

## CareTech Community Services Limited

# Danzey Green

### Inspection report

41-45 Danzey Green  
Castle Bromwich  
Birmingham  
West Midlands  
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Tel: 01217301781

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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

The inspection took place on 2 June 2016 and was unannounced.

41- 45 Danzey Green provides care and accommodation for up to 12 people with learning and physical disabilities in three separate bungalows. At the time of our visit 9 people lived at the home.

An experienced registered manager was in post. 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.

There were enough suitably trained staff to keep people safe. They had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with people's care and support. Risk assessments and management plans were in place to manage the identified risks. Medicines were managed safely so people received their medication as prescribed.

New staff received an induction and recruitment checks were carried out prior to staff starting work at the home to make sure they were suitable for employment.

Staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

The home had a friendly and relaxed atmosphere. Staff told us they enjoyed working there. We saw staff were responsive to people's needs and had good knowledge of how they preferred their support to be provided. They were patient, attentive and treated people with kindness.

Staff respected and understood people's need for privacy and promoted their independence. People chose to take part in daily activities in the home and their local community.

People were involved in menu planning and their nutritional needs were met. People were supported to maintain their health and well-being and staff knew when to refer to other health professionals.

People knew how to make a complaint. A system was in place to manage complaints received about the service.

Staff had a good understanding of their responsibilities and staff felt supported by the provider's management team.

Effective systems to monitor the quality of the service were in place. People's views on the service provided were sought and listened to.

## 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 told us they felt safe. There were enough staff available and they knew how to keep people safe by reporting any concerns. Potential risks to people's health and well-being were assessed and plans were put in place to manage any identified risks. People received their medicines as prescribed from trained staff who understood how to administer medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to develop their knowledge and skills to meet people's needs. New staff received a thorough induction which supported them when they first started work at the home. Where restrictions on people's liberty had been identified applications had been made to the local authority under the Deprivation of Liberty Safeguards. People were provided with a wide variety of food which they enjoyed. People were referred to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring in their approach and interacted well with people. There were positive relationships between the people living in the home and the staff supporting them. People's privacy was respected and staff promoted people's independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices by staff who understood their communication needs. Care plans were detailed and reflected people's needs and choices so staff could meet these in a way they preferred. People were encouraged to pursue their

hobbies and interests. People knew how to make a complaint if they wished to do so.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and the staff spoke positively about the provider's management team. There was clear leadership of the service. Staff felt supported and listened to by the managers. Effective quality assurances systems were in place to ensure improvements were made at the home. People and their relative's views on the service were sought and listened to.

# Danzey Green

## **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 2 June 2016 and was unannounced. The visit was carried out by one inspector.

Before the visit we spoke to the local authority commissioning team and asked if they had any information about the service. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They were satisfied with the quality of care provided.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our visit reflected the information contained within the PIR.

During the inspection we spoke to six people who lived at the home, a team leader, one visiting health professional and six support workers. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We reviewed four people's care plans and daily records to see how their support was planned and delivered. We reviewed records of checks the staff and the management team made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

One person who lived at the home told us, "Everything is safe here." They explained this was because staff were always on duty. Another said, "I am fine, I have no problems".

One staff member said, "People are kept safe here, we know how to protect them." The team leader was the most senior member on staff on duty during the visit. They told us there were no staff vacancies and agency staff were never used. To supplement the permanent staff team, the provider employed 'bank staff'. These staff members provided cover for staff absences and this meant that people were supported by staff who knew them well.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure in an easy read (picture) format was accessible to people in the home to inform them how to report if they felt unsafe. One person told us, "I would tell [The team leader] if something went wrong."

Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training. One member of staff told us, "I know what I need to do. I document everything and report to the managers." They understood their responsibility to protect people and to report potential safeguarding incidents. Records showed appropriate and timely referrals had been made to the local authority as required to ensure people were protected and potential abuse was correctly investigated.

The provider's whistle blowing policy was on display for staff (a whistle blower is a person who raises concerns about wrong doing in their workplace). Staff confirmed they were confident to raise concerns if they witnessed poor practice.

Risk assessments were used to identify what action was needed to be taken to reduce any risks to people's health and wellbeing. Staff we spoke with were knowledgeable about the risks and explained in detail how people's support needs varied according to their abilities and preferred routines. For example, a detailed epilepsy management plan was in place for one person. Staff knew how to support the person if they had an epileptic seizure and when they would need to telephone for an ambulance. One staff member said "There is a plan in place for if [Person] has a seizure so we can give them the help they need."

Risk assessments were reviewed monthly to ensure the information for staff to follow was correct. Staff explained if new risks were identified, the managers updated the person's risk assessment to keep them as safe as possible.

On the day of the visit nine people were living at the home and nine staff were on duty. Staff we spoke with told us there were enough of them to meet people's needs and keep them safe. One said, "Yes, most definitely there is always enough staff." We spoke to people about staffing levels and we received positive feedback. They told us, "They [staff] are always here for me."

The provider's recruitment procedures minimised the risk to people's safety. The team leader told us all staff had an interview and people were recruited based on their values and experience. During the interview process potential new staff members were invited to the home so the people who lived there could talk with them and ask questions. Before staff started work at the home the provider checked they were suitable to work with people who lived there. One member of staff said "I had to wait for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

Medicines were administered, stored and disposed of safely. One person said, "Staff give me my tablets with a drink of water to wash them down." We reviewed four people's medicine records to check they were being managed safely. We saw staff followed good practice when handling medicines and medicines were stored safely in locked cabinets, so they were not accessible to people. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines. Staff told us these medicines were for pain relief. We asked staff how they knew if someone who was unable to tell them was in pain. One staff member told us, "We know if [Person] is in pain by their facial expressions and another person will rub the part of their body that is causing the pain."

Only trained competent staff administered people's medicines. Staff we spoke with confirmed they had received training and the registered manager observed their practice every six months to make sure they were competent to do so. A series of regular checks and audits took place so if any errors were identified prompt action could be taken. For example, fridge temperatures had not been recorded consistently in May 2016. The registered manager had identified this and had discussed it with the staff at a meeting.

The provider's fire procedure was in an easy read format and was on display in communal areas which provided information for people and their visitors. We saw this procedure was also available for people to listen to if they were unable to read. Evacuation plans were within people's care plans which meant in an emergency people could be assisted by staff to evacuate the building quickly and safely. Staff confirmed they had received fire safety training and explained what action they would take if there was a fire. One staff member told us, "I have completed fire safety training and we have a fire drill every three months which reminds me what I need to do." Records showed practice fire drills had taken place.

Accidents and incident records were up to date. The registered manager had analysed the records each month to identify any patterns or trends to reduce further incidents occurring.

Checks of the environment had been carried out to ensure the building and the equipment were safe for people to use. For example, all electrical equipment had been safety tested in 2016.



## Is the service effective?

### Our findings

One person told us, "If I need anything staff will always help me." Another said, "I call the staff and they come running." We observed staff approach people in a friendly and respectful way. Staff quickly recognised when people wanted something and took positive steps to engage with them.

Staff told us they had received effective support when they had first started working at the home. One member of staff said, "My induction here was great, I learnt a lot." They explained they had spent time reading people's care records and had worked alongside experienced staff to get to know people and to observe how people preferred to be supported. It was documented that all staff had completed an induction and were given an employee handbook so they were aware of their roles and responsibilities. The induction process gave new staff the skills they needed to effectively meet people's needs.

Staff completed training the provider considered essential to meet the care and support needs of people who lived at the home. A training schedule was completed and it showed when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed. One staff member told us, "Training is really good, if we ask for it we get it." Staff also completed training to obtain the skills to effectively support people who had behaviours which might challenge others when they became anxious. Staff explained this training was 'brilliant' as it had given them confidence to use 'low arousal' techniques (techniques which focus on the reduction of stress, fear and frustration) to calm people at this time. We saw staff put this training into practice when someone became anxious.

Staff told us they had regular meetings with their manager which provided them with support to be effective in their role. Meetings also gave them opportunities to talk about their work performance and personal development. One member of staff said, "I have asked to complete a diploma in health and social care, I am starting it soon." They explained this made them feel valued as the provider was giving them this opportunity to develop their knowledge to benefit the people who lived at the home.

Handover meetings took place at the beginning of each shift as the staff on duty changed. The health and well-being of each person who lived at the home was discussed and changes were communicated. One staff member told us, "Handover is essential so we know how people are feeling and what has been going on." A communication book was also in use for staff to pass on messages. The meetings and communication book ensured people were being supported by staff who had up to date information to make sure they provided appropriate care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether staff were working within these principles and whether any conditions on

authorisations to deprive a person of their liberty were being met. During the visit we saw people made choices and verbally consented to their care and staff respected the decisions people made. We asked a member of staff what they would do if a person refused assistance with their personal care. They told us, "I would encourage them and try to find out why they didn't want me to help them but I can't force them. I would ask another member of staff to see if they could help and I would report it if they continued to refuse."

Capacity assessments had been completed and meetings had taken place with health professionals and those closest to people to make decisions in their best interests. The provider had submitted applications for each person who lived in the home to the local authority for approval because their freedom of movement had been restricted in their best interest and all of these had been authorised. Staff understood their responsibility to comply with these requirements. This meant the rights of people who were unable to make important decisions were protected.

People we spoke with told us they were satisfied with the food provided and they were encouraged to choose a choice of food and drink that met their dietary needs. Snacks which included fresh fruit and drinks were available throughout the visit. One person told us, "The food is lovely, I can have whatever I want, I tell the staff what I want and they get it for me." Staff assisted people each week to put together a weekly menu plan that contained foods they liked that were nutritionally good for them. A pictorial menu was displayed on the kitchen wall which corresponded with what people told us they were having for their dinner. Staff had good knowledge of people's dietary needs including those with allergies and those who had diabetes.

The mealtime experience was positive. We saw people and the staff chose to sit together to eat their meal. People chatted and we heard lots of laughter. We saw one person who had difficulty swallowing food being helped by a member of staff to eat their meal. This was done at a pace to suit the person. Guidelines implemented by the speech and language team were followed. The staff member told us "I need to remind [Person] to chew their food as they have difficulty swallowing, they could choke."

When people were at risk of dehydration or malnutrition this was identified through the risk assessment process. One person was at risk of dehydration and needed their fluid intake monitored by staff using a chart system. This was because they needed to drink 1200mls of fluid per day to remain healthy. Staff totalled the fluids the person had consumed at the end of each day to identify when they may require prompting to drink more. Staff told us they would contact the person's GP if their fluid intake was not sufficient.

People had 'hospital passports'. These were documents which included important information about people. For example, what foods they liked to eat and how they preferred to communicate. This meant people could be supported when visiting hospital because health care professionals would have information to help them meet their needs.

People's records showed us how the home worked in partnership and maintained links with health professionals. Where changes in people's health were identified they were referred to the relevant healthcare professionals including their GP. One person told us, "I tell the staff and we go to the doctor if I am poorly." A visiting health professional said, "The staff are really approachable and report any changes in a person's condition so they receive the support they require." This meant people who lived at the home received the appropriate health care to meet their needs.

# Is the service caring?

## Our findings

We asked people about the staff and one person told us, "I like all the staff, they are kind to me, and we all have a good laugh together." Another put their thumb up in the air and smiled. Comments from staff about the home included, "It's lovely people are so friendly, I wouldn't want to work anywhere else," and, "We have everyone's best interests at heart." They explained due to the size of the home they were able to build up good relationships with the people who lived there.

We asked staff what being caring meant to them. Comments included, "I treat people as I would like to be treated," and, "We treat everyone as individuals." The team leader told us they were confident all of the staff working at the home had a caring and kind attitude towards people.

People were supported by a staff team who knew people's abilities, support needs, habits, and preferred routines. We spent time in the communal areas and the atmosphere was calm and relaxed. Staff were patient and caring towards people and treated them with kindness. People confidently approached staff for assistance when they needed it. This showed us they trusted the staff.

Staff were aware of people's right to privacy and provided support in a dignified way. For example, one member of staff said, "Once we have made sure [Person] is safely in the bath, we leave them in private and they call us when they are ready to get out." The person confirmed this did happen and this was documented within their care plan.

Staff respected that Danzey Green was the home of the people who lived there. We saw staff knocked the door before they entered. One person said, "They always knock the door and then say hello."

Staff recognised the importance of promoting people's independence. For example, one person had poor eyesight. We saw staff placed a dark coloured placemat in front of them when they sat at a table to have a drink. Their drink was provided in a white cup. Staff explained they did this because the person was able to distinguish between dark and light colours and this meant they did not require assistance from staff to locate their drink. This same person was encouraged to use a roll on deodorant rather than an aerosol spray. This ensured the person was able to put their deodorant on independently to maintain their personal hygiene.

People could decorate their rooms according to their individual preferences. One person showed us their bedroom. The person's favourite colour was purple and this had been taken into consideration in how their room was decorated. Their family photographs were on display and we saw they had lots of personal belongings to personalise the environment.

There were no restrictions on visiting times and people were encouraged to maintain relationships with people who were important to them. Staff confirmed all of the people who lived at the home had frequent family contact and chose to spend time with their families. One person explained to us it was really important to them to send their family members birthday cards. They told us they had recently been to the

local shop to purchase cards and stamps. A staff member had then supported them to post the cards. People told us they saw their families frequently and also spoke to them on the telephone. One person commented, "It's great".

People who lived at the home had formed good relationships with each other. One person went to get their haircut and when they returned to the home another person greeted them and said, "Wow, I like your hair cut." The person responded well to this comment and smiled. Staff explained people had lived together for many years and friendships had developed. All the staff we spoke with showed concern for people's wellbeing and we observed staff greeted people when they arrived for work and said goodbye when they left. One person explained this made them feel happy and said, "They always say goodbye, see you soon."

Information about a local advocacy service was on display in the home. Nobody living at the home at the time of our visit needed advocate although this service had been used in the past to help people make important decisions and choices. An advocate is an independent person who is appointed to support people to express their wishes and then helps them to make informed choices and decisions about their life.

People's confidential information was kept secure so people were assured their personal information could not be accessed by others.

## Is the service responsive?

### Our findings

Staff we spoke with knew the people they cared for well and how they liked their support to be provided. One staff member was able to tell us in detail about two people and their preferred routines. For example, one person clapped their hands to let people know when they were happy and another enjoyed watching soaps on the television.

Prior to admission to the home, people were assessed to determine their level of independence and care needs. The team leader explained this process was important, as it made sure the home was the right place for the person to live and to ensure their needs could be met. One person told us they had visited the home to decide if they liked the people, before they moved in.

We saw staff had a good understanding of the way people preferred to communicate. Some people were unable to use speech and we saw they used pictures, gestures and Makaton which helped the staff to understand what they were trying to tell them. (Makaton is a language that uses signs and symbols to help people to communicate). We saw staff understood what these signs and gestures meant. One member of staff said, "If [Person] felt hungry they would rub their stomach with their hand." Another person was going on holiday shortly after our visit. We saw them point at a suitcase. A staff member said, "Yes, not long now, we will soon be packing your case." The person responded positively to this by smiling.

Everyone who lived at the home had a personalised care record which contained detailed information about people's likes, dislikes and things that were important to them. The care records gave staff clear guidance about the support people required. For example, we saw one person did not like to get their face wet when staff helped them to wash their hair. Staff we spoke with knew this and told us they gave the person a dry flannel to cover their face to make sure their face remained as dry as possible at this time.

We asked staff how they know if a person's care needs had changed. They told us messages were often passed on verbally and a communication book was in use. One staff member told us, "Whenever people's care records or risk assessments are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

People told us they were involved in planning their care. We asked how this happened and one person said, "We have meetings, we talk about me." This ensured the information was correct and people's needs continued to be met.

A keyworker system was used and this meant people were supported by a consistent named worker who knew them well. Two people told us they had chosen who their keyworker was. One said, "I chose [Name], I like them." The other said, "We get on well, they make me laugh."

Group meetings for people who lived at the home were held every month. During these meetings people had been involved in making decisions about the home which included the environment and the food provided. People had the opportunity to offer any suggestions. One person said, "I have my say." Records of

these meetings were in an 'easy read' (pictorial) format and showed that regular discussions had taken place with people about things they would like to change.

Staff told us how they supported people to make choices. For example, they held up two jumpers and the person choose which one they would prefer to wear. This meant that staff were supporting people to make choices and communicating in a way people understood.

People were supported to take part in social activities which they enjoyed. On the day of the visit people took part in a variety of activities which included going to the park for a walk and going shopping. One person told us, "I love going shopping to buy art and craft equipment, I went last week." Another said, "I love the music lady, we dance and sing." Staff explained this was an entertainer who visited the home every two weeks and most people really enjoyed the activity. Photographs of previous social events which included recent holidays, were on display.

People knew how to make a complaint. One person told us, "I would tell [Team leader] she sorts everything out." They felt confident to raise a complaint and explained they had never been any problems. A system was in place to manage complaints about the service provided. No complaints had been received in the last twelve months. A variety of thank you cards had been received. Comments included, 'Thank you for everything you do. You are so kind.' And, 'What a wonderful home.' People were happy with the service provided.

# Is the service well-led?

## Our findings

We spoke with people and the staff about the management of the home. People told us they were happy living at the home and thought it was well-run. One person told us, "The manager is nice." Another said, "[Registered manager] is friendly, I know her."

Staff spoke positively about the support they received from managers and told us they enjoyed working at the home. Comments included, "[Registered manager] is approachable," and, "They [managers] are open to new suggestions that could improve the service."

The provider's management team consisted of a registered manager and an assistant manager. The registered manager was experienced and had been in post for over 8 years. Support was provided to manager's by the provider's locality manager who visited the home once a month. As part of these visits records showed they had spoken with people, staff and visitors and identified good practice and areas that required further development.

The management team completed regular checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, regular checks on cleanliness of the environment and people's medicines. These checks should ensure the home was run effectively and in line with the provider's procedures.

Records showed that daily 'walk arounds' by managers took place. Staff told us the managers had a 'hands on approach' and worked alongside them on a daily basis. This approach ensured managers had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

There were also checks by other external organisations. A recent infection control visit by the local clinical commissioning group had been positive. One recommendation had been suggested and action had been taken to make improvements.

We saw good team work and communication between the staff team and the team leader during the visit. For example, we saw staff confidently approached the team leader who provided them with support and advice.

Staff told us they were encouraged to share their views and make suggestions at regular team meetings which took place each month. One staff member said, "We always have meetings every month." This provided the opportunity to contribute items for discussion. Staff told us they were confident to approach the registered manager about any concerns. They explained to us that if for any reason the registered manager did not act on their concerns they could contact a more senior manager or if necessary use the provider's whistleblowing policy.

An out of office hour's on-call system was in place. This meant that staff could speak to a member of the

management team if they had any concerns. Staff confirmed managers were available at these times to deal with emergencies and to offer them support and guidance. Staff told us that this made them feel supported and listened to.

The management team encouraged feedback from people, their relatives, visitors and staff. Annual quality questionnaire were sent out to gather people's views on the service provided. We looked at eight questionnaires that had been completed in 2015. Comments included, "I am happy with everything," and, "The managers are great, everything runs smoothly." Completed questionnaires had been analysed which showed us improvements had not been required.

We had received all of the required notifications and this assured us the registered manager understood their legal responsibility for submitting statutory notifications to the CQC, including incidents that affected the service or people who used the service. This enables us to monitor the service and take action when necessary.