

# Caretech Community Services (No.2) Limited

## La Marsh

### Inspection report

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Date of inspection visit:  
11 April 2017

Date of publication:  
11 May 2017

### 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

La Marsh provides care and accommodation for up to six people who have a learning disability. Five people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 6 January 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A manager had been appointed and an application was in process to register them with CQC as manager for the service. The team leader was in day to day management of the service with the support of a registered manager and the operational manager from the organisation.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and whilst out in the community.

There were sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager who was providing management support to the service understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and they supported people in a

respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# La Marsh

## 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 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. This inspection took place on 11 April 2017 and was unannounced.

The inspection was carried out by one inspector. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with one person who were able to express their views of the service. We spent time observing the care provided by staff to help us understand the experiences of people who were unable to tell us their views directly due to their complex care and support needs.

We also contacted relatives, healthcare professionals including a district nurse, community psychiatric nurse and a contracts monitoring manager from the local authority to obtain their views about the service provided at La Marsh.

We looked at records in relation to three people's care. We spoke with the team leader, three care staff and a registered manager who was providing management support. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

One person said, "I enjoy living here and the staff help me and I feel safe." and "I can speak to staff when I want." Observations we made showed that staff assisted people safely. For example, with a person's mobility so they could safely use their wheel chair. A relative said, "My [family member] is safely supported by the staff and they have lived at La Marsh for a long time and they are very happy and loves living there."

Staff confirmed they had received training and demonstrated an awareness of the safeguarding procedures and who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed the service had responded appropriately to safeguarding concerns which ensured the safety and welfare of people using the service.

Care plans were complemented by up to date risk assessments to ensure, as much as possible, that the people remained safe and that their care and support could be appropriately delivered both at service and when in the community. Examples included moving and handling, eating and drinking, bathing and showering, assistance with medicines and being safe when out in the community. Staff we spoke with were aware of ensuring people were kept safe in accordance with the person's risk assessments. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

Two staff files we saw confirmed there was an effective recruitment and selection process in place. Staff had completed an application form, provided references, proof of identity and had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS).

People told us and we saw that there was enough staff available to meet their needs. The staffing levels were kept under continuous review to ensure to the service met people's needs. Examples included assisting people whilst they were at home, when going out to an activity and to attend medical appointments. Additional staff had been rostered where people needed support during a hospital admission or when going out on a day trip or holiday.

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed to monitor their safe practice. Medicine Administration Records showed that medicines were administered as prescribed and stored at the recommended temperatures. We saw that staff carried out daily checks of stock levels and to check that all medicines had been signed for and administered as prescribed.

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current ongoing issues identified. Personal evacuation plans were in place for each person in the event of an emergency occurring.

## Is the service effective?

### Our findings

A relative expressed their confidence in the staff and felt that they knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, infection control, epilepsy, percutaneous endoscopic gastrostomy (PEG) feeding, manual handling, safeguarding and MCA/DoLS.

The team leader told us that new members of staff shadowed experienced members of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff spoken with told us they felt supported by the management team and their colleagues. They told us they had received regular supervision and appraisal so that they had the opportunity to discuss the support they needed and to discuss their training and development needs. We saw that a number of staff had achieved NVQ qualifications (a nationally recognised qualification). The Care Certificate (a nationally recognised qualification for care workers) was being undertaken by some members of care staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS. Staff told us and records confirmed they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that applications for DoLS authorisations had been made to the local authority and they were awaiting the outcome of these.

People's dietary needs and food preferences were recorded in care plans. The care plans were cross referenced to a specific risk assessment such as where food was to be prepared and served in small pieces to avoid a risk of choking.

Menus seen had a variety of choices which included healthy options. Staff told us, "We have a meeting with everyone to decide on meals for the following week so that people can choose what they would like to eat." People were supported by staff to assist in food preparation and to also join in cake making sessions. We saw that drinks were readily available throughout the day.

People had access to a range of health services. The team leader told us that they were in regular contact with a variety of care professionals. Examples included appointments with hospital outpatients, local GPs, physiotherapists and district nurses to assist with people's particular healthcare needs. We met a person visiting the service who was providing a music session for some people. They were positive about the service and the support they had seen provided by the staff.

Where people needed to access hospital services a member of staff accompanied them. They took with them a 'Hospital Passport' (a health information document) which gave detailed background information on how to support the person on admission. One relative told us that the staff had been very supportive when their [family member] had attended for an appointment at a hospital. We saw that there were records

in people's care plan documents detailing appointments that they had received with a variety of healthcare professionals such as GPs, dentists, district nurses and occupational therapists.

## Is the service caring?

### Our findings

We saw the interactions between staff and people using the service were kind, caring and friendly. A relative said, "The staff know [family member] very well and show a lot of kindness and respect and support them very well." Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. For example where a person needed reassurance as they became unsettled members of staff swiftly responded to them. Where people were unable to verbally communicate we saw that the staff were skilled in recognising people's wishes through their body language and sounds they made. This showed that staff were able to respond and act upon people's care and support needs.

Each person had a keyworker to monitor their care and support. A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals. Staff knew people's daily routines well and how people wished to spend time during the day. We saw that one person had gone out shopping with staff and two people had been assisted to go for a walk out in the local village. One person said, "I have been out shopping today and I enjoyed doing this."

Staff knew people's communication needs and the methods they used to express themselves. We saw staff communicating effectively with people to assist them in making choices and decisions about their care. We saw that there were pictorial aids in place to assist people who were non-verbal with making choices. This showed that people's choices and preferences were respected and proactively acted upon by staff.

Staff were knowledgeable and enthusiastic regarding the people they supported. We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. One member of staff said, "I love working here – it's like a big family and we get to know people and their needs very well." Another member of staff said "It's good to help people be as independent as possible and I enjoy assisting people to go out and to go on holidays."

We observed that people were treated with dignity and respect and staff explained and checked with people when preparing to assist them with their personal care. Staff told us people were encouraged to maintain relationships with people who were important to them and were supported to do this. One relative told us that they visited their [family member] often and saw that their care and support was always consistent and felt confident about the support provided by the staff team.

## Is the service responsive?

### Our findings

People had access to the community. One person said, "I have been out shopping and went to a café in Cambridge." People enjoyed various activities. Examples included; visits to a day service, shopping trips to local towns, helping to bake cakes, watching favourite DVDs, walks out in the local village and going on holidays. We saw that that staff were assisting a person in planning a holiday to Norfolk. One member of staff said, "It's really good to be able to spend quality time with people and be able to go out to activities such as going for walks, music sessions, aromatherapy, visiting cafes and going shopping."

People's needs were assessed, planned and delivered. People's care records contained personalised information about them, such as their day time and evening care and support routines, hobbies, interests, food preferences and family/ life history. This detailed information helped inform staff on how to support and assist people with their personal care and their preferred activities.

We saw that people's care was reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. Daily records were completed detailing the care that had been provided and how the people had spent their day. Regular reviews of people's care were taking place with people's care professionals. These meetings reviewed any changes in the persons care and support that were needed. Feedback from care professionals was positive in the home. It was noted that there had been regular discussions regarding how the care of some people could be best met.

People had access to an easy read/pictorial version of the complaints process which staff assisted/guided them if they wished to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. We saw throughout the inspection that people's ongoing queries or concerns were dealt with swiftly and by the staff. This showed people were listened to and their concerns were responded to.

## Is the service well-led?

### Our findings

A registered manager was not 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. However, a manager had been appointed and an application was in process to register them with CQC as manager for the service. The team leader was in day to day management of the service with the regular support of another registered manager and an operational manager from the organisation.

People, relatives and staff told us the team leader and the registered manager (providing management support) were approachable and listened to what they had to say. One relative said, "The staff communicate well with us and keep us up to date about any changes." We observed that people were listened to by staff and that they reacted to their needs and wishes in an attentive manner.

The team leader, the visiting registered manager and staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The team leader worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity at all times throughout the inspection.

Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. Examples of areas for improvement included access to a more suitable vehicle and plans to upgrade and maintain the garden areas.

The management team carried out a regular programme of audits to assess and monitor the quality of the service. Examples of audits included; medicines, staff training, care planning and finances, Where any shortfalls were identified records demonstrated that these were acted upon promptly.

We saw that surveys were being sent out to obtain feedback from people using the service; their relatives, care professionals and staff. The feedback we received from people, staff, a relative and healthcare professionals was positive.