

CareTech Community Services Limited

South East DCA

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

South East DCA provides personal care and support to people with learning disabilities living in 'Supported Living' accommodation. At the time of the inspection 12 people were receiving a service. People lived in individual flats or shared accommodation across four separate locations in Surrey and South London.

People's experience of using this service:

Systems and process to ensure the accuracy of records were not always effective. Records held about people did not always reflect up to date information.

People could not be assured that they were receiving the correct level of support commissioned for them by the local authority as there were differing accounts of what the commissioned hours were. The rota did not accurately reflect the numbers staff who were working.

The manager was unfamiliar with systems and processes and was unable to provide or locate some of the information requested during the inspection.

People received a consistently good service and gave positive feedback about the staff and about the service they received. They told us that they felt safe and that there were enough staff to meet their needs. Staff received training in safeguarding and knew how to keep people safe.

Staff knew people well and provided support in the way people wanted it. People's individual needs and preferences were known and understood by staff which meant they received a person centered service.

Staff supported people with timely access to healthcare and encouraged people to maintain a healthy wellbeing. People were supported to access range of community based activities and there was plenty of choice available daily.

Care was provided by knowledgeable staff who were trained to carry out their roles. Training and observation of staff practice as well as supervision ensured that that staff were competent in their roles.

People and their families were involved on the planning of their care and their individual needs and preferences were known and understood by staff. Staff had the skills needed to provide person centered care and demonstrated compassion for people's wellbeing and a shared commitment to enhancing the quality of life for people.

Staff knew how to address concerns. People felt listened to and had the opportunity to raise concerns, ideas and share their experiences.

People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

The provider demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them. They worked professionally with agencies outside of the service and ensured a transparent, honest, open approach to their work which was valued by others.

Rating at last inspection:

The service became registered with CQC on the 4 April 2018. This was the first inspection since the service became registered.

Why we inspected:

This was a scheduled inspection.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re- inspect in-line with our inspection timescales for 'Good' rated services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

South East DCA

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

East Surrey DCA is a domiciliary care agency. It provides personal care to people with learning disabilities living in supported living accommodation. Supported living services enable people to live as independently as possible in their own homes.

People using the service lived in shared housing or individual flats within a supported living scheme across four sites in Surrey and South London. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A new manager had been appointed and was due to start on the 29 April 2019. To ensure management oversight during this time the provider had arranged for a peripatetic manager from within the organisation to oversee the service and provide day to day management support. This person is referred to as 'the manager' throughout this report.

Notice of inspection:

We gave the service 48 hours' notice of the inspection.

What we did:

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before, during and following the inspection we reviewed and spoke with;

- Notifications we received from the service.
- Care records and risk assessments of four people.
- Records of accidents, incidents and complaints
- Sought feedback from visiting professionals.
- Audits and quality assurance reports
- Received feedback from seven people using the service; and three staff.
- Spoke with the Manager and the Area Locality Manager.
- Medicines administrations records [MARs] of four people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes protected people from the risk of abuse and avoidable harm. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe. Safeguarding training was completed by new staff during induction and there was a system in place to ensure staff undertook refresher training. There was a safeguarding policy in place, this was up to date and staff were familiar with the content and their requirements.
- People informed that they felt safe and they were involved in the planning of support to keep them safe. One staff said, "People tell us they feel safe, they love their homes and tell us that they enjoy living there". Another said "we get to know people well, we know when they are happy and when they are sad or frightened. People don't always say it with communication, we know people's body language, facial expressions and behaviour, I know when something is troubling people and I know what to do if I am concerned about people's safety."

Assessing risk, safety monitoring and management.

- Risks to people were assessed and managed safely. Individual risks to people were assessed and details on how to reduce these were included in people's risk assessments. One person has an identified risk of approaching strangers in the street. Support strategies were in place to ensure this person's safety which included 1-1 staff support. Staff demonstrated a good understanding of situations that might cause this person to approach a member of the public and how to respond using positive engagement and re direction.
- Staff understood how to support people to take positive risks. For example, one person with a visual impairment had specific guidance for staff on how to support them to use their powered wheelchair in the community, whilst still maintaining their independence.

Staffing and recruitment.

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People had a combination of individual 1-1 support hours and shared core hours for night time support. There was a core team of staff who knew people well. Staff told us that they worked flexibly, one said "there is always

someone to support personal care and activities, people change their minds sometimes like we all do, we make sure staff are available if someone want things at a different time to what was originally planned".

- The service used agency staff safely. Agency usage is kept to a minimum. Staff told us that "some of us work across the services, this is better for the people we are supporting. It means we are familiar to each other and we don't have to use agency if we are short staffed". Protocols were in place to ensure that profiles for agency workers are obtained. This ensured people were being supported by agency staff who are safe and have the required knowledge, skills and experience to support their assessed needs. The rota showed that regular agency staff were used to provide continuity of care and support.

Using medicines safely.

- People received their medicines safely. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer medicine. Systems and processes in place enabled omissions and errors were identified quickly and appropriate action taken.

- Medication audits were completed monthly by the manager. They reviewed and analysed the audits and information from people's care records. This ensured that appropriate action was taken to safeguard people and implement measures to mitigate potential risks. For example, some people had their own medicine cabinets in their flats or bedrooms. For one person this had been identified as a risk to their wellbeing and measures had been taken to ensure that their medicine was stored safely in another place.

Preventing and controlling infection:

- Staff understood how to prevent and control risks of infection. They had received training in infection control. They used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection

Learning lessons when things go wrong:

- Incidents and accidents were recorded and monitored regularly. Changes were made to ensure that incidents and accidents were not repeated. Staff told us that team meetings were used to discuss areas that could be improved following the outcome of accidents, concerns or complaints. They said that this was a good way of gaining other people's views and ideas on how things could be done differently. One person told us that staff were encouraged to share their experience and ideas and found this to be a very positive way of learning and making improvements. Another said, "there is always room to learn and we share and learn from each other".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. For example, one person is supported to ensure their diet reflects their religious beliefs.

- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences. For example, staff told us that people and staff had 'One Page Profiles' and said, "this ensures that everyone knows what was important to each other and how to recognise if people were having a bad day and how to turn it into a good day".

Staff support: induction, training, skills and experience.

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included information about the company and its values and the expectations of themselves and their role. One staff said "when a new manager starts they shadow the care staff working in people's homes, this is a really good way for the manager to get to know the people we are supporting"

- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as epilepsy and schizophrenia.

- Staff received supervision with their line manager and their practice was observed by senior staff. Records showed that staff were competent to provide care safely and effectively to people. One staff told us that they had recently had their annual appraisal and had requested some additional training to enable them to progress to a role with more responsibility. They told us "The company motivates and supports me, and I feel very valued and encouraged by my team".

Supporting people to eat and drink enough to maintain a balanced diet.

- People received appropriate support to ensure that their nutritional requirements were met. People required varying levels of support to ensure that they maintained a balanced diet. This included support to eat and drink, shop and prepare food.

- Support plans identified specific needs related to nutrition and hydration. For example, one person's support plan reflected the need to avoid foods that were high in fat and sugar and how to encourage healthier alternatives. For another person their preference of "rice and peas, chicken, and almond milk" was recorded to guide staff in the types of food that the person enjoyed. Staff were knowledgeable about people's nutritional needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. People had 'Health Action Plans' to identify and monitor their health care needs. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.

- People were supported to access the health care services they needed. Support plans showed that people had access to routine and specialist health care appointments and professionals, including GP and hospital consultants. For example, one person had a diagnosed eye condition. Records showed that they received regular check-ups and advice from health care professionals was transferred into their support plan.

Ensuring consent to care and treatment in line with law and guidance.

- 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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way. People had MCA in place, for example for one person their MCA demonstrated that they had capacity to understand why they needed a bed rail. Records showed that DoLS applications had been made appropriately.

- Staff described when and how decisions would be made in people's best interests. For one person we saw that a best interests meeting had been held to decide about a medical procedure. This best interest meeting had included the person, their advocate, hospital consultant and other relevant professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were treated with kindness by a caring and dedicated care staff. Care staff demonstrated a compassionate approach towards people and worked well together as a team. One person told us "I like it here, I liked moving, I am happy."
- People's differences were acknowledged and respected. Staff told us that "people are individuals each with their own personality, likes and dislikes", and "it is important to respect people's choices and feelings". Another said, "I can see the difference supporting people appropriately has on their lives, it makes me feel so happy, I love making a difference and it is my passion to support people well".
- Staff responded appropriately and sensitively when people needed support. For example, for one person their daily routine was very important to them. Staff recognised the impact that a change in routine would have on the person and told us how they support the person when a change was required or unavoidable. This included explaining to the person why the change needed to happen and involving them in making a plan that would support them through it. This ensured that the impact of a change in routine was managed sensitively and appropriately with the minimum impact on the persons wellbeing.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences.
- Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible.
- For one person who was assessed as not having the capacity to manage their finances, staff recognised that it was important for the person to open their personal mail which included monthly bank statements. Staff said that they took the time to explain to the person that this was their bank statement and what it meant.

Supporting people to express their views and be involved in making decisions about their care.

- People were treated fairly regardless of age gender or disability. Staff had time to care for people in a personal way and took the time to support people at a pace that was appropriate to them. For example, staff told us the importance of giving one person time to process information and allowing them time to respond, rather than rushing and assuming a choice for the person. This empowers the person to make choices and decisions about their life.
- One person was being supported by an advocate to support them to be as involved as they were able to in

decisions about their care.

- People gave us feedback to support that they were involved in every day choices about their lives and were involved in the planning of their care. We received feedback from seven people who said that they had been involved in the planning of their care and writing their care plan

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received a person centred service that was responsive to their individual needs and preferences. They were involved in the planning and review of their care. Support needs were reviewed and updated with people when things changed for them.
- Staff knew people, their likes, dislikes and other preferences well. For example, one person preferred to eat junk food and would not eat vegetables. This was impacting negatively on their health. Staff worked with this person to prepare healthy food to look like junk food. For example, working with the person to make a burger that contains vegetables. This had a positive outcome for the person, staff said "they have more energy, can climb stairs, go to the gym and their mobility has improved".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. For example, one person's support plan said, 'I use facial expressions and sounds to communicate, when I am happy I have a broad smile and raise my hands in the air, when I am sad I will look down to the ground and refuse to interact with people'. The support plan gave staff guidance to follow to support the person appropriately. Another person had a communication picture board in their flat to support them to make decisions and also the 'now' and 'next' tenses.
- Technology was used to support people's communication, for example one person had a tablet computer which was used to download audio bible stories. This enabled the person to be independent with choosing and listening to their favourite stories whenever they liked.
- Support plans were detailed, and person centred enabling staff to support people in a personalised way. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- Staff told us that they knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to engage effectively and provide meaningful personalised care and activities
- People were supported to follow hobbies and interests and took part in a range of community based activities. Recent activities that people had chosen to participate in included, walking, table tennis, shopping mall and going to the movies. Some people had a card for the local leisure centre which gave them access to a range of sport and leisure activities.

Improving care quality in response to complaints or concerns.

- The provider had a process for responding to complaints and concerns. This ensured concerns were responded to in an open, honest and timely way. Staff and the management team treated people with compassion and encouraged people to speak about any matters that maybe of concern to them.
- People had access to an accessible complaints procedure that used photographs and symbols and easy read text.
- The locality manager told us that complaints were shared during service meetings and outcomes used to make improvements to the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

The service did not have a manager who was registered with CQC. The provider had ensured management oversight by employing a peripatetic manager from within the organisation to provide day to day management support whilst new manager was recruited. A new manager had been appointed and was due to start on the 29 April 2019.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service had checks in place, but these were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to the accuracy of records.
- Systems and process to ensure that records held about people contained accurate information were not always effective. One person's health action plan dated January 2017, reviewed August 2017, March 2018 and updated 6 March 2019 said that they were waiting for the outcome of a Best Interests decision about a significant medical procedure. Records held within the persons file showed that the outcome of the Best Interests decision was made 19 January 2017.
- For the same person the same health action plan stated they were waiting the outcome of a Best Interests decision for another medical procedure. Neither the manager or the operations manager knew about this. Records contained within the persons files showed a letter dated July 2017 which said that the operation was not required. The health action plan for this person had not been updated to reflect both decision outcomes. This meant that process to ensure the accuracy of records was not always robust to ensure people were receiving safe and consistent care in line with their assessed needs.
- A review of the Medicine Assessment Records (MAR) for one service showed that the same member of staff administered medicines at 8am and 5pm for 18 consecutive days. A review of the rota did not identify staff working these hours and the signature on the MAR did not correlate to any staff named on the rota. The manager told us that this was because the service employed live in staff who were provided through an agency. These staff were not identifiable on the rota. This meant the provider did not have a process to ensure that the rota was a true reflection of the staff who were working or who had worked.
- There was no system or process to ensure that the correct level of hours was being delivered and management oversight of the rota did not provide assurances that the hours they were providing were correct. The manager told us that they knew what hours they needed to deliver each week by looking at the names of people on the board and the number of support hours shown against each person.
- For one service the manager thought they should be providing 80.5 hours a week. Information obtained during inspection from the providers financial services gave this figure as 9 hours less per week. A review of the rota did not provide evidence that matched either of these figures and did not provide assurances that

the correct hours were being delivered. The manager told us that they did not have a process in place to give this assurance. They explained some of the shortfall was because they were using the core live-in hours to also provide the commissioned additional 1-1 support hours and these were not showing on the rota. This meant that people could not be assured that they were receiving the correct level of support commissioned for them by the local authority.

- The manager was unfamiliar with systems and processes and where records were kept. Some documents could not be located during the inspection and were sent to CQC by the locality manager afterwards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The manager and locality manager were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

- The provider had a process for quality audit. The service has a service development plan which is reviewed quarterly, there are also audits undertaken by the quality team and internal compliance team. The outcome from these are fed into one action plan. The locality manager visits weekly and works with the manager and team on continuous improvement actions.

- Statutory notifications about accidents incidents and safeguarding concerns were being reported appropriately to CQC and the local authority.

- The service had clear line of organisation and staff were clear about their roles and responsibilities. Managers were known to people and staff. One staff member told us "the company is very good to work for, they value their staff and you feel part of a wider team, the managers are very supportive, and we see the area manager a lot too, they come into the service not just the office."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People, their relatives and staff views were used to continually drive service improvements. People had the opportunity to provide feedback through 1-1 and group meetings and accessible format feedback surveys. Recent feedback showed that people were pleased with the service they were receiving.

- The locality manager told us that they had recently had a 48% return on staff engagement surveys which was very positive. An outcome from the feedback received was to hold regular Human Resource (HR) surgeries with a member of the HR team and arrangements are underway for this to happen.

Working in partnership with others.

- The provider worked professionally with other agencies such as the local authority and advocacy services. Records showed that the provider has regular contact with health care professionals and families.