

Caretech Community Services (No.2) Limited

Church Lane

Inspection report

21 Church Lane

Beasted

Maidstone

Kent

ME14 4EF

Tel: 01622730867

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30 October 2018

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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

This inspection took place on 30 October 2018 and was unannounced.

Church Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Church Lane is registered to provide accommodation and personal care for up to 20 adults who have learning disabilities and may also have physical disabilities. The upstairs of the service is called Inglewood and this provides accommodation and personal care for eight people and the ground floor is referred to as Church lane and provides accommodation and personal care for ten people. There were 17 people using the service at the time of the inspection.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

A registered manager was employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People had their support needs assessed and where possible were involved in the development of their care plan. Staff had access to people's care plans and received regular updates where people's needs had changed. Care plans were updated and included changes to peoples' support needs.

People were supported to attended routine and specialist health checks.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Where possible people were aware of their care plans and they were involved in care plan reviews. Staff prompted people's choices and respected their decisions.

People were provided with a choice of meals that matched their dietary and cultural needs and choices.

There were sufficient numbers of staff deployed to meet people's needs. Staff received ongoing training to support them in their role. Safe recruitment practices were followed.

People continued to be protected from abuse. Staff understood how to identify and report concerns Staff were aware of whistleblowing and what assistance was available from external bodies to report suspected abuse on to and follow up alleged incidents.

The service was clean and staff followed infection control processes. They had completed infection control and food hygiene training.

The service had an open and inclusive culture and staff were positive about the support they received from staff and the registered manager.

Quality monitoring systems and processes were in place to help drive continual improvements. An action plan had been developed which recorded where action needed to be taken. Feedback was being sought to capture people views on the overall quality of the service.

People's personal information had been stored securely within the registered office, this protected people's confidentiality.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The rating can be found on the Caretech website.

Further information is in the detailed findings below.

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 remained Good

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Church Lane

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.

The inspection took place on the 30 October 2018 and was announced. The inspection was carried out by one inspector.

We used information the registered persons sent us in the Provider Information Return. 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. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which and some has been reflected in this report.

Some people living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We observed interactions between people and staff. We spoke with the relatives of the two people using the service to gain their views and experiences.

We spoke with four people living at the service, three support workers, the chef and the registered manager.

We looked at care records for three people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records.

Is the service safe?

Our findings

The service continued to provide safe care. People told us that they felt safe at Church Lane. One person told us, "I know I am safe here, the staff are always here to help me."

People continued to be protected from harm or abuse. Staff received training in safeguarding people from the risk of abuse and demonstrated good knowledge of how to keep people safe.

There were systems in place to respond in the event of emergency such as fire. Personal evacuation plans (PEEPS) identified the support needed. We saw that regular fire and environmental health and safety checks were carried out. Staff were trained in health and safety and risk management to equip them with the knowledge they needed to keep people safe from the risk of harm.

Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. The provider continued to manage risks well and was proactive in reducing risks and protecting people from the risk of harm. Risk assessments guided staff in the steps they should take to reduce risks for people. The measures in place to reduce risks did not impact on the person's ability to be as independent as possible.

There were enough staff on duty who knew people well and could meet people's needs. Staff told us they worked as a team to ensure staff shortfalls as a result of absence was covered from within the staff team. This meant there was less reliance on the use of agency staff and provided consistency of care for people. A healthcare professional told us, "There are always enough staff on duty with the skills to make sure people are safe."

Safe recruitment processes continued to be followed to ensure staff were suitable to work in this type of service and were of good character. Pre-employment checks included disclosure and barring check, eligibility to work in the UK and references from previous employers.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager or provider to make sure that people were protected. Staff were aware of the whistle blowing policy and knew how to raise concerns with other agencies if they needed to.

People continued to receive their medicines safely. Staff received training in managing medicines and had their competency checked regularly. Peoples medicines were stored safely in a locked cabinet in their room and the cabinet temperature was checked daily. Systems were in place for ordering, recording, administering and disposing of medicines. Clear records were kept of all medicines that had been given out, these records were up to date and all medicines had been signed for. Medicine audits were carried out daily by trained staff.

Accidents, incidents and near misses were recorded by staff and reported to the registered manager in line with the registered providers policy. The provider and registered manager reviewed this information to look

for patterns and trends, and had taken action when necessary.

People lived in a clean, well maintained environment. There were infection control systems to mitigate the risk of harm to people and prevent the risk of cross contamination. Staff had completed training in infection control. Staff had easy access to personal protective equipment for supporting people with their personal care.

Is the service effective?

Our findings

The service continued to be effective. People told us that they had confidence in the staff. One person told us, "Staff always give 100%." A relative told us, "The staff are very committed."

People's needs were assessed and their care was planned to make sure their needs were being met. The assessment took into account the person's needs, and included the consideration of their strengths and weaknesses. Care plans included guidance about people's specific medical needs and any specialist equipment that they used. They also detailed the professional people who they had access too. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. A review of the plan was undertaken monthly by the keyworker to keep it current and document any changes.

Staff had the skills, experience and knowledge to deliver effective care. Staff who were newly recruited to the service had a comprehensive induction. The provider had a training programme for staff, this included core subjects such as safeguarding and fire safety. Additional training that was specific to the service had been provided such as, PEG feeds, epilepsy and challenging behaviour. Staff's competency to complete tasks was assessed to check that they had the required skills. Staff told us that they were given enough time to complete training.

Staff confirmed they felt supported in their roles. A handover was completed between staff on each shift to make sure that they had up to date information on people and their needs. Staff received one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Some people at the home displayed behaviour that may present a risk to the person and others. Staff told us they had been provided with guidance and knew how to support people. They had received training in positive behavioural support and intervention. This gave them the skills to work with people safely and appropriately. Staff recognised potential triggers. Care plans gave guidance to staff in strategies they could use in these situations.

People were supported to eat and drink in accordance with their assessed needs. Staff had a good understanding of people's individual dietary requirements, preferences and choices. People living in Inglewood on the upper floor were involved in planning menus and were supported to maintain a balanced diet. Those living at the service that were not able to be involved in menu planning had a choice of what to eat each day. There was a menu board in place in the dining room which included pictures as well as written text of the food choices that were available.

People living at the service were supported to access specialist health professionals such as an optician, dentist and a local GP. The registered manager told us that the local GP understood the support needs of people living at the service and would visit them at the service if needed. They are able to attend a walk in clinic at the GP surgery which reduces the waiting time which can cause anxiety for people. Staff attend

appointments with people.

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 law 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 make 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, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit them. The registered manager had applied for DoLS appropriately and had made sure that any conditions that had been applied were being followed.

Staff gained consent from people prior to offering care and support. This included an explanation about what they were going to do and agreement was sought prior to this happening.

Is the service caring?

Our findings

During the inspection visit we saw people interacting well with staff. The staff took time to listen to people and responded in a friendly and patient way.

We observed that staff were consistently reassuring people and showed kindness towards people when providing support. Interactions between staff and the people living in the service were relaxed. It was evident that people felt comfortable in the presence of staff. A relative told us, "[Persons name] gets brilliant interaction from the staff."

Care was personalised and provided by a stable staff team who knew people well. We saw staff worked to ensure that where possible people were involved in making decisions about how their care was provided and how they lived their daily lives. The continuity of staff had led to people developing meaningful relationships with staff.

Staff had received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. Throughout the inspection we observed the daily routines and practices within the service and found people were treated equally and their human rights were respected.

People's rooms within the service were personalised by them and reflected their choice and taste. People had pictures of family and friends in their rooms and items that had meaning to them such as ornaments and keepsakes. People's bedrooms reflected their individuality and personality.

Staff described and we observed how they worked to ensure the privacy and dignity of people was maintained. People told us that staff knocked on their door before they entered their room.

Information was available in different formats to meet individual people's needs. Pictorial and easy read documents were available to ensure people had information available to them in a format appropriate to meet their needs.

There were high levels of engagement with people throughout our visit. From our observations of conversations, it was evident staff understood each person's needs, knew how to approach them and also recognised when they wanted to be on their own. Staff were passionate about providing personalised care which upheld the rights of individuals and promoted their independence as much as they were able.

People's personal information was kept private. Computer records were password protected so that they could only be accessed by authorised members of staff. Written records which contained private information were stored securely when not in use.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care records reflected people's hobbies and interests to help staff engage with them and support them to pursue hobbies and participate in activities of interest. We observed people pursuing interests during our inspection. For example, one person enjoyed listening and singing to music and we saw staff supporting them to do this. The person showed signs of being happy while they were doing this.

An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date. We saw that each person had a record of all interactions of care and support, both during the day and night.

We saw that people were treated as individuals. Staff were knowledgeable about the people who used the service. They displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. Where possible people and their representatives were involved in reviews of care. This made sure care plans were current and continued to reflect people's preferences as their needs changed. Staff were keen to make sure the care plans were tailored around the person.

People enjoyed varied meaningful activities and access to the local community. People were supported to access activities they enjoyed such as, attending day centres, swimming, art and drama groups. Annual holidays were provided. People were supported to make decisions about where they went on holiday and planning things to do while they were there. A relative told us, "[Persons name] gets a wide range of activities and support."

Staff told us they had not had reason to raise any concerns but felt they could approach the registered manager with any concerns if they needed to. We saw that complaints or concerns received had been recoded, investigated and responded to in line with the providers policy.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information in a way they can understand, and the communication support they need. The provider had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. The provider had thought about the provision of accessible information for people and families, as there were user friendly formats of information in the care files. People had access to a copy of the provider's complaint policy and procedure in a format suitable for them to understand.

There was no-one requiring end of life care at the time of our inspection. The registered manager talked to

us about the support they had provided to five people who had recently needed end of life care at the service. They described how staff had supported people to stay at the service and provided them with the care that they needed to pass away peacefully. The service worked closely with health professionals during this time to ensure they were providing the right support. A health professional told us, "They [the staff] provided brave, caring, funny and timely support to someone at the end of their life, they listened to us, took on all of our concerns and looked after them beautifully." After a person had passed away the staff supported others to understand what had happened.

Is the service well-led?

Our findings

The service continued to be well led. The registered manager operated an open and transparent culture. Staff told us the registered manager and locality manager were approachable and supportive and always available to give them advice and guidance. Staff told us, "I feel really supported. There is always someone available to speak to." The registered manager told us, "I have an open door policy and everyone knows they can come and talk to me."

The service continued to be well-led by a committed registered manager who had the necessary skills and experience. The registered manager and staff were working with a clear vision for the service which was to make sure that people felt like the service was their home and promoting choice. The registered manager told us, "I want to keep people safe, happy and content, making sure they are given choices and are respected."

Staff were positive about the management of the service. People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they were supported by the team leader and registered manager. Staff had regular staff meetings and felt they could discuss anything in these and that their ideas would be listened to. We saw that staff worked well together.

Quality assurance systems were in place and were consistently completed by the management team. Audits included care plans, risk assessments, medicines management, accidents and incidents, finances and daily record completion. Areas for development and improvement were identified, action plans prepared and completed within specified timescales.

The registered provider sought feedback regularly from health and social care professionals, people and their relatives. We saw that many positive comments had been received during this process. These included; "Staff respond really well to people's needs." and "Relatives suggestions are always fully supported and encouraged." The registered manager continued to work closely with other agencies such as social services and health professionals.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgement. The provider had displayed their rating in the entrance to the service and on their website. The registered manager understood their responsibilities under the duty of candour.