

CareTech Community Services Limited

CareTech Community Services Limited - 196 High Street

Inspection report

196 High Street
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Date of inspection visit:
11 July 2018
16 July 2018

Date of publication:
22 August 2018

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

Caretech Community Services – 196 High Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection – Caretech Community Services – 196 High Street accommodates 12 people who have a learning need or who live with Autism. The service had a registered manager in post.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's relatives told us that they were confident that people were safe living at 196 High Street.

Risks to people were appropriately assessed and protected people from harm.

The provider operated a thorough recruitment processes which helped to ensure that staff employed to provide care and support were fit to do so.

There were sufficient numbers of staff available to meet individual needs and the service provided was flexible.

Staff had received training, support and development to enable them to carry out their role effectively. The service is required to update records in relation to meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People 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. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives where appropriate, to provide feedback on the service and their views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People's relatives told us they knew how to complain but had not had occasion to do so. They said they were confident they would be listened to if they wished to make a complaint.

We found that records written in a positive and respectful way we found that records provided guidance on how to support people.

We were told that staff listened to them and responded to them in a positive way. Relatives knew how to raise concerns if they needed to and told us they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

The registered manager had arrangements in place to receive feedback from people who used the service, their relative, external stakeholders and staff members about the services provided.

There was an effective system in place for people to raise complaints about the service they received.

We found that records were sufficiently maintained and the systems in place to monitor the quality of services provided were effective.

The registered manager had created an open and inclusive atmosphere within the service. People who used the service, their relatives, staff and external health professionals were invited to contribute their views in relation to further developing the service.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well Led.

CareTech Community Services Limited - 196 High Street

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 comprehensive inspection was carried out by one inspector on 11 and 16 July 2018 and was unannounced.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. 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. We also checked the information we held about the service and the provider and saw that no concerns had been raised.

People who used the service were not able to share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the course of the inspection we spoke with three people who used the service, three staff members, and the registered manager. As part of this inspection we also spoke with one external professional and two relatives.

We reviewed two people's care records, two staff personnel files and records relating to the management of the service, the administration of medicines, staff recruitment and staff training records.

Is the service safe?

Our findings

We found the service continued to be safe. We were unable to seek the views of everyone who lived at 196 High Street due to the complexity of their needs. However, one person we spoke told us "I love it here, the staff are all nice and my key worker is 'superwoman'." A representative from the local placing authority we spoke with told us "I have no concerns about the person I have placed at this home, the staff are always professional and the atmosphere is always calm and feels safe." A relative told us "My [name] loves living at 196 High Street and has made good friends there. I never worry about their safety or the care, it's all excellent."

Staff we spoke with were able to describe what constituted abuse. We spoke with one staff member who told us "We are trained in how to keep people safe and we also know how to report any concerns we have but this is a happy place to work and for people to live."

They were also clear about who they would report concerns too should the need arise. We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was displayed within the office as a reminder for staff when they visited the office. Staff received safeguarding training when they joined the service and were provided with regular updates when required.

Safe and effective recruitment practices were followed which helped make sure all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

Staff rotas were planned and records we reviewed confirmed there were enough staff to meet people's needs safely. We saw information with regard to 'out of hours' contact numbers to call in the event of the staff member not arriving at the specified times.

There were suitable arrangements in place for the safe administration of medicines and staff had been trained. There were also medicine administration records in use and regular audits had been completed to monitor the safe administration of medicines. We saw evidence of recent staff training in the administration of medicines and also competency checks that had been completed prior to staff being able to administer medicines to people. We checked the medicine administration records (MAR) for three people and found that these had all been completed correctly with no gaps or omissions seen. Storage of medicines in all units was tidy, well-organised and secure. Temperature monitoring of the room ensured that medicines were kept at the right temperature to maintain their potency.

We saw that there was an effective system in place to manage soiled waste. This was in addition to infection prevention training and hand wash techniques.

We saw that risk assessments were completed as part of the initial assessment of the person's needs. We

found that these had been reviewed regularly to take account of the person's changing needs and circumstances.

There was a system in place for the recording of accidents and incidents although there had been none since the service had been registered with the Care Quality Commission.

Is the service effective?

Our findings

We found that the service continued to be effective. People who used the service received support from staff who had the appropriate experience and skills to carry out their roles and responsibilities. Staff completed an induction programme when they started working for the service. This gave new staff the skills, training and knowledge to enable them to support the person effectively.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people. For example, training techniques for managing people whose behaviour may challenge, infection control, person centred learning, equality and diversity training and safeguarding training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw evidence that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. One staff member we spoke with was able to describe what steps were required to protect people's best interests. In addition, one staff member told us how they ensured that any restrictions placed on a person's liberty were lawful.

People had their consent sought before support was given. We checked the care plans of two people and records confirmed that people, where able, had signed to give their consent to the support provided.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes.

When we were shown around the home by the registered manager we found that some areas required attention. This included paintwork that was chipped and scuffed throughout both the ground floor and the first floor and several areas of the home required redecoration. These issues gave the appearance of a home that was unkempt for people to live in. When we addressed this with the registered manager they informed us that there was a minor works programme in place and that these areas of redecoration would be actioned as part of this programme. This area requires improvement.

People who used the service was supported to attend appointments at their GP or other health related

professionals. Relatives told us that care staff supported their family members to attend regular appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they had to attend hospital appointments.

Is the service caring?

Our findings

The service continued to provide a caring service to people. One person we spoke with told us that staff were always polite and gave the choices about what to wear, what to eat and where they wanted to go. For example, one person's care plan described in detail how they liked to be supported with their personal care needs. The plan of care stated, "It is important that I am given a choice about what to wear and I also like to go out every day." A relative we spoke with was very positive and complimentary about the staff that provided their family members care. They told us, "They show [name] great respect, give them choices in what to wear, what they liked to eat and the places they liked to go." One person we spoke with told us "I love going to watch football and staff help me."

We found that there was a visible person-centred culture throughout the service. We saw several examples of staff who were both motivated and passionate about the care they provided to people living in the home. For example, we observed one person who was enthusiastically showing off their artwork to a member of staff who, in turn showed great interest and engagement with this person by asking them to describe the picture they had painted, maintaining eye contact throughout and then asked the person "Where shall we put this picture so everyone can see how beautiful it is."

We saw throughout our visit that people's privacy and dignity was both maintained and respected. We observed staff knocked before they entered people's bedrooms and waited to be invited in. We also observed staff demonstrating patience and understanding with people who were unable to verbally express their wishes by ensuring they spoke to people at eye level and communicated with the person using a variety of communication methods that included signing, hand gestures and pictorial prompt cards.

Two relatives we spoke with told us their family members were looked after in a kind and caring way. One relative told us "It's a lovely place to live for [name] and I always feel it's more like a family than staff and residents."

People who used the service were encouraged to maintain positive relationships with friends and family. We were told that staff kept families informed of any changes that related to their relative's needs. One family member told us

People who used the service and their relatives told us they had been consulted and involved in their care planning. We saw documented evidence of this within two care plans we reviewed where both people had signed to confirm they had agreed with its content. We reviewed another care plan where we saw evidence that the person's family member had been involved and consulted in the planning of their care and had signed to state they agreed with its content, on behalf of the person who was unable to sign the care plan themselves.

We saw a range of documents that had been produced in a format that could be easily understood by the people who lived at 196 High Street. For example, pictorial menus, a pictorial complaints procedure, a consent to care and support document, the fire evacuation procedure had also been produced in a pictorial

format. We also noted that each person's 'social story' had been produced in picture format. This showed us that people had information provided about the service in appropriate formats that they could fully understand.

The person's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager. The registered manager was aware of how to contact advocacy services for people to use, when required.

Is the service responsive?

Our findings

196 High Street continues to provide a responsive and individual service to people who live with both complex and challenging needs. People, and their family members, said that they considered staff met their [relatives] care needs. One relative told us, "All the staff are very friendly and approachable and if ever I need to know anything any one of them will know about it." Another relative we spoke with told us "When [name] first moved into the home they were unable to do much for themselves but through the hard work and commitment of the manager and staff they now help with the cooking, shopping and even keep their room clean and tidy, their life is more varied and happy now and they also have made some good friends."

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying "friend" and gesturing to this person with a smile.

Staff had access to detailed personal information kept within the main office of the home. This contained a copy of their care plan, health action plan and individual risk assessments. The support plan gave appropriate information and guidance to staff in order to provide care safely and appropriately. We saw that this plan of care was person centred.

Care plans were up to date and continued to be regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support.

People were offered a range of social activities both within the home and within the local community. For example people were supported to attend local daycentres to enjoy range of activities that suited their individual needs which included arts and craft sessions as well as outdoor activities and gardening. Other people at the home chose to use their leisure time taking part in daily activities at home and developing their life skills, for example cooking, managing their laundry and trips out to the local town centre for lunch and shopping.

We saw several positive examples where the registered manager and staff had worked hard to promote and encourage both people's independence and their involvement within the local community. For example, one person was supported by the home and their family to take part in a charity walk within the local area and as a result they managed to raise over £5,000 for their chosen charity.

People had their end of life care wishes recorded as part of their initial assessment and also within a section of the plan of care entitled 'My wishes after death'. The registered manager confirmed that where end of life issues arose they would involve with appropriate services which included the person's GP and community nursing team.

There was a complaints procedure and people told us they were aware of how to complain. Relatives told us they had no complaints but would approach the manager if necessary. Records were kept of any complaints and how they were resolved.

Is the service well-led?

Our findings

The service continued to be well led with robust systems and processes in place that had been established and further developed since the service first registered with the Care Quality Commission. This ensured the service operated effectively and safely. We saw records that related to risks to the person's health and well-being were up to date and had been regularly reviewed. In addition, the provider had kept current and consistent records that related to staff who were employed at the service to provide care to the person which ensured staff had the appropriate skills and competencies to carry out their role effectively and safely. We saw several examples of recent audits that had been completed. These included medicine audits, care plans audits and health and safety audits which ensured that people's health and welfare was protected and maintained.

The provider had systems in place to review and analyse information that related to the quality of the service and the views of visiting professionals, staff and commissioners were sought.

We found the service operated in accordance with their statement of purpose which is a document that sets out what the service aims to do and how they will achieve the objectives. The registered manager told us that they continually review the needs of each person living at the home to ensure that the service offered continues to promote ultimate choice, person centred care maintaining people's independence and in line with the principles of providing the right support for people to enjoy an enriched and fulfilling life.

There was a clear management structure in place. There was a registered manager who had the day to day responsibility of running the home but was also seen during our visit to provide hands on support to people who lived and worked at the home. The registered manager said there was good communication between with themselves and the staff team.

Although the service had not needed to submit any 'significant' notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

We saw that people who lived at 196 High Street were asked for their views and opinions on the service provided both formally through an annual satisfaction survey and informally, through resident meetings.

There was an overview of training undertaken and the registered manager identified which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised, clear and kept confidentially within the main office.

We found there was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was well managed and that they were well supported by the registered manager and staff colleagues.