

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 44 The Avenue

Inspection report

44 The Avenue
Watford
Hertfordshire
WD17 4NS

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Ratings

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

Summary of findings

Overall summary

We carried out an announced inspection on 3 March and 7 March 2016.

Caretech Community Services (No 2) Limited - 44 The Avenue provides accommodation and personal care for up to eight people with learning disabilities. At the time of the inspection, there were five people being supported by the service.

The service has a Registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with had described the staff as good. People were supported to go into the community and pursue their interests.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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 was safe.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were in place and people were able to provide feedback on the service.

Caretech Community Services (No 2) Limited - 44 The Avenue

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 the 3 March 2016 and was announced. We also contacted relatives of people who used the service and healthcare professionals on 7 March 2016.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, two staff and one person who used the service. We contacted four professionals who supported the service and also the relatives of people living in the home. We looked at the care records of four people who used the service, the recruitment and training records for all staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People living in the home were not always able to respond to us when we asked them questions about the home. We were however able to speak with one person. We asked them if they felt safe living in the home and they replied, "Yes, feel safe". Relatives we spoke with said that they had no reason to question their relatives safety at the home. One relative added, "We have had no reason to believe that [relative] is not in a safe environment." Healthcare professionals we spoke with also told us that they had no concerns about people's safety. A member of staff said, "We protect [people] and make sure their confidence and independence is not taken away."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns, they would report them to the manager. They also said that if needed, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. When discussing raising concerns with us a member of staff said, "Whether good or bad voicing opinions can create a positive outcome." When we spoke with external agencies however, they told us that although concerns were raised action was not always taken as quickly as it would have expected.

Individual risk assessments had been undertaken in relation to people's identified support needs. People were also assessed in relation to their movement around the home. The manager told us that they had identified that the home was no longer suitable for the people they supported and they were unable to adapt the surroundings to aid people to move safely around the home. For example, some people were unable to walk upstairs and as there was no lift or stair lift available, they were restricted to one floor of the home. Because of this, the manager told us that the home was due to close and people would be relocated to more suitable housing. Staff told us that they tried to keep people safe in the home they told us that "we are always around, we keep windows locked, and electrical equipment is out the way."

We saw that risk assessments were discussed with the person or their family members and put in place to keep people as safe as possible within the home and in the community. Staff said that they promoted people's independence and encouraged them to be as independent as they could whilst staying safe. For example, they told us that one person liked to make their own cup of tea. Staff said that they had asked the person to let them know when they were making a drink so that they could observe them to ensure they were safe. They said "we offer a helping hand and we explain about things and the dangers." Staff recorded and reported on any significant incidents or accidents that occurred within the home to the relevant authorities. We saw that where an incident occurred, the provider took steps to learn from it and further minimise the risk to people. Relatives told us that they had not been informed of any significant incidents in the home and that they were invited to regular reviews regarding their relatives care.

Staff employed by the service had been through a thorough recruitment process before they started work to

ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

We observed throughout our inspection that there was enough staff to support people with their daily activities. There were two people present in the home and two care staff available to support them. Staff told us that because there were five people living in the home at present, there was enough staff to support them. However they said that they might have struggled if they had been at full capacity. The person we spoke with joked that staff were "everywhere."

The relatives we spoke with were complimentary about the staff that provided care, but they also said that long term members of staff had recently left, which had a negative impact on the people using the service. One relative said "When I visit the home, the staff appear to know [relative] well, but there has been a high turnover of staff at the home and there is often staff whom I have not met previously". The recent turnover of staff was due to the imminent closure of the home which meant that staff were being moved to other homes. The manager told us that where possible, they were giving staff the opportunity to move with the people they supported to the new homes so as to keep some consistency for them when they moved.

We saw that medicines were stored safely within the home. Medicines records instructed staff on how people should be supported with their medicines including when being given as and when required (PRN) medicines. Medicines administration records (MAR) showed that medicines had been administered as prescribed. We observed medicine being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them to easily swallow tablets. Staff were aware of people's routines and did not rush them to take their medicines.

Is the service effective?

Our findings

Staff were able to tell us about people's backgrounds, likes and dislikes. We saw that people had been living in the home for many years and were therefore very familiar with their surroundings and routines. Staff demonstrated that they knew people really well and how best to support them to be independent with their daily living activities. A relative we spoke with told us that people had been in the home for many years and had been supported well by the staff but that the closure of the home was resulting in a lot of stress and anxiety for all. The manager told us "we are trying to support staff and clients through an unknown and very stressful time." They also said "we are trying to pre-empt problems and are planning ahead."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff told us that they were supported by the provider to gain further qualifications. Records we reviewed showed that staff had received appropriate training such as managing behaviour that may have a negative impact on others, moving and handling, safeguarding, health and safety and first aid.

We spoke to a member of staff about how they managed behaviour that had a negative impact on others and if they were able to identify when a person was showing signs of distress. Staff were able to talk us through the signs they would look for and how they would respond to the person to try and calm them down and de-escalate the situation. They said that they understood each person's needs and supported them as best they could.

Staff we spoke with told us that they had received supervision and appraisals, and the records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to.

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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance.

Staff told us that they would always ask people for their consent before providing support. We also observed this on the day of our inspection. People were free to make day to day decisions about their care and support. Consent forms had also been signed by people or a representative to confirm that they were happy for the support to be provided to them.

Care records didn't always show a consistent monitoring of people's weight to ensure that they maintained this within a healthy range. People's relatives and healthcare professionals, they told us that they had raised

concerns in the past about people's weight not being effectively monitored and they felt that their concerns had not always been acted on in a timely manner. However when we spoke to staff they told us that some people with capacity to consent sometimes refused to be weighed and therefore it was not possible to consistently monitor their weight. Their right to refuse was respected. We noted that one person was being supported to maintain a healthy diet because it had been identified that they were over the recommended weight for their height and build.

We saw that the home encouraged people to eat healthily, and involved people in the weekly food purchases and menu planning. The person we spoke with said that they liked the food. We saw that meal options were provided in picture format to further assist people in making their meal choices.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff.

Is the service caring?

Our findings

We observed that the home was calm and people were either leaving for their day centres, in their rooms or watching television.

People and their relatives commented positively about the staff. When we asked a person if the staff were kind and caring towards them they gave us a gesture of 'thumbs up' and laughed. We observed throughout our inspection that the staff were kind and caring towards people they supported. Staff chatted and joked with people. One staff member said "we look at what they need first and then worry about other stuff that needs doing around the home." The manager also said "The gentlemen that live here are so easy to get on with, they make it a lovely home to be in."

Staff demonstrated an understanding of how to meet people's needs and managed challenging behaviour in a caring manner, through discussions and one to one time with the person. A member of staff when speaking to us about the people they support said "We are here for them at the end of the day." We observed the manager talking to a person about their move from the home. The manager explained what the new home would be like and talked about how the person wanted it decorated. The person spoke about things they wanted to put in the new home and the manager gave them a catalogue, so they could choose the items they wanted. We observed that the person enjoyed this activity and seemed to be looking forward to the move. Staff told us that they tried to reassure people about the move because they had all been there for over 20 years and this was a big change for them. The manager told us that where possible, they were trying to move people who are friends together to make the transition easier for them.

People's independence was promoted where possible and they were supported to make choices about how they wanted to spend their day. The care records we looked at showed that people or their relatives were involved and supported in making decisions and planning their own daily routines. They were encouraged to go out into the community. We saw that one person went out for a walk during our visit with the support of staff. Another person was making plans with the manager for them to go out for a drive with staff later in the day and possibly go for tea as well. They told us that they enjoyed going for drives.

We saw people were well groomed and suitably dressed. We were however told by relatives and healthcare professionals that this was not always the case and that concerns had been raised that sometimes people were not dressed suitably when they attended day centres or when family members visited them. We noted that the manager had taken action and people's care records included information to remind staff to ensure that people were suitably dressed at all times.

When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. Staff said they always treated people with respect and dignity and would only assist people if the person was happy with it. Staff gave us examples of where they had promoted people's dignity through the use of blankets, dressing gowns, and towels to cover them while providing personal care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. We saw evidence of reviews being undertaken for people using the service. Some relatives also confirmed that they had been involved with the review of their relative's care, although some felt that decisions were sometimes made without consultation. When we asked a person's relative if they had been involved with the person's care planning they responded with, "to a degree," but they also said, "Many of the major decisions are taken without us being consulted." We did however find that these decisions were made by people using the service with appropriate support from their social workers. There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences.

There was a system in place to review care plans periodically and we saw that where necessary, these were also reviewed more often to reflect any changes to people's needs. We saw that people using the service had been involved in this process. People received one to one support during the day and staff were able to take the time to sit and talk with people. This allowed for staff to identify quickly if a person was unwell or in need of additional support. They told us that this allowed them to know the person well and make changes to their support plans when needed. For example, staff had arranged for a person to go into town using a taxi or the home's transport when they identified that their mobility had recently reduced and they could no longer walk there. Staff said "we are making sure [person] is still able to do what he likes."

We observed during our inspection that staff kept people occupied with activities such as looking through magazines or going for walks. We saw from one person's care plan that they enjoyed watching western movies and observed that staff were aware of this and put on programmes that they enjoyed watching. Staff told us that they supported people to pursue their hobbies and interests and lead an independent life where it was possible to do so.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular meetings in which they could raise any issues. The person we spoke with knew who they needed to speak to if they had any issues or concerns. The home had received two complaints over the past year which had been recorded and investigated by the manager.

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was now managing two homes due to the planned closure of the home. This did not however effect on the availability of the manager. We saw that staff and people using the service were being supported by the manager with the transition and meetings had been scheduled in to discuss the move with people's relatives. Staff spoke highly of the manager and said that they felt supported. We saw that the manager was familiar with the people using the service and spent time with them to discuss the upcoming changes. People's relatives and care professionals did however say that it was not always possible to contact the manager because they were not full time at the home.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. Staff knew their roles and responsibilities well and had been given opportunities to support people with the move to the new home. Staff said that they knew what was expected of them. They knew peoples routines and preferences and created a positive environment within the home.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations. Some families did however emphasis that recently communication could have been better especially in relation to the planned closure of the home. We spoke to the manager about this and they advised that information about the closure was not always readily available to them, but that meetings had now been scheduled. The manager regularly sought people's views about the quality of the care but they did not always receive any written information in return. Questionnaires were sent to people and their relatives, but we saw that nothing was returned. There was therefore no information available for us to review. Monthly meetings were also held with the people using the service which also sought to gain feedback on the care and support they were provided with.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.