CareTech Community Services Limited

CareTech Community Services Limited - 19 Wheelwright Road

Inspection report

19 Wheelwright Road
Erdington
Birmingham
West Midlands
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Ratings

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

Overall summary

This was an unannounced inspection, which took place on 12 May 2015.

The home is made up of two linked terrace houses located in the Erdington area of Birmingham and provides care and support for up to five adults who have a learning disability. One of the house is divided into two

Summary of findings

flats, with ground floor facilities, that could be adapted for people with restricted mobility, should the need arise. At the time of inspection there were five people living there.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Procedures were in place to reduce the risk of harm to people and staff were trained and knew how to help to keep people safe. Risks to people's care was assessed and managed and there were processes in place to ensure people received their medicines as prescribed.

Sufficient numbers of staff that were suitably recruited were available to meet the needs of people and to help in ensuring people received safe care.

Staff knew the individual needs of people; however, some staff needed appraisal and updated training.

People were able to choose what they ate and drank, with support from staff to help them to maintain a healthy diet. People had access to a range of health care professionals to support their care and the provider had processes in place to ensure regular health checks were undertaken as necessary.

Staff were caring towards people and respected people's privacy, dignity and independence. People's needs were assessed and planned so that they received a service that focused on their individual needs and abilities. People were able to raise concerns with staff and managers and felt confident they would be addressed.

Processes were in place to monitor the quality of the service. There had been changes in the staff team, which had unsettled the service, so administrative processes were not as robust as they should be and needed improving.

Summary of findings

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.

Procedures were in place to reduce the risk of harm to people and staff knew how to use the procedures to keep people safe.

Risks associated with people's care and the environment in which people lived were assessed and managed appropriately.

There were sufficient staff that were suitably recruited to provide care and support to people.

Systems were in place to ensure that people received support with taking their medication in a safe way.

Good

Is the service effective?
The service was not consistently effective.

People were not always supported by staff that had received training and appraisal to ensure they were always confident in their role.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, and maintain their health care needs.

The provider had taken steps to ensure people's rights were protected.

Requires improvement

Is the service caring?
The service was caring.

People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily lives.

Good

Is the service responsive?
The service was responsive.

People received care that met their individual needs and they did social activities that they wanted to do.

People were free to raise concerns and were confident they would be dealt with.

Good

Is the service well-led?
The service was not consistently well led.

There was no registered manager in place and there had been changes in the staff team, which had unsettled the service.

Requires improvement

Summary of findings

Quality assurance processes were in place to monitor the service; administrative procedures needed improving to fully demonstrate the quality of the service.

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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 12 April 2015 and was unannounced. The inspection was undertaken by one inspector.

In planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed reports that local authorities sent us on a regular basis. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people that lived at the home, two relatives, the manager, the deputy manager and three care staff. We looked at one person's care record and sampled medication administration records for two other people. Other records looked at included audits and monitoring records completed by the manager and senior managers within the organisation.

Some people living at the home were unable to tell us in detail about how they were supported and cared for. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People that lived at the home and relatives spoken with told us people were safe living there. People said they could speak with any of the staff if they were concerned about their safety. One person told us, "No shouting and no mean staff." Two other people gave the thumbs up when asked if they felt safe. A relative told us, "Yes I would say [person's name] is safe." We saw that people looked comfortable in the presence of staff and did not display any distress or behaviours that gave cause for concerns.

All staff spoken with confirmed they had received training on how to keep people safe from harm. Staff knew the different types of abuse and the signs to look for which would indicate that a person was at risk of harm. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff knew how to report concerns within the service and to external organisations if needed.

Relatives spoken with did not have any concerns about how risks to their relation's care were managed. The provider information return (PIR) stated that risk assessments were undertaken for each person, which were reviewed and updated on a monthly basis if required. Staff confirmed that risk assessments were available for each person, based on their identified needs and risks. Staff said all new risks were reported to the manager and this would trigger a review of the risk assessments.

People spoken with felt the home was safely maintained. We saw that the provider had processes in place to ensure that safety checks of the premises were undertaken, such as fire, electrical and gas safety.

Staff spoken with confirmed that there were clear processes in place to undertake repairs and to ensure that all equipment were maintained and checked for safety. We observed damp patches in a ceiling in one person's flat and missing coving and damage to the wall in another person's flat. The manager told us these had been reported and they were waiting for the repairs to be done, records seen confirmed this. Staff spoken with knew the procedures for handling any emergencies in the service such as fire and medical emergencies. Staff said that a senior member of staff/ manager was on call at all times to support the staff team, so that they had guidance in an emergency.

Everyone spoken with said there were enough staff to provide the service they needed. One person said, "Enough staff." Staff said there was flexibility within the staff team to cover for sickness, annual leave and to enable people to access activities within the community. The PIR stated that there were three staff vacancies to be filled and the manager confirmed that they have now completed the recruitment for these staff. During our inspection we saw that there were enough staff to meet people's needs and ensured their safety. All staff spoken with told us all the required recruitment checks were undertaken before they started working to ensure they were suitable for the role.

People said they were supported by staff to take their medication. One person said, "The carers help with my medicines." Staff spoken with told us that only staff that had been trained and assessed as competent administered people's medicines and medicines were administered by two staff to ensure they were given correctly. We observed this happening during the inspection. We saw clear procedures were in place for obtaining, storing, recording and disposing of medicines and these were followed by staff.. Where people required medication as and when needed (PRN), we saw that there were protocols in place to ensure that people received their medicines safely. For example, one person was on PRN pain relieving medicines and the protocol described how staff were to recognise that the person maybe in pain.

Requires improvement

Is the service effective?

Our findings

One person living at the home said they thought the staff were trained, relatives said they had no reason to believe the staff were not trained to meet people's needs. One person told us, "I think staff are trained." A relative told us, "I am not quite able to say if the staff are trained because most staff are new, so not sure about the training. Not observed any incidents to question their training."

We spoke with two staff in detail about their understanding of the needs of people based on specific training they had received. For example, staff talked about people's specific needs and how these affected people as individuals. Staff knew what action to take to support people with any conditions that would require specific support, such as supporting people who had epilepsy. The manager and deputy manager said they had employed a new staff team within the last year and a lot of management time had been spent ensuring that these new staff had a full understanding of the individual needs of people that lived at the home. We observed that staff understood people well and knew their needs.

Staff said they had an induction into their role, which prepared them for the job and that they received other training. However, a member of staff said they had not had Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training, another member of staff had received this training. One member of staff also said they felt they needed updated training in restraint techniques as they did not feel confident in this area. We spoke with the manager who said that she had already identified the need for updated training for staff and had devised a plan for this.

Staff said they received support through supervision and team meetings, however, did not know if they had received an appraisal to ensure they were performing their role as expected. The manager said she was aware that appraisal needed to improve.

We observed that staff gained agreement from people before supporting them with aspects of their care. Staff spoken with told us that they always sought people's agreement before offering support. Staff said although some people did not communicate verbally they, (staff) understood each person well enough to know when they were in agreement or not, as people would express themselves using gestures and through their body language.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The PIR stated that applications had been made to a Supervisory Body, under the DoLS for people, but this had not yet been granted. The manager confirmed that four applications had been made to date.

The manager confirmed that MCA assessments were in place for people that lacked the capacity to make all decisions about their care. However, the record of one person showed that staff had determined that they lacked capacity, but had not completed a MCA assessment indicating how they had made this judgment, this practice is contrary to the MCA. We saw that one person that staff said lacked the mental capacity to make informed decisions about their care and treatment was being given medication disguised in drinks. The manager and deputy manager said the person had always taken their medication this way as they would not take them otherwise. However, staff could not tell us if there had been a best interest decision made for this person and were unable to locate any records to support this practice.

People told us they had a choice in what they ate and drank. One person told us, "Staff let me choose what I eat. I love Jamaican foods and I cook that with the carers." Staff told us that another person was totally independent with preparing and cooking their own meals and they just needed to ensure the environment was safe for the person to do this. We observed another member of staff preparing lunch for another person and the staff member told us the person liked specific types of foods, but they ensured this was balanced with healthy options. Staff told us they used a food book that was in a pictorial format to support people to choose what they wanted to eat and drink. We saw that where people had specific cultural dietary needs staff understood and were aware of those needs and supported people to maintain those needs.

Requires improvement

Is the service effective?

Staff were aware of how to support people who may be at risk of poor nutrition. Staff said some people may require their weight to be monitored to ensure they were not gaining or losing weight, and we saw that this happened. Staff said if they were concerned they would refer people to their GP, so they could get the appropriate dietary and medical advice.

People told us they saw the doctor when needed and we saw that the provider had systems in place to support people in having regular health checks with various health care professionals. One-person told us, “I go to the doctor and I have regular check-ups.”

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, “The staff are laid back and I love the staff.” A relative told us, “Staff are absolutely brilliant; they are helpful, gracious and very understanding.” During the time we spent at the home all interactions we saw between people and staff were positive.

One person told us they made all the decisions about their day to day care. One person said, “I made the decision to go shopping today. I am going to buy food and stuff for the home.” Staff told us that people decided what they wanted to do on a daily basis and would show their disagreement if they did not wish to do something.

One person told us they knew about their care plan. This person said, “My care plan is in the office I can ask staff if I want to read it. I understand pictures and the care plan is in pictures.” This person then went onto say, “The care plan says I love to do things.”

Staff spoken with told us and records looked at showed that people’s care plans included information about how to provide individual care and support to people. These included any specific communication needs that people had, so staff could ensure they provided information to people in a way that they could understand. We saw that information was available in the manager’s office in symbols and pictures, and people came into the manager’s office to sit down and talk with staff throughout the day, so the information was accessible to them.

We saw that one person’s dignity could be compromised by the clothes they were wearing. We asked staff about this and they told us that the person chose to wear this clothing, but they (staff) encouraged the person on what to do to support their dignity. We saw that this person was supported by the same gender of staff, who continually reminded the person what to do to ensure their dignity was maintained.

One person told us, “They (staff) ask before coming into my room.” Staff told us that respecting people’s privacy and dignity formed part of the core training they received and were able to give examples of how they supported people’s privacy and dignity. For example, a member of staff said that where females require support with personal care, they are supported by female care workers, so as to respect their dignity. Two people lived in individual flats, and a member of staff told us that people could lock their bedroom doors, based on risks and would only let staff in if they wished, so people’s privacy and dignity was respected.

People were supported to be as independent as possible. One person told us they did the cooking with staff and helped with other household tasks if they wished. We saw that another person prepared their own meals; staff told us some people were independent with their personal care and just needed continual supervision to ensure they were safe.

Good

Is the service responsive?

Our findings

People spoken with told us that they liked living at the home and were happy there. One person's relative told us, "[Person's name] is very happy there."

We saw that people's needs were assessed and detailed information was available to enable staff to support people's individual preferences, histories and lifestyles. Staff told us that care plans were individualised based on each person's needs. A member of staff said, "The care plans are not all the same, because people are different."

We saw that people were dressed in individual styles of clothing that was suitable for their age, gender and the weather. People told us that they chose the clothes they wore, so they dressed in a way that matched their individual preferences.

People were able to pursue activities of their choice. One person told us they liked shopping, going to the park and visiting relatives. The PIR stated that the provider planned to source activities within the community in the next 12 months to broaden people's horizons. A member of staff told us that one person was in the process of applying for a job. The manager told us staff were working with people to decide on what holidays they wanted to go on.

People said they were free to raise any concerns with the staff or manager and were confident that they would be addressed. A relative told us, "I think the new manager would address complaints." A relative told us that they previously did not know who to complain to if the manager did not address their concerns, but they said they now had information about how to "go above the manager's head if necessary." The provider had a complaints procedure; the manager said no complaints had been received in the last year.

Requires improvement

Is the service well-led?

Our findings

People said they were happy living at the home. A relative told us, "[Person's name] is very happy there." People felt the management was open and helpful. Another relative said, "There was a problem a while back, but new management, so more confident."

The manager said consultation with people about the quality of the service was done on an individual basis with each person. Neither the PIR nor staff made reference to any other formal way of gaining the views of people and interested parties in how the service was managed.

Staff said they had regular supervision and an annual staff survey so were able to put ideas forward for improvements All staff said they could speak with senior staff and managers openly about any ideas they had on how the service could improve. Staff did not give any examples of suggestions they had made for improvements, so we could not verify this in practice.

The registered manager left their post in October 2014, so there was no registered manager in post at the time of inspection. However, the provider kept us informed of the change and told us what arrangements they had made to ensure the management of the service. At the time of inspection a new manager had been appointed by the provider and was in the process of submitting an application to us for their registration to be considered. We were therefore, assured that the provider was taking reasonable steps to secure a registered manager for the service.

A relative told us that there had been a turnover of staff in the last year, with only one of the original staff remaining at the home. They said this had resulted in an unsettled period for people living there and that their relation would take time to settle with the new staff team. The staff turnover was included in the PIR and the manager and deputy manager openly discussed the effect on the service. The manager said that this had been a priority for her and the deputy manager to ensure people settled with the new staff.

A record of incidents/safeguarding alerts that happened was kept and reported to the organisation's head office. However, the manager and a relative told us there had been increased incidents in the home but we saw that these were not analysed for trends and learning.

We saw that there were processes in place to monitor the service. These included various audits completed by staff and a senior manager undertaking a review and service improvement plan, in which the provider assessed and rated the service against the regulations.

.The manager said care records were audited monthly. However, staff were unable to locate records relating to people's care. For example, the manager told us that there were records to show that a person did not need to have a certain health check, but was unable to locate the record. Another person had covert medication, but staff was unable to locate the records which showed that this decision was made in the person's best interest involving the relevant people.

The manager said she acknowledged that improvement in administration was needed, as the focus had been on ensuring the well-being of people through the staff changes.