

CareTech Community Services Limited







CareTech Community Services Limited - 68 West Park Road

Inspection report

68 West Park Road, Smethwick.
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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	

Overall summary

At our last inspection in July 2014 the provider was not meeting all of the regulations that we assessed. The breaches of regulations related mostly to record keeping. This inspection found that although some work was on-going sufficient improvements had been made.

A manager was registered with us as is required by law. 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.

Staff followed the provider's procedures to ensure the risk of harm to people was reduced and that people received

Summary of findings

care and support in a safe way. We found that where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risk to them.

People and their relatives told us that staff were available to meet their [or their family members] individual needs. We found that staff were trained and competent to support the people who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had referred people to the local authority where they felt a DoLS issue needed to be assessed.

People's health and welfare needs were assessed and met by a range of external health and social care professionals. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered.

People were supported to consume the food and drinks that they preferred in sufficient quantities to prevent malnutrition and dehydration.

We found that staff were kind and caring and gave people the time and attention they needed. Staff knew the importance of promoting people's privacy and dignity.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

People were encouraged and supported to partake in a range of recreational activities which they chose and enjoyed. Staff supported people to keep in contact with their family as this was important to them.

Systems were in place for people and their relatives to raise their concerns or complaints.

People we spoke with told us that the quality of service was good. This was confirmed by the relatives we spoke with. The management of the service was stable, with processes in place to monitor the quality of the service.

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

People and their relatives told us that the service was safe. Procedures were in place to keep people safe. Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Staff received training and guidance to ensure medicine safety. People were given their medicine as it had been prescribed by their doctor to maintain their health and wellbeing.

There were sufficient staff who had been safely recruited to provide appropriate care and support to people.

Good



Is the service effective?

The service was effective.

People received effective care and support. The provider trained staff to ensure they had the skills and knowledge to support people in the way that they preferred.

Staff were aware of and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good



Is the service caring?

The service was caring.

People told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained their independence regarding daily life skills and activities were encouraged.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily wishes and needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A registered manager was in post and all conditions of registration were met. The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

Good



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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.

Our inspection was unannounced and took place on 9 March 2015 and involved one inspector.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on

the service provided. They told us they did not have any real concern. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with the registered manager and four staff members. We met, spoke, or engaged with all of the people who lived there. Not all people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at two people's care and medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix. Following our inspection we spoke with three relatives by telephone to get their views on the service provided.

Is the service safe?

Our findings

People who were able told us that they felt safe living there. A person said, “I am safe”. A relative we spoke with told us, “They [Their family member] are safe there. We have no concern”. Our observations showed that people who lived there had confidence to approach the staff. We saw that they looked relaxed and happy when they went to staff for something.

A person said, “No one has been rough, shouted or done anything like that to me”. A relative said, “I have no concern. If I did I would speak up”. Training records that we saw and staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, “I have not seen anything that worried me. If I had I would have reported it”. This showed that the provider had systems in place in order to protect people who lived there from abuse.

All staff we spoke with knew of people’s risks. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility assessments, risks relating to people accessing the community and when undertaking daily living activities. We saw that the people’s risks were reviewed regularly.

Staff told us and records confirmed that they had received first aid training. Staff gave us a good account of how they would respond to certain emergency situations. They told us that they would get help from other staff, assess the situation and then dial 999 or call the GP if that was needed. All staff knew that they would need to make a written account of the incident. Records that we looked at and our discussions with the registered manager demonstrated that a recent emergency had been dealt with appropriately by staff. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

People who were able confirmed that they would rather staff managed their medicines for them. A person said, “I

don’t want to [Do their own medicines]”. Records confirmed and staff knew how each person preferred to take their medicine. This showed that people were given their medicine in the way that they preferred.

The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines. We looked at two Medicine Administration Records (MAR) and saw that they were maintained correctly. We carried out audits of two people’s medicine. We looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. We saw that records were in place to instruct staff in what circumstance medicine prescribed as ‘when needed’ should be given. This prevented people being given medicine when it was not needed or not being given medicine when it was needed. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

People who were able told us that there were enough staff. A person said, “I think there are enough staff. They are there when I need them and when I want to go out”. Staff we spoke with told us that staffing was adequate to meet people’s needs and to keep them safe. During our inspection we saw that staff were available at all times to support people and to respond to their requests and needs. There were systems in place to cover staff leave which included accessing bank staff or asking off duty staff to cover. A staff member said, “We always try to cover each other”. This meant that staffing levels ensured that the people who lived there could be supported appropriately supported by staff who knew them well.

We found that recruitment systems were in place. Staff confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

All the people we spoke with indicated that the service provided was effective. One person said, "It is a good place". A relative said, "The place is first class". Another said, "Very good indeed". The local authority told us that they were not aware of any concerns or issues.

Staff told us when first employed they had received induction training. Records we looked at confirmed this. A staff member said, "I was helped when I first started work. I looked at policies and worked with experienced staff during my induction". All staff we spoke with told us that they received supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. A relative told us, "The staff look after the [their family member] well". This showed that staff were supported when they first started work and were given guidance through one to one supervision and training thereafter to ensure that they provided care and support appropriately to meet people's needs.

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. CQC is required by law to monitor the operation on the DoLS and to report on what we find. Staff and records we looked at confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. Staff we spoke with gave us a good account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority as is required regarding a DoLS where they felt there was a DoLS issue. This evidenced that requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

People who were able told us that staff asked for their consent before they carried out tasks. A person said, "The staff ask me or tell me things then ask if it is alright before they do anything". Throughout our inspection we saw and heard staff asking people's permission before care or support was given. We heard staff asking one person if they wanted help with their personal care. We heard staff ask people if they wanted to go out and we saw they went happily with staff".

A person told us, "I go to the doctor and hospital when I need to". A relative said, "The staff have followed up a hospital appointment". Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's specialist health care teams, an epilepsy nurse specialist and speech and language therapists. We saw that people received regular dental and optical checks. Records we looked at confirmed that routine screening had been accessed to detect any condition at an early stage. This ensured that the people who lived there received the health care support and checks that they required.

We did not observe a main meal time as this was provided during the evening. All people we spoke with told us that they liked the food and drinks offered. A person told us, "We get what we want and it is nice". We saw that food stocks were satisfactory. Records we looked at confirmed that people enjoyed a varied diet. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. People told us that they were offered a choice of food and drink. During the morning we heard staff discussing with people what they would like for their lunch. We heard encouraging people to drink throughout the day. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Staff told us that Halal meat was purchased and provided to meet the needs of two people. This demonstrated that the provider had taken steps to ensure that people's specific and preferred dietary and hydration needs were met.

Is the service caring?

Our findings

All people we spoke with told us that the staff were caring. A person said, “The staff are nice”. Another said, “They [The staff] are kind”. A relative said, “They [The staff] are good dedicated workers”. We observed staff interactions with the people who lived there. We saw that staff greeted people when they got up. We saw that staff had patience with people and took time to listen to what people said to them.

A relative said, “It is a happy superb place”. We found that the atmosphere was welcoming. With their permission we looked at a person’s accommodation. It was personalised to their taste and we saw that they had numerous personal possessions kept in there. They communicated that they liked their accommodation and it met their needs. People who communicated with us told us that they liked to spend time alone. A person told us “I like stay in my room on my own sometimes”.

This showed that the provider had ensured that people liked their accommodation, that they were supported to use it as their home and that they were allowed privacy.

People and their relatives told us that staff were polite and friendly towards them. A person told us, “Oh, they [The staff] are always polite”. During the day we heard staff speaking to people in a respectful way. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed when those rooms were in use. One person showed us their door bell and indicated that all staff knew that had to use this before they entered their accommodation. All staff we spoke with knew that it was important that they adhered to the person’s request. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

Records highlighted how each person communicated and gave staff valuable information so that they could meet

their needs. We saw that staff were all skilled and able to communicate with people in a way they understood. We observed staff communicating with people in different ways verbally, hand signs, writing things down instead of speaking for people who had limited hearing or sign language. We saw that people understood what staff was communicating to them and responded by communicating back to staff.

A person confirmed to us, “I do everything myself”. A staff member told us, “We like to encourage people to do as much as they can for themselves”. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people attending to their washing and undertaking other tasks. They looked happy and were smiling whilst undertaking the tasks. A number of people went shopping for food and prepared their meals with staff support when needed. This highlighted that staff knew it was important that people’s independence was maintained.

We heard staff encouraging people to make their own choices regarding their daily routines and what they wanted to eat. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. We saw people going out into the community and returning with support from staff. People confirmed that they selected what they wanted to wear each day. This showed that the staff knew that it was important to enable people to make choices and decisions about how they lived their lives.

All people we communicated with told us that it was important to them where possible to maintain contact with their family. Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible. Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to.

Is the service responsive?

Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person confirmed, “The staff talk to me about what I want”. Records we looked at and staff we spoke with confirmed that where needed people’s needs were reviewed by the local authority and other health or social care professionals. A relative said, “Yes, we are always involved in everything to make sure that they [their family member] get the care they need”. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

All people told us that they accessed a range of recreational and preferred lifestyle activities on a daily basis. A person who lived there said, “I go out every day”. Recreational activities included going out for meals, to the shops to places of interest in the community, local parks and the cinema. During our inspection a number of people went out with the support of staff. When they returned they were happy and smiling. They told us about their outing and said it was good.

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. One person attended a religious service on a weekly basis and staff supported this. Staff told us and records we looked at confirmed that two other people were supported to attend the Mosque each Friday. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person who lived there said, “I would tell the staff if I was not happy about something”. A relative told us, “We would not hesitate to complain but we have no concerns or complaints”. The provider had ensured that people and their relatives knew that complaints processes were available for them to use. We saw that a complaints procedure was available in the premises for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It was available in different formats and gave contact details for the local authority and other agencies they could approach for support to make a complaint.

Is the service well-led?

Our findings

We found that a positive culture was promoted within the service that was transparent and inclusive. A person said, “I go to the staff and manager and they do what I want”. A relative said, “I am happy to speak with staff or the manager at any time. We are always included in everything to do with them [Their family member]”. We saw from records and this was confirmed by the people who lived there that they and their relatives were invited to reviews and had the opportunity to discuss and raise issues. A person told us, “We have meetings to talk about things”. Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us and records we looked at confirmed that staff meetings were held.

The provider had a clear leadership structure that staff understood. There was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The manager is good. They are very knowledgeable”. Staff told us that out of office hours support was always available. They explained the on call process and who they needed to contact in an emergency.

We saw that audits were completed regarding for example, medication systems and fire safety. We saw that where needed corrective action had been taken to make

improvements. We saw that where non-compliance had been identified action was taken for improvements to be made. Our previous inspection of July 2014 identified that there were breaches with the law concerning records and record keeping. These were in relation to care planning, managing records so that the most current and relevant were easily accessible and the recording of people’s money that was held in the safe. Care plans that we looked at were mostly the most recent and records relating to people’s money had been confirmed as accurate by two staff or a staff member and the person. This meant that the issues relating to previous breaches had been improved upon. The registered manager told us that work on record keeping was on-going and they showed us new care plan formats that they had introduced. This showed that the provider had taken action to appropriately lead staff so that improvements to the quality of the service could be made.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “I know about the whistleblowing police. If I was concerned about anything I would feel confident to report it”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.