We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

### Tameside Link

Suite 12 St Michaels Court, St Michael's Square, Ashton Under Lyne, OL6 6XN

Tel: 01613397211

Date of Inspection: 26 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Mrs. Gillian Surch</td>
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<td>Overview of the service</td>
<td>Tameside Link provides support to people with learning disabilities in and around Ashton-under-Lyne. The people live in their own houses or in flats. Some people have care workers supporting them all the time. Other people receive visits once or more often each day. Tameside Link supports people according to each person's individual needs.</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and used information from local Healthwatch to inform our inspection.

What people told us and what we found

Tameside Link provides care and support for people living in their own homes. Some people have staff present 24 hours a day, others receive visits from staff.

One person said: "I've done well living here. I like it. I get on well with the staff. They take me to places. I go on holiday with them every year." Another person said that when they went out shopping with a member of staff they could choose where to go and which shops to visit. Another person said: "I like it here, I keep busy."

We found that people were treated with respect and were encouraged to be as independent as possible. We found that people's individual needs were catered for and that their welfare and safety were promoted.

We found that there were suitable methods for managing medicine, where needed.

We found that there were procedures to ensure that new staff were suitable and well qualified, and relevant documents were retained. There were systems to monitor the quality of the service.

On a previous inspection we found that care plans were not being created by Tameside Link, and that the service was not compliant with the standard relating to records. We found on this inspection that care plans had been created, although there was more that could be done to ensure they were used as working documents.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.
People's privacy, dignity and independence were respected.

Reasons for our judgement

We were told that Tameside Link was set up 17 years ago by a group of concerned parents of children with learning disabilities who wanted to improve the provision of care for their children. The whole purpose of Tameside Link was to assist and support people with learning disabilities to lead as independent lives as possible. At the date of our inspection 15 people were receiving support from Tameside Link.

We saw that there were various forms of accommodation supported by Tameside Link. Some of the people who received support from the service lived in their own flats in a communal block. Staff from Tameside Link were present at all times. Other people lived in their own houses and a member of staff was present all the time. Others lived either on their own or with their parents, and staff from Tameside Link visited either every day or several times a week to provide care and support. We saw that the care was tailored to each person’s needs and could be altered as and when their needs changed. This meant people were treated with respect because they were involved in planning their care.

We met three of the people who received support in their own homes. We also met the staff on duty and observed their interaction with the people they were supporting. The staff treated people with respect and affection. Part of their job was to facilitate the person leading an active social life, so far as that was possible. While we were there, one person was going swimming, accompanied by a member of staff, while another returned from the gym. Two of the people were enabled to work on a voluntary basis in different cafes for a day or half a day each week. This meant that they were playing a part in the community and able to gain self respect as a result.

One person said: “I've done well living here. I like it. I get on well with the staff. They take me to places. I go on holiday with them every year.” They added that when they had needed a new washing machine and cooker in their flat, a member of staff had gone with them but it had been their choice which machine to buy. Another person said that when they went out shopping with a member of staff, they could choose where to go and which shops to visit. This showed that staff were enabling people whom they were supporting to
exercise their own freedom of choice.

We learnt that some of the people required help with their personal care. The staff told us that they encouraged the people they were supporting to be as independent as possible, but when they needed help the staff would ensure that their dignity was preserved in the way in which care was delivered. This meant people’s wellbeing was further promoted because staff knew the importance of treating people with dignity and respect.
Care and welfare of people who use services  ✔ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We talked to three of the people who were receiving care and support in their homes from Tameside Link. One person said: “I like it here, I keep busy.” They then listed their weekly round of activities, which included going to the gym, working one day in a cafe, attending a luncheon club, helping in a charity shop, and going to a social club. It was clear that staff enabled this person to take part in a wide range of activities which they enjoyed.

We spoke to three members of staff and the registered manager. The policy of Tameside Link was that the same staff would stay supporting each person as far as possible. This meant that staff got to know the person’s abilities and needs very well. We learnt that in one case the same member of staff had supported one person for over ten years.

At the previous inspection in September 2012 we found that Tameside Link did not draw up their own care plans for each person using the service, but used Tameside council’s self directed individual support plan as a care plan. This meant there was no record that the planning of people’s care was formally updated or reviewed on a regular basis by Tameside Link. We requested Tameside Link to send us an action plan describing how they would improve their care plans.

We heard from Tameside Link in December 2012 that they had appointed a quality assurance officer and that one of their tasks would be to implement care plans for each person. At our visit in November 2013 we asked how this process had worked. We were told that the quality assurance officer had written a care plan for each person. However, we learnt that the quality assurance officer had left Tameside Link in August 2013 and not been replaced. This meant that care plans were not being updated and reviewed.

We looked at three examples of an ‘Essential information and care plan’ that had been written earlier this year. Each document was undated and did not have space for changes in the person’s care needs to be added. They largely reproduced information from Tameside council’s individual support plan. They were more a summary of the person’s history and care needs rather than a detailed person-centred plan as to how those needs would be met. We discussed this with the registered manager. The provider may wish to consider how best to create care plans which serve as working documents to assist both
staff and the people they are supporting.

We saw that one person’s individual support plan produced by the Council was dated 20 June 2011 so was nearly two and a half years old. It included detailed daily routines but some of the activities were listed on the wrong days of the week. The staff relied instead on a weekly planner which was on the wall of the kitchen. We were told that a social worker had reviewed the support plan a couple of months ago and a new support plan was expected.

We understood that staff at Tameside Link knew the people they were supporting very well, and tended not to rely on written care plans. Nevertheless, we discussed with the registered manager the need for accurate and up to date care plans for the benefit of new staff and other professionals, and to assist with the monitoring of the care and support being provided.

Staff in one of the houses had received special training from an epilepsy nurse, so they would know how to identify different types of seizure and know what to do. This meant that they were equipped to deal with a medical emergency of that kind.
Management of medicines  
Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The people supported by Tameside Link had a wide range of medical needs. Some of them did not require regular medication, others did. We learnt that staff assisted people to take medication and were responsible for recording it. For example one person required just one soluble tablet a day. Staff kept the medication in a safe place and provided the tablet at the evening meal, and kept a record on a medicine administration record ('MAR chart') which was pinned to the noticeboard in the kitchen.

In one of the other houses, where the people's medical needs were greater, the medication was kept in separate locked cabinets for each person. Staff handed the tablets over and observed to ensure they were consumed. MAR charts were completed and were then archived. We were told that Tameside Link had kept all its completed MAR charts since it began fifteen years ago.

The registered manager carried out an audit check of each house every quarter. This included a check on medicines. The quantity of medicines available was checked against the record of how much had been obtained from the chemist and how much had been used. This would help ensure that the correct doses of medicine were being given and at the right frequency. We discussed with the registered manager whether such a check should be done more often, possibly by the senior member of staff ('house leader') in each home. That might provide a greater degree of confidence that medicines were being delivered completely correctly.

We learnt about a recent incident when it was reported that medication had not been put safely away but left accessible to the person in their house. No harm had been caused. The event had been reported to the local authority safeguarding team who investigated and decided that the allegation had been substantiated. Tameside Link had taken effective measures regarding the member of staff involved. We were satisfied that the matter had been dealt with appropriately and demonstrated Tameside Link's commitment to maintain high standards in the management of medicines.
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective systems in place to ensure that people employed were suitable and well qualified, and that the necessary information about those employees was available.

Reasons for our judgement

Tameside Link had approximately 35 part time staff at the time of our inspection. We were told they had a low turnover rate so that recruitment of new staff was infrequent. They had however recruited two new members of staff during 2013. We talked with these new recruits about their experience of the recruitment process, and looked at their recruitment files. We also studied a copy of Tameside Link’s recruitment and selection procedure.

Under the regulations a provider must operate recruitment procedures to ensure that every person employed is of good character, has the necessary qualifications and is physically and mentally fit for the work. A provider is also required to ensure that specified information is available in respect of employees. This information includes proof of identity with a recent photograph, a criminal record certificate (from the Disclosure and Barring Service [DBS]), satisfactory references, documentary evidence of qualifications, and a full employment history with a written explanation of any gaps in that history.

We found that for one recruit all of the necessary steps had been taken, and all of the necessary documents had been retained. There was a copy of the person's photographic proof of identity, and two references from former employers had been obtained.

In the case of the second recruit, most of the necessary documents were on the file. However, there was no photographic proof of identity. We enquired about this and were told that the member of staff in question did not have either a passport or a driving licence. They had however brought in their birth certificate when the application for a DBS certificate was submitted. They had also provided two utility bills to confirm their address. In the absence of any official document with a photograph attached, the birth certificate had been accepted as the best proof of identity available. The provider may wish to consider how to record that such proof of identity has been seen if similar circumstances were to arise again.

The same new recruit had offered the names of two referees, both former employers. One of them had replied to the request for a reference with simply a statement of the dates the person had been employed, without any comments about their performance, attendance or any other issues. It must be acknowledged that this is a fairly common practice among...
employers. However it provides little useful information to the prospective new employer, other than the dates of employment. Tameside Link could have contacted the former employer to request further details.

Subject to the two minor points mentioned above, we were satisfied that Tameside Link were operating sound recruitment practices and ensuring that new staff were qualified and suitable for the work.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked the registered manager how she monitored the quality of the service. She stated that because of the small size of the service (supporting 15 people at the date of our inspection) it was possible for her to keep a close eye on every part of the service. She visited each home at least once a week. These were informal visits and she spent time with the people receiving support. We were able to verify this in the homes we visited where it was clear that the people knew the registered manager well and had formed friendly relationships with her.

The registered manager told us that she made notes in her diary of anything she observed on these visits and would discuss anything significant with the relevant member of staff, either immediately or back in the office.

Staff meetings were held every 8 to 12 weeks at individual homes. Notes from these meetings were typed up and kept in the individual homes. This meant that staff were able to access records of topics discussed and decisions taken.

In addition to regular weekly visits the registered manager conducted quarterly audit checks. These looked primarily at the finances of each home and also at medication. We asked whether she conducted an audit of personal files including care plans and individual support plans. We learnt that this had been discussed with the quality assurance officer but had not been implemented.

The quality assurance officer had been appointed in December 2012, partly as a result of our previous inspection, but had left the organisation in August 2013. We appreciated the practical limitations for an organisation of this size of having someone in this role. However, the provider may wish to consider how to create more effective monitoring specifically of the care and support delivered by Tameside Link.

Any complaints received were recorded and kept at the separate homes. We understood that previously there had been quarterly monitoring of all complaints received across the organisation, but that this had ceased. The provider may wish to resume this monitoring
because analysis and comparison of complaints received and how they have been dealt with might allow lessons to be learned and improvements made.

We talked to several staff about their experience of working for Tameside Link. They said they felt well supported and that if ever they made a mistake they felt confident enough to report it themselves. One member of staff said: "It’s the best company I have worked for." This meant that staff felt empowered to deliver good quality care and to contribute to the ongoing improvement of the service.
Records  

Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the previous inspection in September 2012 we found that Tameside Link were not compliant with this essential standard and required them to take action. This was because we discovered that Tameside Link did not draw up their own care plans for each person using the service. Instead they used Tameside council's self-directed individual support plan as a care plan. This meant that people's care was not formally updated or reviewed on a regular basis by Tameside Link. We also found that risk assessments were not regularly updated.

We requested Tameside Link to provide an action plan stating how they would rectify these issues. They submitted an email in December 2012 stating that they had appointed a quality assurance officer who would create care plans, and ensure that weekly planners and risk assessments were updated.

At our visit in November 2013 we learnt that the quality assurance officer had been in post until August 2013 but had not been replaced.

We inspected four personal files and found care plans present in three of them. In the fourth case we learnt that a different document was used to record the care being delivered. We found that the 'essential information and care plan' was a fairly brief summary, based on the council's individual support plan. It was not dated, and did not allow space for updates.

We acknowledged, however, that the council's individual support plans were detailed documents. They had not all been updated each year, as they were supposed to be. Nevertheless they provided a good basis from which the staff could provide high quality care. We also accepted that the staff knew the people they supported very well, and therefore did not depend on detailed care plans. Tameside Link did not use agency or bank staff, which meant that up to date care plans were less essential. Even so, the provider may wish to consider how to maintain and update more detailed and person-centred care plans. These should include appropriate information and documents relating to the care provided to each person supported by Tameside Link.
We found that weekly planners and risk assessments were up to date and had been regularly reviewed. An exception was when we found that one fire risk assessment for one person’s flat had not been reviewed six months after its due review date. We mentioned this to the registered manager.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as “government standards”.

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service’s records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.