CareTech Community Services Limited

Vancouver Road

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?	Good

Summary of findings

Overall summary

Vancouver Road is a care home that provides care and support to up to seven people with a learning disability. At the time of our inspection, there were seven people using the service.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

The service did not have a registered manager at the time of the inspection. The manager in post was in the process of completing their registration with the CQC. 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.

People continued to be safe in the service. Staff were trained to protect people from abuse and to manage people's risks of avoidable harm. Appropriately recruited staff were available in sufficient numbers to deliver care and support safely. People received their medicines in lie with prescribers instructions and staff maintained a high level of preparedness to keep people safe in a fire emergency.

The care and support people received was delivered by trained and supervised staff. People gave their consent to the care and support they received and people were treated in accordance with the Mental Health Act 2005. People ate well and were supported to access healthcare services whenever they needed to.

People received care and support from kind and caring staff. Staff knew people well and supported people to maintain the relationships that were important to them. People's independence and privacy were promoted.

People's needs were assessed and staff had clear guidance in care records detailing how people's needs should be met. People's behavioural support needs were responded to and managed appropriately. The provider sought people's views and acted in response to them. The service had not received any complaints and people told us they knew how to raise a complaint if they had concerns.

The manager was described as approachable by people and staff. The staff understood their roles and met regularly as a team. The service worked collaboratively with health and social care professionals to ensure people's needs were met.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Vancouver Road

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 17 May 2017 and unannounced and was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Vancouver Road including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked provider to complete a Provider Information Return. 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. We used this information in the planning of the inspection.

During the inspection we spoke with four people, four staff and the manager. We reviewed seven people's care records, risk assessments and medicines administration records. We reviewed seven staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at records related to complaints and compliments from people and their relatives.

Following the inspection we contacted three health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and with the staff providing their care. Staff were trained to keep people safe. Staff received regular safeguarding training which included identifying the signs that someone maybe at risk of abuse and what to do if they suspected abuse. Staff understood the provider's safeguarding policy and the need to promptly report any safeguarding concerns to their manager.

The risk that people might experience avoidable harm was reduced. Staff assessed people's risks and developed risk management plans to protect them from harm. For example, people's risk when using public transport were reviewed and care plans created to keep people safe. These plans included people being supported by staff whilst using public transport.

People were protected from financial abuse. The provider had procedures in place to ensure people's money was monitored. We reviewed people's financial records. Staff retained receipts and completed financial records for all transactions. Each expenditure record was counter signed at the same time by another member of staff to confirm their accuracy. Cash sums, receipts and records were checked by staff members designated as shift leaders throughout the day. The deputy manager checked all transactions, balances and receipts each week. Whilst the manager conducted a full financial audit each month.

People were supported by staff deployed in sufficient numbers to keep them staff. The manager ensured that staffing levels corresponded to people's needs. These included the support people required with their personal care and activities within the home and local community.

The provider's robust recruitment processes ensured that people received care and support form staff who were safe and suitable. The recruitment process for staff included the submission of an application, attendance at an interview and successful vetting. Vetting included checks of staff members details against criminal records lists and data bases of people barred from working with vulnerable adults. The provider took up two references for successful applicants and confirmed their identities, addresses and right to work in the UK.

People were supported to take their medicines safely. Staff received training to correctly administer people's medicines and to appropriately complete medicines administration record (MAR) charts. MAR charts were audited by the manager to ensure people had received the right medicines at the right time. When people received 'when required' medicines, staff recorded the date, time, dose and reason for its administration on the reverse of the MAR chart. This enabled healthcare professionals and the manager to review each decision to use 'when required' medicine. This meant that medicines were administered in line with the prescriber's instructions.

People were protected in the event of an emergency. The manager coordinated fire safety checks. Staff tested fire alarms weekly and fire evacuations were rehearsed and undertaken quarterly. Fire safety audits were carried out to ensure fire safety risks were managed. We found that when an audit identified the need to paint the external fire staircase this action was promptly completed.

Staff ensured good hygiene in the kitchen and a safe food preparation environment. Staff stored foods appropriately in the fridge and used colour coded chopping boards for specific foods including red meat, fish and vegetables. This meant people were protected from risks associated with the cross contamination of food.

Good

Is the service effective?

Our findings

People continued to be supported by trained and skilled staff. Staff delivering care to people received training to meet people's needs effectively. Staff completed mandatory training in areas which included health and safety, first aid and food hygiene. Additionally, staff received training to meet people's specific needs including, epilepsy and managing behavioural support. The manager maintained a schedule of training and ensured staff completed refresher training when it was due. This meant staff knowledge and skills were up to date.

New staff were supported to complete an induction process which included a period of shadowing experienced colleagues. One member of staff told us, "I watched the way staff worked with people for a week and I read all the care plans. I felt confident and ready when I started supporting people directly." This meant people were supported by staff who were familiar with their needs and preferences.

People's support needs were met by staff who were supervised. The manager and deputy supervised members of staff. Supervision comprised the recorded observation of staff delivering support and one to one meetings between staff and the manager. One to one supervision meetings were used to discuss people's changing needs. Whilst appraisals were used to discuss the personal development of staff, including their training needs.

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.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had been appropriately supported with DoLS to keep them safe. Referrals had been made to the local authority and assessments had been undertaken. People's records stated the lawful restrictions that were in place to keep people safe and when the deprivation was due for review.

People gave their consent to the support they received from staff. The manager and staff understood and applied the principles of the MCA when providing support to people. One member of staff told us, "We operate on the basis of presumed capacity." Where people were supported with DoLS records detailed the decision making process, those involved and the expiry date. This meant that DoLS were appropriately applied to keep people safe.

People's communication was supported. Staff undertook an assessment of people's communication needs. The support people required to express themselves and to be understood was reflected in care records. For example, one person's care records said, "I would like staff to communicate with me effectively by speaking slowly using simple sentences. Many words at a time may confuse me." People's communication was supported by the use of a signing system based upon natural gestures.

People were supported to eat a balanced and nutritious diet which people told us they enjoyed. One person told us, "The food is good. My favourite is jollof rice." People participated in deciding the weekly menu shopping for it. Where people presented with special dietary requirements, staff ensured these were met in menu options. Staff provided people with the support they required to eat. One person's care records stated, "I eat slowly and I could take a long time while eating. I would like staff to be patient with me." Where people's religions prohibited certain food types, the service supported people with alternatives they could choose from.

People had regular and timely access to healthcare professionals. Staff supported people to visit their GP, optician, dentist and specialist health professionals. People had individual 'hospital passports' which contained information about people that could help healthcare professionals deliver care should a person be admitted into hospital. Hospital passports contained personalised information including, "What to do if I get anxious", "how I use the toilet" and "how I take my medicine". This meant people's care records enabled healthcare professionals to support people effectively.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They are very nice." People were supported to maintain relationships with people who were important to them. We saw one person supported to phone their relative. Staff dialled the number for the person and then gave them privacy to converse. We read within one person's care records, under the heading, 'What is important to me?' one person stated, "Spending time with my friends and chatting." We found that a third person was supported to cross days off his calendar at night so as count down the days until they saw their relatives again.

Staff knew people well. Staff described people's interests to us and these corresponded with care records and our observations. For example, one person's care records stated, "[Person's name] likes to watch the garbage lorry collecting rubbish every Tuesday." In another example, we read in a person's care records that they liked to 'hi five' with staff. We saw this happen and the person smile afterwards.

People had care plans in place to provide guidance to staff to support people's emotional well-being. For example, care records provided information to staff about people's experiences of anxiety and how they should be supported when anxious. One person's care records read, "I become anxious when one of my housemates goes out. I need staff to explain what is going on to me so I can remain calm." In another person's care records a person advised staff that, "I do not like unplanned journeys." We observed an instance in which staff identified that a person was becoming agitated. Staff supported the person in line with their care plan. This included repeatedly confirming the activity the person would shortly be supported to engage in.

The support people required to make decisions was recorded in care records. For example, one person's care records stated, "An open choice confuses me and leaves me anxious and repeating what you have said." Staff were directed to meet this need by offering clear, tangle choices and gave the example of offering, "The choice between bowling and swimming rather than what would you like to do?" A member of staff told us, "We are continuously supporting people to make decisions big and small. People choose what to do and what to wear and what to eat and where to go. The list is endless. Literally."

People were supported to develop independent living skills. Staff supported people in a range of skills teaching activities. For example, people participated in the preparation of meals and shopping for them. People were encouraged to be as independent as possible in the management of their personal care needs with support provided in line with people's care records.

People's privacy was respected. People told us that staff knocked their bedroom doors and waited to be asked before entering. Staff used people's preferred names in care records and when addressing them. We observed staff speaking with people in a courteous and friendly manner. Staff understood the provider's confidentiality policy and explained that information sharing was done on a 'need' to know' basis. People's care records were kept securely in the office and were not within sight of visitors. This meant people's personal information was protected.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff provided people with care and support that was based on an assessment of their individual needs. People's needs were assessed prior to receiving a service to ensure the service was able to provide the appropriate support. People were supported to have reassessments when their needs changed.

People's behavioural support needs were managed with calm and planned responses. Staff had guidance from health and social care professionals. Staff interventions to support people's behaviours emphasised a low arousal response, distraction and redirection. Staff received training to keep people physically safe. The manager reviewed incidents with health and social care professionals to identify patterns and triggers as well the effectiveness of staff interventions. For example, a review of one person's incidents identified a medicines change as being the trigger. Staff responded by referring the person to their GP for a medicines review.

People's preferences were identified and supported. Staff detailed people's likes and dislikes in care records. For example, One person's care records stated, "I enjoy playing football and snooker in the house." Whilst another person's noted, "I do not like staying in shops for long." Care records noted what was important to people. For example, one person's care records stated, "Visiting the pub is important to me because I get to meet so many people and make lots of new friends." Care records were illustrated throughout with photographs to increase their accessibility to people. One person's care records contained photographs of them engaged in housework and shopping.

People were supported to participate in a range of activities of their choice. One person told us their favourite activity was swimming. The person and their care records confirmed that they were supported to visit swimming pools regularly. Another person told us, "I do the gardening and I'm proud of how good it looks." Activities that people engaged in included, cycling, picnicking, bowling, bus rides and trips to the cinema. For people who required a high level of structure to manage their anxiety the service supported them to develop detailed daily and weekly routines.

The service supported people to share their views. People were supported with meetings entitled 'monthly talk time'. These were arranged with people's keyworkers. Keyworkers are members of staff with specific responsibilities for people's support. Including, managing appointments, liaising with relatives and coordinating activities. During talk time meetings people and their keyworkers discussed issues and made plans. For example, we read accounts of people explaining what they had done socially the previous month, what they would like to do during the next month and the support they required to do it.

People regularly met together to discuss the service they received at service user meetings. Staff were present to facilitate meetings and take minutes. We read the records of service user meetings and saw that people discussed issues including redecorating the care home, menus and activities. We read that people proposed and then planned to host a barbeque which they subsequently went on to have in the care home's back garden. This meant the service acted on people's preferences.

People were asked for their views about the service they received. The provider gave people a survey and reviewed the feedback people gave. The survey asked people if they agreed with a number of statements including, "I feel involved in planning my support", "I know how to complain if I am unhappy about my support", and "Staff are well trained and understand my needs." Each of the survey's questions were presented in large, easy to read text with accompanying images. For example, the statement, "My support staff respect my privacy" was illustrated with a picture of someone knocking a door. This meant people understood the information enabling them to give an informed response.

People knew how to complain if they had a concern. People told us they would tell the manager if they had a complaint. One person said, "I'd tell," when asked what they would do if they were unhappy with something staff had done. We found that no complaints had been made by people or their relatives since the last inspection. The provider's complaints policy had been produced in a format easy for people to read. People told us they knew how to complain if they had a concern.

Good

Is the service well-led?

Our findings

The service did not have a registered manager. However the service had a manager in post who had applied for registration with the Care Quality Commission. The manager knew people, relatives and staff well. One person told us, "He is a nice man." A member of staff told us, "I think he is supportive, self-disciplined and motivating for us [staff]."

The service had a relaxed atmosphere. The people and staff told us the manager and his deputy were approachable. Staff said they felt able to share their views with the manager at any time. One member of staff told us, "His door is always open to us. He is a visible and involved manager."

People understood their roles and responsibilities and that of each other. The manager was supported by a deputy manager and team of senior support workers. The team met regularly to discuss people's changing needs and operational matters. The manager ensured that records were made of team meetings so that staff who were not present could be kept informed.

The manager and deputy routinely audited the quality of the service people received. The manager's checks of quality included people's medicines, infection control and training. Where shortfalls were identified an action plan was developed. The manager reviewed the progress and outcomes from action plans so that all actions were completed.

The manager regularly reviewed care records to ensure they contained accurate and up to date information. Accidents and incidents were analysed to identify patterns and prevent any recurrence. The manager coordinated referrals to health and social care professionals when people's needs indicated that this was necessary and reviewed the guidelines that were produced.

The provider gave support to the manager. The regional manager provided the manager with one to one supervision meetings and undertook audits in the care home. The manager regularly attended meetings with the manager of other services to discuss people's needs and best practice. This meant the provider had oversight of the quality of care people were receiving.

People benefitted from the provider's partnership working. The manager submitted statutory notifications to CQC when required and discussed changes in people's needs and incidents affecting people with health and social care professionals. This meant the service operated collaboratively to ensure transparency and the best outcomes for people.