of staff or a manager. The registered manager had raised safeguarding referrals appropriately in the past when they had suspected abuse.

People were able to take risks to enhance their quality of life as staff supported people in risk by assessing activities and specific care tasks. Staff spent time with people drawing up plans in relation to community activities. One person with the support from staff recognised that they became anxious at certain times during an outing and this put them at risk. Staff had drawn up a 'Planning an outing' checklist which helped the person think about how they might react at any given point whilst out. The checklist helped the person recognise when they were becoming anxious and what they needed to do if they did. Prior to receiving a service this person's community presence had been monitored and limited. This person told us: "I visit my relative and play pool, the staff look after me and I feel safe".

Some people who used the service at times became anxious and aggressive towards themselves or others. Staff had been trained to support people during these times to maintain the person's and other's safety. Staff recorded incidents of anxiety and what action had been taken to manage the incident. There were designated members of staff who trained and supported other staff in how to support people at times of heightened anxiety. A member of staff told us: "We very rarely have to hold a person as we know people and how to distract them when we see they are becoming anxious". We saw that one person's incidents of aggression had notably reduced through risk assessments and staff's consistent approach and this had a positive impact on their life.

People who used the service required different levels of staff support dependent on their individual needs. Some people required staff support 24 hours as day whilst other people only required staff support at certain points throughout the day. People we spoke with told us that staff were there when they needed them. One person told us: "I feel safe, there is always someone with me". Another person said: "The staff are always here and they listen to me". And another person said: "There is always a member of staff if I just use the intercom they will come". Staff we spoke with told us that there were sufficient numbers of staff to ensure that people received the care they required. A senior member of staff told us: "I've linked two teams of staff so that there is flexibility to share staff between services, all staff know all the people in both homes".

We saw records that confirmed the provider used safe recruitment procedures when employing new staff. Pre-employment checks would include references and the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that provider could be sure that staff were of good character and fit to work with people who used the service.

People required different amounts of support with taking their medicines. One person told us: "The staff give me my tablets as I get confused". Another person told us: "I take my own tablets the staff just have to remind me". We saw that people had individual medication care plans and risk assessments to inform staff how to support people with their medicines. All staff had received training in the safe administration of medication and we saw that senior staff undertook competency checks to ensure that staff were carrying out the task safely.

Is the service effective?

Our findings

People who used the service were being cared for by staff that were supported and trained to fulfil their roles. One person told us: "The staff work really hard and are very good", another person said: "All the staff are good workers". Staff told us that they received support from a senior member of staff and we saw there was a comprehensive training programme. Staff told us that they had received the training they required to be able to complete the tasks asked of them and in relation to the individual needs of the people they were providing care for. For example, one person required support to maintain their diet through a percutaneous endoscopic gastrostomy (PEG). Peg is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff caring for the person with the PEG told us that they had received training in how to care for the PEG site and support the person with their food, fluids and medicines through it.

Other staff told us that their line managers recognised achievement and supported them to develop their skills. One staff member told us: "I've been put forward to be an assessor for other staff's national vocational qualifications; I'm really keen to learn". Three other staff we spoke with had lead roles in the delivery of training to staff in relation to moving and handling and supporting people with their anxieties and aggression. This showed that staff were supported and encouraged to better themselves and other staff through their own personal development.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw people's mental capacity to consent to their care had been assessed and when people lacked the capacity to agree to specific care and support, the principles of the MCA were followed. For example, one person was not able to agree to move to a new home. We saw that a best interest meeting had been held with all the relevant care agencies and relatives who supported the person and a decision was made in the person's best interest.

We saw and we were told that some people had restrictions in place to maintain their safety. For example, one person had a camera installed in their room and this was to be used only at times of heightened anxiety for staff to monitor the person and if necessary prevent them hurting themselves. Because the person was being cared for in their own home this had been agreed through the Court of Protection. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves. A member of staff told us and we saw that there were strict conditions to the

use of the camera and if it was used records were kept and the Court of Protection had to be informed to ensure that the person's right to privacy was being upheld. This showed that the provider was following the principles of the MCA by ensuring that people were lawfully being restricted of their liberty when deemed in their best interests.

People told us that staff supported them to eat and drink food and drink of their choice. One person told us: "I choose my food and the staff help me cook it". Another person told us: "If I want a sandwich I just have to ask and the staff cook my meals for me in the kitchen". Another person told us: "I've put on 61bs eating rubbish I know it's no good for me, the staff tell me to eat healthy but I choose what I eat myself". Some people required a special diet such as a PEG feed and soft diets and staff had received the training to be able to support these people with their diets. Staff we spoke with knew people they cared for well and were able to tell us how they supported people to eat, drink and maintain a healthy diet.

When people became unwell or their health needs changed, staff supported them to seek medical and professional advice and attend appointments. We saw a consultant's letter in relation to one person's recent appointment and it read: "The staff member supporting [Person's name] on the appointment was extremely helpful and I am glad to see [Person's name] is doing extremely well". Everyone had a healthcare action plan outlining people's health care needs which could be taken with them if they needed emergency treatment in hospital. We saw if people had specific health care needs such as epilepsy, that clear and comprehensive plans were in place to inform staff how to care for people when experiencing epileptic activity. This meant that people's health care needs were being met.

Is the service caring?

Our findings

People were respected and involved in their care and support. We had informed the provider that we would be visiting the office to ensure that someone would be available to help us with our inspection.

Arrangements had been made by the senior staff for several people who used the service to come to the office and meet us and talk with us about the care they were receiving. We were informed that some people had also been involved in the interviewing of new and prospective staff. One person told us: "I interviewed the staff and I would like to do it again". A senior member of staff showed us how people had been involved in the interview and this was to become a normal part of the process. People were involved in the reviewing of their care, through 'User Led' meetings. These meetings took place regularly with the person and their chosen representatives and people were able to talk about their likes, dislikes and hopes and aspirations. This demonstrated a respect for people who used the service as the staff were ensuring that people were involved in the processes that affected their care and that they were able to share their views.

People who used the service told us and from our observations staff treated people in a kind and caring manner. One person told us: "My carer is a good carer" and another person told us: "I love the staff they look after me really well". Staff we spoke with demonstrated a kindness and empathy towards the people they cared for. One staff member told us: "I love my job, it's so rewarding when you see progress in the people we support". Another staff member told us: "I acknowledge the person first and their disability second".

People told us that staff respected their right to privacy. One person told us: "The staff always knock before coming in". Another person told us: "The staff are very helpful especially with personal hygiene, they open the shower door for me then wait just outside in case anything happens".

People were supported to maintain friendships and relationships. One person told us: "The staff take me abroad every year to see my relative". Another person told us: "I see my relatives and they come to my flat". We saw a letter from another relative who was thanking staff for the support they were providing for their relative, they had written, 'It is the first time in our adult lives we have been able to be close'.

People were encouraged to be as independent as they were able to be. Staff supported people to pay their bills, do their shopping and manage their own finances. One person had been supported by staff to pay their rent when they visited us at the office. One person told us: "I go out on my own and I just let the staff know when I am coming back so they don't worry". Another person told us: "The staff respect me, I take myself to Manchester all the time".

Staff helped people gain support from an advocate if they required it to ensure that their voice was heard and their opinions would be respected. An advocate is independent of social services and the NHS, and who isn't part of your family or friends. An advocate's role includes arguing your case when you need them to, and making sure the correct procedures are followed by your health and social care services.

Is the service responsive?

Our findings

The service was flexible and responsive to people's individual needs and preferences, we saw that staff found creative ways to enable people to live as full a life as possible. People were supported to be involved in hobbies and activities dependent on their individual preferences. Some people had been supported to work, whilst others attended college or social activities, including swimming, shopping and eating out, to name but a few. No two people's care was the same and each person was treated as an individual. Staff we spoke with showed an exemplary value base and it was obvious that people were at the centre of the service and their preferences were understood and respected by the staff supporting them. People's care plans described their personal preferences, likes, dislikes and hopes for the future. We saw that these plans were regularly reviewed with people themselves to ensure they were relevant and reflective of people's current needs.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. We met and spoke with several people who used the service who all told us how staff helped them have a fulfilling lifestyle that met their individual needs and preferences. We saw excellent examples of how staff had inventive ideas to support and enhance people's quality of life. We met one person who was living with autism and their carers. The person pointed to photographs of themselves on holiday at Disneyland which had been arranged and facilitated by staff. A member of staff told us that the holiday had been carefully planned with the airline company to ensure as little unsettlement for the person as possible. The airline had arranged for the person to board the plane first and to sit in a quieter area of the plane. This action had enabled this person to experience a holiday of their choice which without this support they would not have been able to achieve.

The senior member of staff told us that the home the person was living in was run specifically for people with autism and their individual needs. They showed us that they had applied for and been awarded an accredited status as an Adult Supported Living Service for people with autism and had to go through a thorough assessment process to receive the award. They told us they needed to maintain the standards at all times as they would be inspected on the standards later this year to receive accreditation again. This showed that the staff were looking at ways to ensure that people's needs in relation to their autism were being met to a high standard and ensuring the best quality of life for the people using the service.

One person historically had displayed behaviour when travelling in a vehicle that had put the driver and themselves at risk. The provider had applied for and gained a grant to purchase a purpose built vehicle which prevented the person from reaching the driver and allowed them to sit in the back alone. The windows on the vehicle had been purposely tinted to protect the person's dignity from the public. A member of staff who supported the person told us that they had also applied for a restriction through a court order to use a modified seat belt clip which the person was unable to undo themselves. The staff member told us: "[Person's name] doesn't even try to undo the seatbelt now, they sit happy and relaxed in the back, the fact they can't reach the driver I think stops the temptation and has taken the stress away. [Person's name] now just loves sitting and being driven around in their own vehicle". This innovative idea

had enhanced this person's quality of life and showed exemplary care.

We met another person with their carers. The person required a PEG for eating and drinking due to being at high risk of choking. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. A carer told us that the person was able to have a taste of food as long as the food was a very soft consistency. They told us that they had been for lunch at a restaurant before coming to meet us and so the person was able to experience choosing their own food and eating out, staff took with them a rechargeable hand blender. The blender was almost silent when in use and the member of staff told us that the person had chosen their lunch and staff had been able to discreetly blend it for them in the restaurant. These actions gave this person the opportunity to experience every day pleasures that they previously would not have been able to be involved in.

Staff encouraged, supported and respected people's cultural needs. One person we met and spoke with had specific cultural needs. We saw that the person was dressed in their own specific cultural style dress. They told us they ate certain foods and staff supported them in purchasing the food and ensuring the food was as they required when they ate out. The person was supported to shop for their clothes and food in the cultural part of the city that was specific to them and was able to talk to and enjoy the company of people of the same ethnicity. The person also attended a ladies group for people of the same ethnicity and staff had organised for them to have television channels available that met their cultural needs. A member of staff told us: "[Person's name] can speak English but if we think that they do not understand something or there are complicated discussions to have we arrange for an interpreter". We observed that the person and the staff member were able to hold a conversation with each other and there was a mutual respect for each other. This person had been separated from their family for some time and the staff were now supporting them to build relationships again by keeping in contact and escorting them on visits. The person told us that the visits to and from their family were very important to them. This showed that the staff were ensuring that this person's cultural needs were being met to give them a quality of life that was specific to them.

A member of staff told us that one person they supported became anxious when visiting the nurse for medical procedures. The staff had recognised that the person responded well when the nurse described what they were planning on doing using the person's own teddy bear. Staff ensured that the person took their teddy bear on health appointments so that the nurse could use the bear as a tool for communication with the person. The same person had epilepsy and experienced seizures, the staff knew the signs of when the person was going to have a seizure as they saw an imaginary animal at these times. Staff were able to support the person to a place of safety if the person began to talk about seeing the animal. These examples showed that staff knew people well and had an excellent understanding of people's needs and this was improving people's quality of life.

People were actively encouraged to give their views and raise concerns or complaints about their service. There were regular meetings with people who used the service and a service user forum and recruitment group who advocated for other people who used the service. People we spoke with told us that if they had concerns they would speak to the staff who supported them. One person told us: "I would tell [Carer's name] if I had any problems. The staff ensured that they regularly reviewed people's care so that people who had more complex needs had their actions and care plans analysed so any issues or concerns would be picked up quickly. The provider had a complaints procedure and they managed complaints accordingly.

Is the service well-led?

Our findings

There was a registered manager in post who was unavailable at the time of the inspection. The senior team facilitated the inspection in the manager's absence. We had informed the provider that we would be visiting the office and they had planned a schedule to ensure that we were able to speak with as many people who used the service as possible during our visit.

The team had developed and implemented an action plan as to how they would continue to improve the quality of the service for people. The plan included staff supporting people to hold monthly user led meetings where people were able to contribute with ideas of how to improve the service. People's care was regularly reviewed to ensure that their needs were still being met by the service and where improvements were required care plans were changed to reflect this.

The registered manager and team ensured that people who used the service were at the centre of what they did. They ensured that they sought the views and involved people as much as they were able to in the running of their service. The service was going through a period of transition and people who used the service had been involved in consultations about the planned changes to their service and were able to contribute to the process.

The provider planned to continue to support carers of people who used the service by ensuring they were kept informed of any changes through regular carer meetings, a newsletter and coffee mornings. These events gave carers the opportunity to suggest ideas for improvement and be involved in their relative's care planning.

Staff we spoke with all told us the registered manager and senior team were approachable. Staff received training, support and supervision for them to fulfil their role competently. Staff performance systems such as spot checks by a senior staff member were in place to ensure that the quality of care was maintained at a high standard at all times.

Systems were in place to ensure the health and safety of people who used the service, staff and visitors. Each service had a team leader who was responsible of ensuring that regular maintenance checks were undertaken throughout the services. Where risks were identified risk assessments were implemented and continually reviewed to ensure people's safety.

There was clear leadership and management structure throughout the service. The provider liaised with other external agencies to ensure people received the holistic support they required to live a fulfilling lifestyle.