Care Quality Commission

Tracs Limited

CATESWELL COURT

Inspection report

27 - 29 Cateswell Road
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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

The inspection took place on 26 January 2015 and was unannounced. At the last inspection carried out on 7 January 2014 we found that the provider was meeting all of the requirements of the regulations inspected.

Catewell Court is a care home which is registered to provide care to up to eight people. The home specialises in the care of people with mental ill health needs. At the time of our inspection we were told that there were seven people living at Cateswell Court.

Cateswell Court is required to have 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. At the time of this inspection a registered manager was in post.

Four people that we spoke with told us that they felt safe living at the home. All of the relatives and healthcare professionals spoken with told us that they believed people were safe at the home.

Some people maintained their independence and, after assessment to determine their safety, self-administered

Summary of findings

their own medicines. Other people had their prescribed medicines available to them and appropriate records were kept when medicines were administered by trained care staff.

Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that the provider was meeting the requirements set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

The staff on duty knew the people they were supporting. We saw that they were caring towards people that lived there. Throughout our inspection we observed person centred care that focused upon the individual and promoted their independence. People were involved in their care and making choices.

The provider had a safe system in place to recruit new staff. Staff received an induction and on-going training and supervision so that they had the knowledge and skills to meet people's needs. All of the staff we spoke with understood their job role and responsibilities.

We found that effective systems were in place to monitor and improve the quality of service provided to people.

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 who used the service were protected from the risk of abuse.

Risks had been assessed and actions put in place to reduce the risk of harm of injury.

Suitable arrangements were in place to ensure that people received their prescribed medicines.

Good

Is the service effective?
The service was effective.

People were cared for and supported by suitably trained, skilled and experienced staff.

People were supported to manage mental ill health conditions and staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support.

Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People received care from staff that were supportive toward them and involved them in discussions about how they were cared for and supported.

Staff respected people's privacy and promoted their independence.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and support was provided as planned by staff who knew their needs.

Staff knew what action to take if people put themselves or others at risk of harm or injury.

People were supported to make choices about their daily lives and had the information they needed to raise concerns or complaints if they needed to.

Good

Is the service well-led?
The service was well led.

Staff teams were supported and supervised to provide a positive culture that had people's needs at the centre.

Systems were in place to monitor the quality of the service delivered. Where actions were identified as needed to make improvements these were implemented.

Good

CATESWELL COURT

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. We carried out this inspection 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.

The inspection was unannounced and took place on 26 January 2015. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was not completed and returned to us. We discussed this with the deputy manager. They told us that they and the registered manager had not been aware of receiving this request from us. Although the PIR was not returned to us, all of the information requested by us during our inspection was provided to us. We also reviewed information we received since the last inspection including notifications of safeguarding incidents. The provider is legally required to send us notifications about specific incidents. The provider met their responsibility in doing this.

We asked the local authority and one healthcare professional if they had information or concerns about the home, which they did not.

We spoke with five people that lived at the home. We also spoke with two people's relatives, four care staff and the deputy manager. The registered manager was on leave on the day of our inspection.

We looked at two people's care records and other records that related to people's care such as the medicine management processes to see if they met people's needs. We also looked at five staff employment records, staff training records and quality assurance audits that monitored the quality of the service provided to people.

Good

Is the service safe?

Our findings

All five people spoken with told us that they felt safe living at Cateswell Court. One person told us, "I feel so safe here. I get up in the morning and have a coffee and a cigarette in the garden and I think it's a lovely safe place to live." Another person told us, "I feel safe and looked after here." Both relatives that we spoke with told us that they felt their family member was safe living at the home.

All of the staff spoken with understood their responsibilities to keep people safe and protect them from harm and the risks of abuse. Records confirmed that staff had completed safeguarding training. Staff told us that they were confident about recognising and reporting abuse. The deputy manager explained to us what action they would take if a staff member raised a concern to them. This demonstrated to us that in the absence of the registered manager appropriate action would not be delayed. Staff were aware of how to escalate concerns by whistle-blowing to external agencies such as Social Services or the Care Quality Commission if their concerns were not responded to appropriately. This meant that systems were in place so that staff had the information they need so that they know how to keep people safe.

Statutory notifications had been sent to us as required by the provider to tell us about specific incidents. We found that the registered manager had taken appropriate action in respect of the incidents.

In the two sets of care records we looked at we saw that the deputy and registered manager had assessed risks to people's health and wellbeing. Where risks were identified, actions to reduce the risk of harm were described so that staff had the information to keep people safe. All staff spoken with told us how they assessed people on a day to day basis to keep them safe.

All of the people that lived at the home had their own key to their bedroom door and the home. During our inspection we saw that people were independent to go out and return to the home as they wished to. People told us that they had been involved in making this decision about taking risks. One staff member told us, "We always ask people to let us know when they are going out and when they arrive back. This way we know who is home and who is out." Another member of staff said, "Most people tell us where they are going and we know when to expect them back. Some people are supported to go out to certain things, such as review meetings, but mostly we promote people's independence. We always check that people are back safely." This showed us that risks to individuals were assessed and their freedoms supported and promoted whilst also protecting people.

All of the staff spoken with told us that knew the system in place for recording any accidents or incidents that occurred. The deputy manager showed us the system for accident and incident reporting and how analysis took place to prevent recurrence wherever possible so that people were kept safe.

We spoke with staff about what first aid action they would take in emergency situations. All of the staff on duty were able to tell us the first aid action they would give, for example, if a person was choking. They also told us when they would seek further advice using 111 and when they would call 999. This meant that staff had the knowledge and skills to deal with emergency situations that may arise so that people should receive safe and appropriate care in such emergency situations.

People spoken with told us that they thought there were enough staff on duty to meet their needs and our observations on the day of our inspection confirmed this to us. One person told us, "Generally there are enough staff. Occasionally one staff member might phone in sick but because most of us here are very independent this means we are okay and it is not a big problem." Staff told us that they felt there were sufficient numbers on each shift to meet peoples' needs in a safe and timely way.

Since out last inspection of the home there had been only one new staff member to the staff team that had transferred there from another home within the company. This meant that people received continuity of care and support. The provider has a policy that ensures the safe recruitment of staff. The deputy manager confirmed to us that pre-employment checks would be completed before employment commenced.

One person told us, "I administer my own medicines." Staff told us that some people maintained their independence and, after assessment, self-administered their own medicines. We saw that people had agreed to staff completing 'compliance' checks to ensure they were taking their medicines as prescribed and safely. We saw that people had a suitable secure place to store their medicines.

Good

Is the service safe?

We looked at the medicine records kept by staff for one person that self-administered their medicine. We found that these were appropriate and showed that the person's medicines had been made available to them by staff on a weekly basis so that they could self-administer.

We found that some other people had their prescribed medicines available to them and appropriate records were kept when medicines were administered by trained care staff. We saw that appropriate secure storage was available.

We saw that some people had medicine prescribed to them on a 'when required' basis. We saw that people had written protocols in place for such medicines for staff to refer to when needed. We looked at one person's written protocol to see if staff had the necessary information they needed and found that they did. This meant that people would receive them safely when required.

Good

Is the service effective?

Our findings

All of the people spoken with told us that they felt their needs were met by staff. They told us that they thought staff had the skills they needed for their job. One person told us, "The staff don't tell me what to do but prompt me and remind me what I need to do. For example, they prompt me to have a wash myself."

All of the staff spoken with told us that they had completed an induction and training when they started their employment with the provider. Training records showed us that the majority of staff had completed most of the training that they needed to support people with their needs effectively. The deputy manager told us, "I think the training provided by the company is phenomenal. I've worked elsewhere in care work and feel that this company offers the best training." Staff told us that they had regular supervision with registered manager. One staff member told us, "We have staff meetings which are useful and also one to one meetings." Throughout our inspection we observed that staff supported people effectively. This showed that staff had the skills and knowledge to carry out their job roles effectively and were given guidance through one to one supervision.

The Mental Capacity (MCA) 2005 or Deprivation of Liberty Safeguards (DoLS) is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The deputy manager told us that none of the people that lived there was subject to DoLS. Staff on duty confirmed to us that they had attended training on this as part of a staff meeting. One staff member commented, "I had not heard of the MCA or DoLS before. It was interesting and I learnt a lot from it." Staff spoken with understood their responsibilities under the MCA and DoLS. One staff member told us, "We did a basic training session on this. I don't have in depth knowledge but I'd say enough to understand my role."

All of the staff told us that they would always ask for verbal consent from people if, for example, they needed to give support with care tasks. Some people told us that they received treatment, such as injections, and the healthcare professional always explained what they were doing and what their injection was for. This meant that people's consent to care and treatment was sought and staff acted in accordance with legislation.

One person told us, "I can go out shopping for my food on my own." Staff told us that some people that lived there shopped independently for their food and drink. One staff member told us, "This is a part of some people's plan of care. Some people have reached a point in their care and support when they are able to shop and cook for themselves. This is important for them as they may move on to their own flat." We saw that some bedrooms had a kitchenette which some people used to prepare their own meals. Staff told us that there was always extra food available in the home if people had forgotten something or perhaps felt unwell and did not cook for themselves one day.

Staff told us and we saw that the communal kitchen was used to prepare some people's meals. We saw that staff encouraged people to be involved in choices and meal preparations. We saw that people could access snacks and drinks whenever they wished to. One person told us, "Staff always ask us what we would like." Another person told us, "Staff prepare my meals for me. But, I can help myself to drinks whenever I wish to. I have also got a small fridge in my bedroom for drinks."

Where people were at risk of malnutrition and / or dehydration we saw that guidance was in place for staff to follow. Staff on duty demonstrated that they knew what the guidance stated. Records showed us that links were maintained with, for example, dieticians when needed to support people's plan of care.

People told us that they were encouraged to book their own healthcare appointments. One person told us, "We can use the phone and book appointments for ourselves." Another person told us, "I've made myself a GP appointment and I'll ask staff to support me there." Staff confirmed to us that people were encouraged to book GP appointments for themselves when either they felt unwell or for wellbeing health checks. People told us that staff also encouraged them to attend chiropody and other health clinics that helped them maintain good physical and mental health wellbeing.

Staff told us, and care records confirmed, that people were supported to attend mental health wellbeing review

Good

Is the service effective?

meetings. People told us and their review records confirmed that they were involved in and contributed to their mental health care reviews. This ensured that the people received the healthcare support that they required.

Good

Is the service caring?

Our findings

All of the people that we spoke with told us that they liked the staff. One person told us, "Staff are kind and caring. They ask me if I am okay." Both relatives spoken with told us that they felt the staff were caring toward their family member. One relative told us, "They are very professional. It's thanks to them that [Person's name] has improved so much."

Throughout our inspection we observed that people were spoken with appropriately and treated in a kind way. If people needed to be reminded about something, such as not drinking too much of a particular type of drink, this was done in a supportive and caring way. One relative told us, "My family member and me feel like everyone at the home is like a family. They are very caring."

All of the people that lived there were able to express their views. We saw that people did this confidently with staff members. People told us that overall they felt in control of decisions about their day to day living. Care records looked at showed that people were involved in making decisions about their plan of care with the support of staff and healthcare professionals. This showed us that people were actively involved in making decisions about their lives and support provided to them at Cateswell Court.

One person told us, "I've got my own keys that the staff gave to me." Staff told us that everyone had their own key to their bedroom and people confirmed this to us. Staff told us that although they had keys they would not enter a person's bedroom without them or their permission unless they thought they were ill or at risk of harm. One person told us, "Staff never just walk into my bedroom. They always knock and wait for me to reply." This showed us that staff recognised the importance of people's privacy and respected this.

We asked a few people if they would like to show us their bedroom. One person said, "I'd prefer not to at the moment." This showed us that people were confident in expressing their wishes and knew that their privacy was important. Another person told us, "I will show you my bedroom and my own things that I brought here with me." We saw that their bedroom was personalised and arranged in a way that they wanted.

Both relatives we spoke with told us they were able to visit the home at any time they chose to. One relative told us, "I can visit at any time." This meant that people's relatives were not restricted when they visited the home.

Good

Is the service responsive?

Our findings

All of the people spoken with told us that they knew they had a plan of care and a mental health 'recovery star plan' that they had contributed and agreed to. Staff told us that these were individual and reflected at what stage of mental ill health recovery and management people were at. Care records looked at confirmed this to us. This showed that people received personalised care that responded to their individual needs.

Staff told us that people stayed at Cateswell Court as long as they needed to and that they were able to meet their needs there. The deputy manager explained to us that, "Overall the aim is for people to become as independent as possible and be supported by the company's outreach team in the community. For some people this may be achieved quicker than others but there is no set timescale. It is based on the individual."

People told us that they made choices about what they did. One person told us, "I do things on my own like going out for walks, art and computing. I also join with the others to go to the cinema and bowling. I've enrolled at the local college to start a course." During our inspection we saw that some people went out as they wished to, for example to the local shops or to visit a family member. We saw other people do things that they wished to in the home such as watching television, chatting with others or smoking in the garden. All of the people spoken with agreed that they were supported to follow their interests.

Staff told us that people had an 'early warning signs of mental health deterioration' and a 'relapse plan of care' in place. Staff told us that people were asked about their mental health wellbeing each day and that this was recorded. Records we looked at confirmed this to us. Staff also observed for early signs of deterioration so that people's relapse plan of care could be implemented to respond to their needs. One staff member told us, "The purpose of this is to prevent total relapse and possible re-admission to a hospital. It means we have the information to respond straight away to people's needs and do not need to wait for a review." This meant that people's mental health wellbeing needs were assessed on a daily basis and personalised care was in place to respond appropriately to any changes.

We asked five people that lived at the home what they would do if they had any concerns or complaints. All five told us that they had no complaints about the home. Four people told us that they felt they could tell staff or the registered manager about any concern they had. One person told us, "I'd discuss anything with my keyworker first and I think they would sort it out." One person told us that they would prefer to discuss any concerns with the other people that lived there or a family member. We saw that information about complaining, confidentiality and rights was displayed on a notice board that was accessible to people that lived there.

People told us that they had 'house meetings' where they were encouraged to discuss any concerns about the home or how things could be improved. One person told us, "The house meetings are okay. They are a bit the same sometimes but can be useful to us." This showed that people were encouraged to express any concerns that they had and were listened to.

Good

Is the service well-led?

Our findings

People that we spoke with told us that they felt the home was 'well run.' One person told us, "The home has a good atmosphere." Staff told us that people were not asked to complete feedback surveys, for example, about their experiences of living at the home but were asked on a daily basis for their feedback and at their care reviews about the quality of the service they received. All of the people spoken with confirmed this to us and told us that they were satisfied with the service.

A healthcare professional told us, "The home is managed well. It is not too structured and not institutionalised. It gives people a homely environment." One relative told us, "My family member has been supported at other places, but I feel this is the best one."

All staff spoken with told us that they felt they worked well as a team as well as being well led by management. One staff member told us, "As well as the manager supporting us we support one another. Most staff have worked here for years and we work well together." All of the staff told us that they felt supported and listened to by the registered manager. One staff member told us, "Once a year, all staff complete a 360 degree feedback on one another including the manager. Although we don't really like doing it, it means we can give good and bad feedback to one another which can help us develop." This showed that there was a transparent culture in the home where feedback from staff was encouraged.

The deputy manager told us that staff meetings took place and provided staff with the opportunity to contribute their ideas about how the service was run. They gave us an example of a suggestion they had made about how people could be supported to either maintain or re-establish contact with their family members. The deputy manager said, "The manager is open to staff ideas. My suggestion was implemented and we have seen positive results for people."

All of the staff told us that they had opportunities to develop their skills and knowledge through training. For example, staff on duty told us that they were being supported to complete their Qualification Credit Framework (QCF) Diploma in Health and Social Care at level 3. The deputy manager told us that they were in the process of discussing with the registered manager their opportunity to complete their Diploma in Health and Social Care at level 5. Records showed us that developmental training took place within staff meetings and that staff evaluated their learning. We saw one staff member had commented, "A good training session that helped me understand things better." This meant that learning opportunities were provided for staff.

The registered manager had been in post since the home opened providing consistent leadership. People that lived there told us that they knew who the registered manager was and that they were approachable.

The registered and deputy managers had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Local Authority, about was sent. This meant they were aware of and fulfilled their legal responsibilities.

We saw that there were quality assurance systems in place, such as audits, to monitor the quality of the service provided to people. We looked at the provider's medication, diabetes and infection control audits. We saw that actions needed had been identified in the October 2014 medication audit. An action plan to implement improvements needed was in place and we saw it had been signed in December 2014 to record all actions had been completed, showing us that the audit was effective. However, we saw that the November 2014 diabetes audit's action plan did not give any timescale for actions to be completed by and was not signed to say actions had been implemented. We discussed this with the deputy manager. They showed us a record of staff having completed a learning booklet on diabetes which had been identified as an improvement needed. However, the training on diabetes that was also identified as an improvement needed had not yet been arranged. This showed us that some action had been implemented but some had not. Timescales on identified actions needed would ensure the timely implementation of improvement.