

CareTech Community Services Limited

CareTech Community Services Limited - 82 Chaucer Road

Inspection report

82 Chaucer Road
Bedford
Bedfordshire
MK40 2AP

Tel: 01234216319

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10 May 2017
15 May 2017

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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

82 Chaucer Road provides accommodation and personal care for up to eight people with learning disabilities and autistic spectrum disorders. It is situated in Bedford, close to local amenities. On the day of our inspection there were eight people living in the service.

The inspection took place on 10 and 15 May 2017.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service. People had risk assessments in place to enable them to be as independent as they could be whilst remaining safe. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Effective recruitment processes were in place and followed by the service. Staff were not employed until satisfactory checks had been completed. Systems were in place to ensure people's medicines were managed in a safe way.

Staff received a robust induction programme. They were provided with on-going training to update their skills and knowledge to effectively support people with their care and support needs.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments when required and liaised with their GP and other healthcare professionals as needed.

People were treated with compassion and kindness by staff. Each person was supported in a way that was individual to them and were encouraged to identify their own support networks in order to improve their independence. Staff supported people to fully engage in discussions about their care and worked proactively to help them to make choices and decisions about their care and lifestyle.

People's needs were comprehensively assessed and care records gave clear guidance on how people were to be supported. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. There was an effective complaints system in place which was used to drive future improvement within the service.

People and staff were positive about the leadership of the service and the support they were able to provide for people with complex healthcare needs. The service's philosophy demonstrated a true passion and commitment to providing good quality care. We found the service had a positive culture that was person centred, inclusive and empowering. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 15 May 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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. Prior to this inspection we reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff engaged with people during individual tasks and activities. We spoke with three people and also reviewed written feedback from people's relatives. We spoke with the registered manager, one senior member of care staff and two other members of care staff. We also spoke with professionals from the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at three people's care records to see if their records reflected their current needs. We reviewed three staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks. This was with the

intention of ensuring that the service maintained a robust oversight of the delivery of care.

Is the service safe?

Our findings

People felt safe and protected from harm. One person told us, "Staff look after me and keep me safe." Staff received training in safeguarding people from harm and neglect and knew how to recognise signs of abuse and report their concerns. One staff member said, "I would always report any concerns I had at all. It's our duty to keep people safe." The registered manager told us that the service had done a lot of work on improving people's safety, both in respect of forming guidelines for people and staff and in educating people about how to maintain personal safety. Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. Robust systems were in place for ensuring people were kept safe and free from harm.

Risks to people's safety had been assessed and included those associated with nutrition and behaviour which might challenge. People had been involved in assessing risk factors so they could remain safe. Staff felt it was important to have robust risk assessments in place for people because it helped to maintain their safety. Records confirmed that risk assessments were completed to prevent the risk of injury to people. These were reviewed regularly so they remained reflective of people's needs and helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk. Control measures were in place to mitigate potential areas of risk.

People told us there was enough staff on duty. One person said, "Yes, we have the same staff looking after us." By this they meant that they had enough, consistent staff supporting them. Staff also considered that staffing was appropriate to meet people's needs and to keep them safe. During our inspection we saw that staff were available at all times to support people and to respond to their requests and needs.

Staff underwent a robust recruitment process. People using the service told us how they had been supported to be part of the recruitment process for new staff. They felt this was an important aspect of their life as it gave them the ability to determine if staff were suitable to work in the service. The provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work.

People were supported to take their medicines safely and had engaged in the completion of a personalised medicines folder as part of ensuring they understood the rationale for their need to take medicines. One person told us how staff supported them to administer their own medication and how it was important to sign the Medicine Administration Records (MAR) after they had taken the medication. We reviewed MAR charts and saw they were completed correctly. Records were in place to instruct staff in what circumstance medicine prescribed as 'when required' should be given. Systems and processes were in place to ensure that people received their medicines as prescribed to ensure good health.

Is the service effective?

Our findings

People thought that staff had the right skills and knowledge to meet their needs. One person said, "They know just what to do." We observed that staff applied the knowledge they had gained in training to their daily work, by providing care which met people's needs. For example, during support with medicines. The registered manager told us that new staff were required to complete induction training and work alongside an experienced member of staff until their practice was assessed as competent. Records confirmed that the induction training took into account the competencies arising from the Care Certificate which ensured that staff received training in respect of the essential standards of care.

Staff received further relevant training to enable them to undertake their roles to the best of their ability. One staff member told us, "Yes we get all the training we need. It's good." Records showed that staff had training in a variety of subjects that included safeguarding and mental capacity and also more specific training in relation to epilepsy and learning disabilities.

Staff felt well supported by the registered manager and provider. One said, "Supervisions are good but we always have support and can ask questions at any time." Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs.

People's consent was sought before any care or support was given. One person told us, "They always ask me first." Staff understood the importance of gaining consent from people. Staff felt it was important that people's decisions were respected in respect of their care requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had an understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety.

People were supported to eat and drink sufficient amounts to meet their needs. One person said they really liked the food they had at the service. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day.

People's care and support was managed well by staff when they accessed other services. The registered manager told us that everyone was supported to have an annual health check. Staff supported people to attend appointments when needed and were swift to act when people's care needs changed. Records showed each person had their own Health Action Plan, which contained clear information about the outcome of appointments with relevant healthcare professionals. Arrangements were in place to meet people's healthcare needs.

Is the service caring?

Our findings

People were treated with compassion and kindness on a consistent daily basis. They commented on the caring approach delivered by staff and were really pleased to tell us how happy they were with the care and support they received from all staff. The overwhelming feedback we received was that staff were always very flexible in their approach to people's needs and put a great deal of time and effort into ensuring wholly person-centred care which achieved the best possible outcomes for people.

People told us that staff supported them to maximise their independence and to offer them choice and to fully express their views. For example, by using visual media and assistive technology to enable further independence and empower people to have their say. We saw how the making of an introductory DVD to the service, this showed exactly what people liked about their home, the staff, their expectations of visitors and how they wished to be treated by others. Each person had their own ideas and really enjoyed being filmed. Staff told us how much people surprised them by taking ownership of the DVD and including aspects such as safeguarding, dignity and respect, which they thought were important to discuss.

People were fully involved in their care so it was as individual as it could be. One person told us how they had discussed every aspect of their care with staff and showed us they understood what was in their care records. They showed us their room and told us how they were going to have new flooring, and discussed how they were going to choose this with the support of the registered manager. We heard how for other people, they had worked on making detailed and person centred end of life care wishes. This process encouraged people who had previously refused to talk about this, to discuss their wishes and make very specific plans, down to which music they would like played and the traditional cultural needs behind their desired ceremony. This process enabled staff to better understand people.

People were treated with dignity and respect. We saw that staff spoke to people sensitively and respected when people needed space and time to reflect without interruption from staff. Staff were able to demonstrate how they supported people to receive their personal care without compromise to their privacy or dignity. For example, ensuring that they only entered people's rooms with their consent, and by ensuring curtains and doors were closed whilst they offered assistance with personal care.

People were also supported to talk openly about their relationships. Staff supported people to deal with the emotions that came with these issues. For example, staff worked with people to understand that it was acceptable to feel different emotions and that it was important to recognise how these might make them feel. People's individuality and diversity was respected and recognised by staff who made every effort to provide people with every possible opportunity as part of their care and support.

There was access to an advocacy service for people and their relatives if required. Most people had the support of relatives but systems were in place for them to access formal support, should this be required. Information was provided to people and their relatives in a variety of formats in accordance with their needs.

Is the service responsive?

Our findings

People were treated as individuals and the care provided was planned in a way that took into account their personal history, preferences and interests. The registered manager told us the staff team had developed close working relationships with people's families, and valued the support and input that they provided to the service. Records confirmed that family members were given opportunities to contribute to their relative's care if they wanted to, and their views were taken into account.

The registered manager told us that people's needs were assessed prior to them coming to live in the service. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the care they received. People told us they felt involved in their care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. One staff member said, "We review people's needs on a really regular basis to make sure care is right." Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. Care plans contained detailed information about people's health and social care needs and were individualised and appropriate to each person. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented.

People had access to a full range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities when they were in the service and at weekends. One person told us they were going to play pool which they really enjoyed and we saw that others enjoyed activities such as having meals out, walks and engaging in activities of interest, listening to music and doing jigsaw puzzles.

Staff supported people to raise concerns. There was an effective complaints system in place that enabled

improvements to be made and the registered manager responded appropriately to complaints when these arose. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was led by a registered manager who was supported by a deputy manager. 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.

The registered manager and the whole staff team demonstrated a commitment to continuously improving the quality of the service people received. Staff worked with people in ways which promoted their understanding of the service's values. People were encouraged to work in unison with staff so these visions and values were further developed. People told us that the service values were to always be kind, respectful and supportive of each other and to make sure that they were all kept safe.

We saw how the registered manager had reviewed people's medicine records, with a view to making sure each person and staff member understood what was in them and how the information would be used. Improvements in medicines management training had been introduced to give staff time to ensure they were competent. For example, in conjunction with the local pharmacy, a placebo set of blister packed medicines had been compiled so that staff could be fully confident in managing these before supporting people. Everything the registered manager had implemented was with the intention of improving things for the people who used the service.

People told us the service was managed well and that the registered manager was always really approachable and made time for them, even if they were busy. One person told us how they felt listened to, valued and respected when they made suggestions about aspects of their care or to improve the service. They told us, "[Name of Registered Manager] is really kind, he always listens."

Staff told us how positive the culture at the service was. One staff member told us, "I have never worked somewhere like this; it really is great. I enjoy coming to work and seeing people and the staff, we all get on so well together." The staff member told us the ethos of the service was to recognise all people had individual needs and preferences and for staff to support them in the ways they wanted to be supported, so they had a good quality of life.

Regular checks on the quality of service provision took place and results were acted upon to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when.