CareTech Community Services Limited

CareTech Community Services Limited - 7 Russell Hill

Inspection report

Russell Villa
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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

This inspection took place on the 15 and 19 January 2015 and was unannounced. At our previous inspection in February 2014, we found the provider was not meeting the regulation in relation to the management of medicines. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

Summary of findings

Russell Villa is a care home that provides accommodation and personal care for up to ten adults with learning disabilities and autism. Accommodation is divided into three separate units that includes the main house, where up to eight people who use the service reside, and two self-contained flats, which are both single occupancy. There were nine men using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had improved the way medicines were managed and people received their medicines safely and as prescribed because staff had undergone further training.

Staff had a good understanding of how to keep people safe and felt confident to act on any concerns they should have. The provider's recruitment and employment processes were robust and protected people from unsafe care.

Russell Villa had been undergoing refurbishment and redecoration for many months and home improvements were still in process at the time of this inspection. Although the environment was safe, some people's bedrooms were not suitably maintained and lacked personalisation.

Staff received the training they required to meet people's needs and undertake their roles and responsibilities. However, not all staff had received regular supervision to montior their practice and performance. The provider had begun to address these issues and implemented a new system for supporting staff.

Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training on the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

Care plans contained personalised information to ensure staff knew how to support people and meet their needs. People were provided with a range of activities in and outside the service which met their individual needs and interests. They were actively involved in deciding how they spent their time and pictorial aids were available for those who needed support with communication.

People using the service had their care needs kept under review and any changes were responded to and addressed promptly and appropriately. Assessments were undertaken to identify risks to people and plans were in place to manage these risks.

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 and respecting people's diverse needs.

People were supported to keep healthy. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. A wide range of health and social care professionals were involved in people's care to help keep them safe and well. Others close to them, such as their family members, were also involved.

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

There was an open and inclusive atmosphere in the service. The management structure in the home provided staff with clear lines of responsibility and accountability. People that used the service and staff told us they found the manager to be approachable and supportive. Staff were able to challenge when they felt there could be improvements.

The provider had a number of audits and quality assurance programmes in place. These included action plans so the provider could monitor whether necessary changes were made.

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?

Good

The service was safe. Staff were aware of risks relating to people's care needs. Procedures were in place which helped to ensure people were safe, for example when receiving support with their mobility. Staff understood their responsibilities in relation to safeguarding people from abuse and harm.

The environment was safe and maintenance took place when needed. The service was undergoing refurbishment which was managed in a structured way to reduce risks to people.

There were enough staff to support people's needs and safe recruitment procedures were followed.

People's medicines were managed safely and they received them as prescribed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. People were not provided with a homely environment because there were continued delays in completing repairs and refurbishment.

People were supported by staff who had been appropriately trained. The staff had opportunities to develop their skills and experience although they were not always supported through regular supervision.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs. They had access to health services as required and they were supported to stay healthy.

Is the service caring?

Good

The service was caring. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. They understood their different needs and the ways individuals communicated.

People, who lived at the home, or their representatives, were encouraged to be involved in decisions about their care and support needs.

Summary of findings

Is the service responsive?

Good

The service was responsive. People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. The service was responsive to people's changing needs or circumstances and care records were updated as necessary.

People were supported to access a range of activities that reflected their interests. Community and family links were actively supported by the provider and staff.

The provider had an appropriate complaints procedure and people's concerns were listened to and acted upon.

Is the service well-led?

Good

The service was well-led. The registered manager provided effective leadership and was supported by a clear management structure. Staff were aware of their roles and responsibilities and knew what was expected of them.

A wide range of regular audits were completed to monitor and assess the quality of the service provided. Action was taken as a result of these audits to improve the care and support people received.

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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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

This inspection took place on 15 and 19 January 2015 and was carried out by one inspector. The first day of the inspection was unannounced and we informed the manager that we would be returning on a second day to complete our inspection.

We spoke with three people using the service, the registered manager, the area manager and four members of staff. Not all people were able to communicate verbally with us so we spent time in communal areas observing their care and interactions with staff.

We looked at records about people's care, including four files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records. We also checked how medicines were managed.

Following our inspection the manager sent us some quality assurance information which included the most recent service improvement plan and survey results.

Good

Is the service safe?

Our findings

People who were able to talk with us said they felt safe living at Russell Villa. We spoke with three members of staff who were each able to explain the steps they would take if they suspected or saw an incident of abuse. Staff knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report concerns. Staff told us that they had received safeguarding training and we saw records to support this.

There were notices in the home with contact numbers that staff, people who used the service or visitors could use to report any concerns regarding abuse. Policies about safeguarding people from abuse and whistleblowing provided staff with up to date guidance on how to report and manage suspected abuse or raise concerns about poor practice.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns.

Risks to people's safety were appropriately assessed, managed and reviewed. Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care notes. Plans were in place to minimise identified risks. The risk assessments were different for each person as they reflected the specific risks posed by or to them. For example, staff had considered the risks associated with activities away from the home and with the use of the transport. All support plans and risk assessments were regularly reviewed and adjusted if a person's needs had changed. Staff had information to provide care safely, and in the most appropriate manner.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding signs of anxiety was recorded in people's individual care plans. This meant staff were guided as to what signs might indicate when someone was becoming agitated or upset. One member of staff explained how a person's body language and behaviour would tell them if there was something wrong. Another told us it was important to "maintain distance and give a person space" if they became upset.

Records of accidents and incidents we checked were fully completed, reviewed by the registered manager and reported to the provider every month. Patterns of accidents and incidents were monitored and steps were taken to prevent similar events from happening in the future. Incidents had been reported to the local authority safeguarding team, when required to do so and notifications had been completed and submitted to the Commission when necessary.

There were general risk assessments for the premises and for health and safety working practices which contributed to people's safety. This included appropriate maintenance contracts concerning fire, gas and electrical safety. Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. Fire alarms and equipment had been serviced and practice evacuation drills held regularly involving both people using the service and staff. The service was undergoing refurbishment throughout the building and there was a written plan to support this. Redecoration was planned in stages to minimise disruption to people using the service.

People were protected and supported because the provider had robust recruitment processes that ensured proper checks through the Disclosure and Barring Service (DBS), reference checking and details of applicants' skills and experience. Staff files contained a checklist of all the recruitment checks undertaken by the provider. These showed that the required checks were undertaken before staff began employment. We asked a new member of staff about their recruitment process. They told us they had attended an interview and were asked questions by a person using the service. They been asked to provide references and a police check had been undertaken before they were allowed to work. The provider had robust policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

There were enough qualified, skilled and experienced staff to meet people's needs at the time of our inspection. The service had staff vacancies for four support workers. Where staff cover was needed, this was planned in advance as far

Good

Is the service safe?

as possible. There were occasional gaps, but rota records demonstrated efforts had been made to ensure staff consistency and knowledge about people's needs. To support continuity of care, regular agency or bank staff were used. Where individual needs directed, staff provided one to one support for people either at home or out in the community. For example staff were allocated to support one person in hospital at the time of our inspection and another person received local authority funding for individual staffing. During our visit, people did not have to wait for staff attention and were engaged in their chosen activities.

At our inspection in February 2014, we identified that people were not protected against the risk associated with unsafe use and management of medicines. The provider sent us an action plan outlining how they would make improvements. At this inspection, we found that improvements had been made.

Records showed that all staff handling medicines had received refresher training and had been assessed as competent to manage medicines by the manager. Staff who were involved in medicines administration confirmed this.

Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dose and the reasons for prescription. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given. People's medicines were reviewed regularly, to ensure the effective use of medicines particularly in the management of challenging behaviour.

Clear, accurate and up to date records were kept on the receipt, administration and disposal of medicines. The sample of records we checked showed that people were receiving their medicines as prescribed. Medicines, including those for refrigeration, were stored safely and at the right conditions to ensure they remained fit for use.

A named member of staff had responsibility for the auditing of medicines. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had recently completed a full medicines audit and the manager had addressed their recommendations. For example, a separate record for checking topical creams had been implemented.

Requires Improvement

Is the service effective?

Our findings

Since our last inspection progress had been made to improve the environment although we saw that some areas of the home remained in need of attention. People using the service did not always benefit from a comfortable living environment that met their needs and choices. Furniture was damaged or broken and flooring needed replacement in two people's bedrooms which also lacked personalisation. There was an unpleasant odour in one of the self-contained flats. The lounge, conservatory and dining area were in need of some repairs and redecoration and the front and rear gardens were overgrown. Although the provider had implemented a plan for improving the premises there had been ongoing delays in completing necessary repairs and refurbishment. This was supported by comments from staff. One told us there were ongoing maintenance issues and said, "We make repeated requests for repairs." The manager confirmed that arrangements were underway to support people to furnish their bedrooms and complete redecoration of the home. We will check for completion of the refurbishment plan at our next inspection.

Staff told us that they usually had supervision meetings with their manager. They said they talked about their training needs and personal development. However, whilst some staff had received regular supervision, records showed that some had not received supervision for several months. Although there were gaps, staff felt supported and able to discuss any important issues with the manager at any time. We saw that the provider was working to improve this such as training more staff to deliver supervision and introducing a new work performance appraisal system. The manager was in the process of completing these for all staff.

Records showed that staff received the training they needed to care for people and meet their needs. Training was frequent and included an induction for all new staff. A new employee told us this involved shadowing shifts with an experienced staff during their first week. They spoke positively about their learning and commented they had always "observed good practice."

The provider had its own training department and an ongoing programme of training. We checked the latest training record for all staff; it showed that most staff were up to date with their required training and what was planned. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Staff told us they received timely reminders to update any mandatory courses and were given allocated time to complete online training. Staff described training as "good", "useful" and "relevant." Specialist training was provided so they could meet people's needs. For example, staff had learnt about managing behaviour that challenges and autism. The local authority had provided refresher training for staff in the last six months and further courses were planned including one on person centred care.

Staff we spoke with understood the importance of gaining consent and respecting choices. People were given time to consider options and staff understood the ways in which people indicated their consent. Staff said they used number of ways to assist people to make their own decisions which included the use of pictures and people's individual sign language. Care plans contained guidance for staff about the choice s and decisions people had made in relation to their support. Capacity assessments were recorded in people's care files. Where people had been assessed as not having the capacity to make particular decisions they had only been taken after a best interests meeting involving their relatives, representatives and other professionals. This showed that the service held discussions with the appropriate parties about how they could make sure people's best interests were represented.

Staff had received training in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). Policies and guidance were available to support staff about this. DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. The manager was aware of the need to adjust the home's practice in relation to restriction of liberty following the supreme court ruling and told us the service was reviewing the needs of everyone in light of this judgment. He had made DoLS applications for two people and planned to complete other applications by the end of February 2015.

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices, any dietary needs and any risks associated with eating and drinking. For example, guidance was available about one person's diabetes and the types of food they must eat. Another person was provided with culturally-specific meals.

Requires Improvement

Is the service effective?

The staff took a personalised approach to meal provision. A menu was in place as a guide and displayed in the kitchen. People who lived in the home met each week to discuss and plan their meals. Staff had recorded the outcome of these meetings. Their knowledge of people's preferences led them to offer a choice of favourite meals and snacks. People were supported to buy, prepare and cook their meals and snacks. We observed individuals being supported to choose their lunch and prepare drinks or snacks as they wished.

People had health action plans that explained what support they required. They were in a suitable format and included pictures to help people understand their plan. We found there was good communication with other professionals and agencies to ensure people's care needs were met. The service had made timely referrals for health and social care support when they identified concerns in people's wellbeing. People's needs were closely monitored and they had regular access to healthcare professionals, such as GPs, opticians and dentists. Other professionals including behaviour specialists and speech and language therapists (SALT) were involved in people's care if this met an identified need. Records showed that people had attended regular appointments and staff had followed the advice and guidance provided by health and social care professionals. For example, one person had guidelines on using Makaton sign language in their care plan.

Each person also had a 'hospital passport' which contained current information about their health needs, support needs and their communication. This ensured people received the necessary support if they required a hospital stay.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. One person talked enthusiastically about their key worker and the activities they did together, including shopping for clothes, going on holiday and a weekly visit to the pub. Throughout our visit we observed that staff spoke with people in a kind and caring manner and were responsive to their requests. Staff took their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful and there was plenty of interaction and laughter.

Staff felt they got to know people well because they spent time with them on a one to one basis and built a rapport with individuals. One staff member told us this was important because "people got to trust you." Staff understood the significance of person centred care for people.

People were supported to keep in contact with their relatives and friends. We saw there was regular contact with relatives or friends of people through telephone calls and visits. Records showed that staff kept relatives informed about people's welfare and families were involved in reviews and other meetings as appropriate.

People who used the service were involved in decisions about things that happened in the home. These included one to one keyworker time, annual reviews and general meetings with staff and other people using the service where they discussed issues that were important to them. Some people had limited verbal communication, however the staff were able to understand people's needs and choices. They were aware of people's body language and signs they used to communicate their needs. One person we met made effective use of sign language to let the staff know what they wanted. Detailed communication plans were included in people's care files. Information about the home had been produced in accessible formats for the people who lived there. The care plans were person centred and illustrated with photos to promote people's involvement and understanding. There were other visual aids around the home to help people make choices and decisions. For example, picture cards and photographs were used to encourage activity choices, places to go and preferred meals. There were easy read leaflets about making complaints and reporting abuse.

Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans. Staff adapted the way they approached and talked with people in accordance with their individual personalities and needs. For example, when helping a person who had a behaviour that challenges, staff allowed the person space and their own table in the dining room.

Care plans were written from the individual's perspective. People were supported to be independent in areas where they were able and wished to be. For example, care plans recorded the personal care tasks people could manage themselves and the staff supported them to be independent. We observed staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs. Throughout our inspection staff knocked on doors and asked people's permission before entering bedrooms. Staff respected people's private space and choice to be alone if they requested it. To support staff to follow the principles of dignified care, one member of staff had been assigned as a champion in dignity in care. One staff member told us, "We listen to them. Treat people as you would want to be treated."

Good

Is the service responsive?

Our findings

People's care plans were personal to them and based upon their needs assessment. The assessment considered all aspects of a person's life, including their background, strengths, hobbies, social needs, dietary preferences, health and personal care needs, communication and ability to take positive risks. 'My Plan' records identified people's needs and the support required to meet their needs. A new staff member confirmed they used the information in these plans to get to know people and learn about their support needs.

There were systems in place to ensure that the person's placement and care plans were reviewed regularly. People were involved in planning and reviewing their care through reviews and contact with keyworkers every month. The key worker report reviewed every aspect of the person's support and this included any medical issues, accidents or incidents, mood and well being, planned goals, and review of how the one to one staff support time had been used. Annual reviews were held and involved people, their family, care managers and other representatives such as advocates to represent people's interests. Care records showed how other professionals had been involved in reviewing people's care and levels of support required.

We found the home had been responsive to people's changing needs. For example, specialist professionals had provided training and advice on behaviour management for one person after staff identified an increased period of challenging incidents.

Daily records provided detailed information for each person and were kept in monthly files. Staff could see at a glance what activities people had been involved with, how they were feeling and what they had eaten. The care files showed that staff provided individualised care to people based on their assessed needs and involvement. The manager encouraged staff to be involved in writing and reviewing the plans.

There were activities arranged and planned throughout the week that reflected people's interests and allowed choice. Each person had a planned activity programme as part of their care plan. Activities were flexible, but acted as a structure to each person's week as most people required routine and consistency in their lives due to their autism. There were pictorial timetables to help people identify with what day their activities took place. At the time of our visit people were engaged in activities at home or supported by staff to attend college or community activities. Two members of staff told us that the activities available to people were one of the strengths of the service.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to their food preferences, interests and cultural background. Staff had undertaken training on equalities and diversity and knew how to respond to people's individual needs. One member of staff explained how they made sure a person had the cultural foods they liked and that their clothes reflected their identity.

Group meetings were held with the people using the service to discuss plans for the home and to find out their views. We reviewed minutes of two recent meetings which included discussions about activities, the ongoing refurbishment and holiday plans.

People told us they knew who to speak to if they were unhappy about anything. One person said they would talk to their keyworker or the manager. The provider had a complaints procedure which set out the steps people could follow if they were unhappy about the service. There was information about who to contact and how complaints would be managed. This was written in plain easy to read English and illustrated with pictures. People using the service were also offered 'talk time' sessions to discuss any concerns or worries. Staff had a good awareness and understanding of how people with communication needs may indicate they were unhappy through signing or body language.

The manager kept a record of complaints and concerns and how these had been responded to. There was evidence that appropriate action had been taken when responding to complaints and the records were checked every month. Where concerns had been raised these were discussed with staff to improve the quality of the service.

Good

Is the service well-led?

Our findings

People who were able to talk with us said they liked the manager. We observed that people often approached him for advice or assistance during our visit. The manager was welcoming and receptive to people and kept an open door policy.

The provider had recently developed its vision and values and produced an 'Inspiring People' strategy. Training on what this meant for people using the service was being rolled out to all staff and managers had completed theirs.

Every year, surveys were sent out from the provider's quality assurance department to obtain feedback comments. People using the service, their relatives, other stakeholders and staff were involved. Information from these questionnaires was used to help improve the service and the quality of support being offered to people. Recent results were not available at the time of our inspection and the manager told us they were still being reviewed. After our visit we were provided with an overall analysis of the provider's survey findings which showed people and staff were generally satisfied with the service.

Staff had clear lines of accountability for their role and responsibilities and the service had a management structure in place. There was a registered manager with a deputy manager and senior support workers to assist them. The home's staff were supported by an area manager and by office based senior management.

Staff felt they worked together as a team and there was open communication and information exchange about people and the service. Staff told us there were regular handover meetings at shift change overs and they had monthly meetings with management. Staff said they found these meetings useful in keeping them up to date with information about people's needs and how to care for people. Similarly, staff meetings kept them informed about organisational issues and developments.

Staff said the registered manager was approachable and available. They said they felt listened to and could contribute ideas or raise concerns if they had any. One staff member told us, "I can work with him, he listens and there are improvements going on." Another staff said that staff team culture had improved due to "better attitude and attendance." A new staff member said they could approach the manager at any time if in need of guidance or support. Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it.

The provider encouraged staff to improve their practice and offered awards to staff who had gone further than expected when they supported people they cared for.

The provider completed various audits to assess the service quality and drive improvement. The compliance and regulation team visited the service every three months to ensure that people were provided with good standards of care and support. Based on the new inspection approach set by the Care Quality Commission, this audit considered the five key questions and the experiences of people using the service. A detailed service improvement plan had been created for the manager and staff to implement in the service. This identified where improvements were needed, the actions to be undertaken and timescales for completion. These audits were discussed and reviewed at leadership meetings to make sure any learning was shared across the organisation and actions were taken to improve the service.

Other in-house audits were regularly carried out by the manager and staff team who each had designated responsibilities. There were checks on people's care records, risk assessments, incidents and accidents, medicines and health and safety practice such as fire safety, food storage and hot water temperature checks. We saw checks were consistently completed and within the required timescales.

The service worked in partnership with others and there was good communication with other professionals and agencies to ensure people's care needs were met. The home had been working with the local authority's 'Care Support Team' and the learning disability team to access further training and improve person centred care and support for people. We were provided with an audit report from November 2014 which included actions for the manager and staff to take. Actions had been checked at a follow up visit and progress was underway. For example, staff had helped people create life stories using photographs and used more person centred language in the care plans.