

CareTech Community Services Limited

CareTech Community Services Limited - 19 Wheelwright Road

Inspection report

19 Wheelwright Road
Erdington
Birmingham
West Midlands
B24 8PA

Tel: 01213504383

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17 January 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

19 Wheelwright Road is a residential care home, spread across two adjoining houses; in one house four people shared communal facilities and in the other house people lived in two self-contained single occupancy flats. The home provided personal care and support to six people aged under 65 at the time of the inspection.

The care home had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values include choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in 19 Wheelwright Road were given such choices and their independence and participation within the local community had been and was continuing to be encouraged and enabled.

Peoples experience of using this service:

At this inspection we found that people who used the service continued to be supported in a safe way. Wherever possible people were supported to have choice and control over their daily lives.

Staff were kind and compassionate and knew people well. People received their medicines safely. Aspects of people's safety were protected and promoted throughout the home.

People continued to receive care and support that was personalised to meet their individual needs. Potential risks to people had been assessed and managed to lessen any risks related to people's daily lives.

The home continued to have effective systems in place to check that the service was effectively managed and that people had a good quality of life. People were supported by staff who were well trained and keen to help people live fulfilled lives.

There was no registered manager at the home since the previous manager had left. We were told of steps the provider was taking to recruit a new manager. The acting manager was experienced, knew the people well and afforded a good degree of continuity for people living in the home. The acting manager shared the provider's clear vision of how people were to be supported. The acting manager shared this enthusiasm with staff who supported this way of working.

Audit processes were in place and used by the provider to check and ensure that people were being supported to receive good quality care.

The home continued to meet the characteristics of good in all areas; more information is available in the full report.

Rating at last inspection: The home was rated Good (report published in June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team:

One inspector carried out this inspection.

Service and service type:

19 Wheelwright Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager at the time of the inspection, although plans were in hand to recruit to this position. The home was being managed by an Acting Manager who was the former deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Notice of inspection

The inspection was unannounced, and took place on 17 January 2019.

What we did:

We reviewed information we had received about the home since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We checked for feedback we had received from members of the public, local authorities and commissioning bodies. We also checked records held by Companies House. We used all this information to plan our inspection.

In addition to speaking with five people living at 19 Wheelwright Road, we spent time during the inspection observing staff working with and supporting people in the two separate flats and the communal areas. We spent time with people with staff when they were engaged in a regular activity session in the home. We spoke with two care staff, the acting manager and senior regional staff who attended the home to provide additional support to the acting manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

We found that people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "I have no concerns over safety at all. If I had any I would speak with the staff straight away. They are always helpful."
- Staff understood their responsibilities in relation to protecting people from harm and/or abuse. Staff knew what action they should take if someone was at risk.
- Staff had received safeguarding training and records we saw evidenced this.

Assessing risk, safety monitoring and management

- Risks assessments were completed and reviewed regularly and these were used by staff to support people to reduce the risk of avoidable harm.
- Staff knew people well and told us the actions they took to keep people safe.
- Arrangements were in place to manage known risks by ensuring that staff were trained and knew how people wanted to be supported at all times.
- Some people in the home were at risk of not safely using sharp knives and we saw that these risks were being well managed. Staff had been provided with information and training in how to safely support people.

Staffing and recruitment

- There were enough staff to meet people's needs. We observed staffing levels were high enough to keep people safe and provide individual support when required. Some people needed individual support at times from two staff and we saw that this level of support was provided.
- The provider was in the process of recruiting a new manager to become registered.
- New care staff received a comprehensive induction. There were systems in place to ensure the recruitment process was safe and that staff were of good character before they started working in the home. One staff member said, "The training I have had so far has been good."

Using medicines safely

- People received their medicines on time and in a safe way.
- We observed staff administering medication to people. Staff advised people of the medication name and where possible explained to people what the medication was so that people had some understanding of what they were being given.
- There were agreed protocols in place for medicines that were required 'as needed'. Approval was needed from senior staff to ensure people received such medicines only when other ways of helping the

person had been explored. This ensured that there was a consistent safe approach to administering such medications.

- Medication was administered in line with the providers policy and procedure.

Preventing and controlling infection

- Staff told us how they reduced the risk of the spread of infection. We observed staff following the infection control policy during our inspection.
- People were supported to follow good infection control practice in line with their ability and understanding.
- Laundry throughout the home was carried through the home to the laundry room which was outside and accessed through part of the main kitchen and dining room. The acting manager informed us that covered linen baskets were due to be delivered for each person in the home. The use of covered baskets was to reduce any infection control risks. Specific equipment and arrangements were in place to deal with any laundry that was known to pose such risks.

Learning lessons when things go wrong

- The acting manager advised that they had been accustomed to reflecting on any events where things had not gone to plan. The acting manager and area manager had kept records of any accidents and incidents and analysed them to identify any themes or trends to try to reduce the risk of the incident happening again.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been fully assessed at the time of admission. Reviews were regularly held to see whether personal care was still relevant to people's needs.
- Each person had an individual set of care plans that covered all aspects of their care and daily lives. They had been reviewed regularly and updated as needed to ensure that people received consistent care from all staff.
- The acting manager promoted the delivery of person centred care and used this focus when reviewing and monitoring support provided to people.
- The provider ensured that as needed the acting manager and staff had access to support and information from other staff working in different care homes about practical aspects of care as well guidance with the law and regulations.

Staff support: induction, training, skills, and experience

- People were supported by suitably skilled staff.
- One staff member told us, "The training here is really good." Another member of staff said, "The others who work here are really helpful."
- New staff were provided with core induction training which covered all essential standards and in addition also received training on health conditions or difficulties that people using the home experienced. Training was provided on site and via computer based modules.
- At all times the home was staffed by a high ratio of experienced staff to people with a senior member of staff on duty and another on call.

Supporting people to eat and drink enough with choice in a balanced diet

- A relative of one person said, "[Relatives name] has a good balanced diet, staff are good." ● People were supported by staff to be involved in meal preparation. Everyone was involved to some extent in preparing their own breakfasts and light meals.
- Each person who lived in a self-contained flat received full support to choose and prepare their meals. People who lived together as a group were supported by staff in planning food for the forthcoming week that suited their tastes and preferences. People were supported by staff to be involved in preparation of meals.
- Preferences and cultural aspects of diets were accommodated and met by staff who were skilled and confident in preparing meals that people enjoyed.
- People who needed to have special diets for medical reasons were well supported by staff.

Staff providing consistent, effective, timely care

- A relative advised, "The staff make sure [name] maintains good health, and I am well informed."
- People's specific healthcare needs were known and well supported, with clear records and detailed care plans in place.
- People were encouraged and supported to attend appointments with healthcare professionals.
- Each person's healthcare information was regularly reviewed and updated by staff in consultation with healthcare professionals.

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

- Two people lived in single occupancy flats and were supported by at least one member of staff at all times. The décor and furniture in each flat met each person's specific needs and they had been involved in selecting specific item of furniture to suit their needs. Peoples specific choices were respected and accommodated.
- Some people's rooms had been personalised with belongings that reflected their personal interests. Some people did not have many personalised items or pictures on display. This was because people had behaviour that challenged and had resulted in damaging their possessions. This was supported by information that had been noted in people's care plans.
- We saw that some rooms within the flats were in need of redecoration in parts and with some repairs needed to fixtures and fittings that had been caused by the person using the flat. The acting manager advised that such repairs or changes were to be carried out in line with the specific support needs of the people using the service.
- We saw that some of the communal rooms used by four of the people had artwork and objects of interest displayed that had been created or chosen by the people using the service. People were supported by staff to personalise their own rooms and keep their own rooms clean and tidy.
- Staff took on responsibility for cleaning the communal areas of the home, with some people electing to support staff with such tasks. Within one flat we saw that some spills and stains had not been effectively dealt with. The acting manager took action and raised these issues with staff to get them cleaned immediately.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff were very clear about upholding people's rights and abilities to make decisions. They were clear about what constituted a failure to support people to exercise their rights and make choices. Staff advised how they had helped a person to understand when a decision had to be made to help them to make an informed decision. Best interest decision making processes were used in such instances with appropriate records completed.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people were deprived of their liberty the provider and acting manager worked with the local authority to seek authorisation for this following agreed conditions as necessary.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Some people had very specific routines and ways of undertaking activities of daily living and these were accommodated in the least restrictive way possible in line with agreed plans from the local authority.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked living at 19 Wheelwright Road and confirmed they were well looked after. People's relatives told us that the person using the service was well looked after, "Staff are interested in [relatives name] and staff are caring." They added: "The staff do show that they care." The relative then went on to give some specific examples.
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- Communication between staff about people's individual plans was clear and ensured that planned activities took place and were not subject to change unless the person wanted this.
- People were encouraged to do what they could for themselves including participating in cooking and cleaning.

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

- A relative made positive comments about how the person living in the home had been supported to become involved in choosing activities and things to do in the community; "Staff have helped [name] so much, [name] is so much calmer and engaged with what is going on."
- People were supported by staff to discuss their plans and wishes. Each person was involved in determining their own activity plan and trying out new activities or interests. One person had participated in a trampoline activity session on the day of the inspection and they confirmed that they had enjoyed the session and wanted to attend the activity another time.
- We saw staff supporting people to become engaged in a lively exercise activity in the home, that was held twice each week. Some people were supported to participate by staff encouraging and physically assisting them. It was clear from interactions that this regular occurrence was enjoyed by all who took part.

Respecting and promoting people's privacy, dignity and independence

- People had been supported to acquire new levels of independence that they enjoyed. One relative advised, "[Name] had been helped to become at ease using public transport and now enjoys going out on a bus rather than in a mini-bus. They are much more confident now."
- Each person's written records were securely stored and when staff were updating records in communal areas we saw that they took measures to ensure that the records were not left unattended and could not be accessed by anyone else.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.

- We saw that people's rights to have their privacy respected was adhered to by staff and upheld within the home. Guidance was in place to ensure staff understood the need to uphold privacy and confidentiality and were clear about who such information could be shared with.
- Staff told us how they supported people's privacy and dignity. This included making time to give people individual attention when needed and ensuring that people had private time in their rooms when they wanted to be alone.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery of care and support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received individual support from named workers amongst the staff group. In addition to this support all staff provided practical support with aspects of daily living and record keeping.
- We saw that staff members knew how people preferred to communicate, and some staff were skilled in using sign language with people such as Makaton.
- Some documents were available to people which used easy read language and symbols. The acting manager was keen to further develop pictorial or easy read information for people using the service.
- Some people had expressed a wish to become involved in doing more for themselves and learn daily living skills; support to do this was provided by staff. People's long-term aims were known.
- When people had only limited interest in being involved in making decisions about their care, staff used information known to help plan for people's future. Staff knew people well and encouraged them to try new activities to broaden their experience and knowledge whilst still having time to pursue any long-term interests.

Improving care quality in response to complaints or concerns

- We heard people raising issues directly with staff during the course of the inspection and noted that staff listened attentively and took action immediately to address the issue being raised.
- A relative advised that in respect of raising a complaint, "I have never had any need to raise a complaint but the staff are so approachable I would not be worried [to do so]."
- The providers established written complaints procedure was available for all relatives and those supporting people. The home had a complaints procedure available in a pictorial/easy read format and advised that they intended to build on the range of accessible information that was available for people using the service.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long-term plans would be put in place for people as needed.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider promoted delivery of person centred care and support to people using the service.
- Support was provided to the acting manager staff by the provider's area senior staff. The area staff were familiar with the support and care needs of people using the service which enabled them to monitor and promote the quality of the service provided.
- The provider had taken steps to recruit to the vacant registered manager position after the previous manager had left. They interviewed and were intent on employing a person but had to withdraw the offer. The provider representative advised that they had initiated action to again recruit a suitably skilled person as soon as they could, subject to references and checks on their character.
- The provider understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had a policy in place to guide staff if such incidents occurred.

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

- There was no registered manager at the home, and the deputy manager had recently become the acting manager until the registered manager position had been recruited to.
- The acting manager was well known to all people and staff who used the service. They had a good knowledge of each person's support needs.
- Staff said that they felt well supported in their work and commented, "We have a good manager."

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings held in the home; some people attended and others chose to only engage in one to one meetings with staff.
- The provided carried out a number of regular audits of aspects of the service. Feedback was provided direct to the acting manager at the time and when action was needed to address any issues the senior area staff monitored the issue to check that the action had been taken.
- Regular staff meetings were held and staff said that they felt comfortable to raise any issues as they felt listened to by the acting manager.
- The service sought feedback and suggestions from relatives and other stakeholders such as healthcare

professionals annually. Whilst all returned feedback forms had been reviewed with action taken if needed, there had been no routine analysis undertaken. The acting manager advised that this was something that would be addressed. We saw that an issue had been raised by a relative in the feedback form and this had been addressed.

Working in partnership with others

- The provider told us that the service worked well with healthcare professionals and commissioning bodies. Records showed that professionals had been involved in planning and reviewing people's care checking on their well-being and overall health.
- Staff in the home valued the opportunity to work in partnerships with the healthcare professionals and sought advice and support when people needed additional or specific support.