

CareTech Community Services Limited

# Caretech Community Services Ltd - Danzey Green

## Inspection report

41-45 Danzey Green  
Castle Bromwich  
Birmingham  
West Midlands  
B36 9EE

Tel: 01217301781

Date of inspection visit:  
17 December 2018

Date of publication:  
14 January 2019

## 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 17 December 2018 and was unannounced.

Danzey Green is a care home registered for a maximum of 12 people with learning disabilities and autism. The home comprises of a row of three bungalows. Staff have access to each bungalow via the back doors and the secure garden. Whilst the service is registered for 12 people, the registered manager informed us, the maximum number of people they would admit to the home was nine.

Each bungalow consisted of four bedrooms, a kitchen/diner, a communal bathroom, a toilet, and a living room.

The home was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes for people with learning disabilities and autism. However, the service provided at Danzey Green is in-line with best practice identified in our publication. Eight people lived at the home at the time of our inspection visit.

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.

The service continued to be safe. Each bungalow was clean and tidy and staff understood infection control practice. Staff understood the risks to people's health and wellbeing and took action to lessen each risk. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. People received their medicines as prescribed.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. People had access to different health and social care professionals. People received food they enjoyed, and were involved in menu planning. Staff had received the training they needed to provide effective care.

The service continued to be caring. People received care from staff who were kind, and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain relationships with their family.

The service continued to be responsive. People's needs were assessed and planned for with the involvement of the person. Care plans helped staff understand people's care and support needs. People had

opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure although no complaints had been made to the service since our last inspection. Staff knew how to support people well with end of life care.

The service continued to be well-led. The registered manager worked hard to ensure a good quality of service was maintained. The registered manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

## 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.

# Caretech Community Services Ltd - Danzey Green

## **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 was a comprehensive inspection. It took place on 17 December 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority commissioner. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider. We also looked at the Provider Information Return sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our visit we spoke with the registered manager, deputy manager, and five care staff. We spent time in the company of people who lived at the home to gain an insight into people's lived experience, and spoke with two people. We saw medication being administered; we checked two people's care records, and sampled medicine records and audits undertaken by management.

# Is the service safe?

## Our findings

Staff had a good understanding of people's needs and knew how to keep people safe.

Staff understood how to safeguard people from harm. They had received training to safeguard people from abuse, and were aware of their responsibilities to report any concerns to their manager. There were systems in place to ensure people were protected from different forms of abuse. For example, we saw a member of staff count out a person's money before they went shopping, and checked to make sure the money coming back into the home corresponded to the receipts and money spent.

The registered manager was aware of their responsibility to report safeguarding allegations to the local authority and to the Care Quality Commission.

There were enough staff on duty throughout the day and night to meet people's needs. The service had a stable staff team who knew people who lived at the home well. The staff were seen to communicate well with each other and to people who lived at the home, to ensure people's needs were met.

The provider's recruitment practice ensured that no new staff started work until their work and/or character references had been received, and criminal checks had been completed. This reduced the risks of employing staff unsuitable to work in care.

People received their medicines as prescribed. We saw staff support a person to take their medicine. They made sure the medicine was correct for the person they were administering it to; and made sure the medicine administration record was signed to confirm it had been administered. Staff who administered medicines were trained to do so, and their practice was checked by the registered manager to make sure they continually administered medicines correctly.

The premises were kept safe with regular premises checks. These included checks to ensure fire equipment was fully functioning in case of a fire, and electrical appliances were tested to ensure safety. Written guidance was available to emergency services to inform them of people's needs if people ever needed to be evacuated from the premises.

The home was clean and tidy, and staff had cleaning schedules to work to, to ensure all areas of the home were cleaned. Staff had received training to understand how to reduce the risk of infection being transmitted from one person to another. They were aware of the need to use gloves and aprons when providing personal care.

The registered manager analysed accidents and incidents and took steps to reduce the risks of incidents from re-occurring.

# Is the service effective?

## Our findings

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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people. For example, one person was due to have a best interest decision to decide whether it would be in their best interest to have some dental work.

Staff had the skills and knowledge to deliver effective care and support. Staff told us they had undertaken regular training to support them in their roles. Some of this training was face-to-face, such as first aid training; other training was undertaken on-line. We found that some staff had not undertaken the on-line training within the timescales expected by the provider. We were told that only one of the bungalows had a computer and Wi-Fi, and the available computer was the manager's. This meant it was difficult for staff to access the on-line training whilst they were on-duty. Staff were paid to undertake the on-line training in their own time.

It is recommended that the provider introduce Wi-Fi into all the bungalows, and provide staff with access to the appropriate IT to enable them to complete their training within their working hours.

People's needs were assessed and care, and support delivered in line with evidence based guidance. For example, one person had become at increasing risk of skin damage. Their needs had been assessed, and their mattress was changed to one which helped reduce the risk of pressure being placed on the skin. Pressure cushions were now used for them to sit on, and for their heels (which were at risk) to be placed on when sitting down. A member from the 'health facilitation team' had written a comment to the registered manager saying that staff were 'client focused', 'caring', and knowledgeable'.

Staff understood people's food and drink, likes and dislikes. People in each bungalow, discussed with staff what meals they wanted, and where possible, helped to prepare food. We saw a range of meals provided which reflected people's preferences and needs. Appropriate healthcare professionals were contacted when concerns had been noted about people's risks with regard to eating and drinking.

People received health care from different healthcare professionals when required. One person had complex healthcare needs and we saw staff had worked well with healthcare professionals to ensure the person received the right support at the right time. During our visit, a district nurse visited to support a person with their insulin. The registered manager showed us a written compliment by a district nurse which said, 'the standard of care is excellent'.

The design of the premises and adaptations supported people's needs. People had been involved in

choosing the décor for their bedrooms and these reflected their individual personalities and wishes. A sensory room had been set up in one of the bedrooms which was no longer used; and this was particularly enjoyed by one of the people who lived at the service. An activities room was in the process of being created in another bedroom which was no longer used.



# Is the service caring?

## Our findings

People were treated with kindness. One person we spoke with told us it was 'lovely' living at the home, and staff were 'lovely' to them.

We visited the service the day before a Christmas party was being held for people. There was a lot of excitement in the home. People were singing Christmas songs, and all had their own individual Christmas tree in their rooms.

There was a range of ages and needs within the three bungalows. Care had been taken to make sure people in each bungalow got on well with each other, and that staff could meet their needs. During our visit we saw staff being very kind to people, and listened to what people wanted.

People had their privacy and dignity respected. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. Throughout our inspection, we saw staff being sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

People's independence was promoted. People were encouraged to undertake daily tasks where possible, such as making their own drink, or supporting staff with food preparation. They were also encouraged to open the front door (with the support of staff) to their home.

There were no relatives visiting on the day of our inspection, however the PIR informed us that people's relatives were welcome to visit at any time. Where family were unable to visit, the service supported people to keep in contact via letter or emails. The PIR told us that staff had taken people to see their family when family could not come to see them. This meant the service supported people to maintain links with relations.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Where possible they were involved in the care planning process. People met with their key workers regularly to discuss the support provided and any changes they wanted.

Care reviews were carried out every month. Where changes to care had been made, written records had been updated to reflect the changes. Staff had to complete a number of forms to provide information about each aspect of people's care needs. This meant files were large and cumbersome. It is recommended that consideration be given to condensing the information to make it more easy to track how people's needs have changed.

Since our last visit, one person had been admitted to the home. The person's needs had been assessed to ensure they were suitable to live in Danzey Green, and to determine which bungalow would best suit them. A letter from the person's relative was complimentary of the support given to the person in settling into their new home.

Another person who had lived in one of the bungalows for a long time, moved to a different one within the service, because their needs had changed. The bungalow they moved to was quieter and more suited to their changing needs.

People were supported to follow their interests and take part in activities both within the home and in the community. On the day of our visit a massage therapist was at the service providing relaxing massages for those who wished to have them. Other people were playing games, and went out shopping with staff.

Two people showed us their bedrooms, and we saw 'memory books' in their rooms which showed the activities they had taken part in. One person had been on holiday to Lanzarote with staff; another, had photos of day trips to the Black Country Museum and Twycross Zoo.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

We saw pictures which showed staff sign language to use to support one person with their communication. There was also a lot of easy read information available to people in the home. One person had a sight impairment, and staff spoke with them about any issues they needed to be aware of.

The complaints procedure was available in an 'easy read format'. The provider had a complaints procedure which they followed. There had been no complaints about the service since our last inspection visit.

People's preferences and choices for their end of life care were recorded in their care plan. The provider had policies and procedures about planned end of life care. The service had recently provided end of life care to a person who lived at the home. We were told the person was never left on their own during their last few days. We saw a letter from the person's relatives, thanking staff for the support they gave the person.

## Is the service well-led?

### Our findings

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. The registered manager was the same person who managed the service at our last inspection visit.

The PIR informed us the registered manager had worked at the home for 13 years, and their assistant manager had worked at the service for 21 years. They were supported by two team leaders who had worked for the home for over five years. This meant the management team at the service knew people who lived in the bungalows very well. The staff team were a mixture of staff who had worked at the service for a long time, and staff who had worked for the service for two years or less. Staff told us they really enjoyed working at the service, and one said they felt the registered manager was 'thorough but fair.'

The service's management team were supported by a locality manager who visited the service each month. The locality manager offered management support and ensured the checks the provider expected the registered manager to take, had been completed and action taken. These checks included checks to ensure medicines were administered safely, and health and safety checks. The locality manager was part of the provider's quality assurance team.

Staff meetings took place monthly. We looked at the minutes of the last meeting and saw they covered a range of issues; and demonstrated that management had identified and acted on issues that impacted on people's care. Night staff attended their own meetings with the management team to ensure their issues were fully covered.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required. The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

The registered manager and staff were committed to providing a warm and caring environment for people who lived at the home, and to support people have the best lives possible. The culture of the service was centred around the individual needs of the people who lived there.

Staff received support through more formal individual supervision and appraisal sessions, as well as informal chats with the registered manager or team leader when they had concerns or issues needed addressing.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. For example, staff were currently working with district nursing service to support the changing and deteriorating

health of one of the people who lived in the home. This had meant plans were in place to ensure the person received the appropriate health care in a timely way.

The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.