

CareTech Community Services Limited






CareTech Community Services Limited - 196 High Street

Inspection report

196 High street
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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	

Overall summary

CareTech Community Services Limited - 196 High Street is a care home without nursing. It provides care, support and treatment for up to 12 people with a learning disability or with multiple/complex needs. There were 12 people accommodated at the home at the time of this inspection.

We last inspected the service on 30 September 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to six people who lived at CareTech Community Services Limited - 196 High Street.

People felt safe and were confident to approach the staff. Detailed health care and support plans were in place to ensure that staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff members understood their individual roles and responsibilities and were supported by the management team to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

The atmosphere in the home was welcoming and there was a warm interaction between the staff and people who used the service. People were involved in all aspects of their care and support as much as they were able. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People's care and support was planned around their needs and they were involved in decisions about their care with support from family members and professionals. The provider had made arrangements to support people and their families to raise concerns and meetings were held for people to discuss all aspects of the care and support provided.

The manager promoted a positive culture that was transparent and inclusive. The manager and provider had robust systems to continuously check the quality of the service provided. Staff felt valued and were encouraged to contribute any ideas they may have for improving the service.

Summary of findings

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 was safe.

People were supported by staff who had been safely recruited.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good



The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to ensure that their general health was being maintained.

Is the service caring?

Good



The service was caring.

People who used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Is the service responsive?

Good



The service was responsive.

People were supported to engage in a range of activities.

People were supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good



The service was well-led.

People had confidence in the staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

CareTech Community Services Limited - 196 High Street

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 met 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 under the Care Act 2014.

This inspection took place on 22 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, four support staff, the deputy manager and the registered manager. We spoke with relatives of five people who used the service subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People who were able told us that they felt safe living at CareTech Community Services Limited - 196 High Street. One person said, "I feel safe, the staff look after me.". A person's relative told us, "I am definitely happy with [Person's] care. I am confident they are safe."

Representatives of the local authority social working teams told us they were satisfied that people were safe, One person said, "I can confirm that I have no concerns regarding the service provision or the quality of care and supervision in relation to my client. My client is safe and well looked after."

People approached staff with confidence and we saw that they were relaxed and happy when they asked staff for support.

We spoke with staff about protecting people from the risks of abuse. All the staff we spoke with were confidently able to describe what constituted abuse and told us the actions they would take to escalate any concerns they had. One staff member said, "We have a management structure that means there is always a senior person available for advice and guidance and we know we can contact external agencies."

Risks to people's health and well-being had been identified and management plans were available in the care records. These included mobility assessments, risks relating to people going out into the community, risk associated with the use of bedrails, risks relating to health conditions such as epilepsy and use of wheelchairs. All staff we spoke with were aware of the risks to people's health and well-being. There was clear guidance for staff to follow to remove or reduce the level of risk to people. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

People who were able told us that there were enough staff available to meet their needs. One person said, "There are enough staff, they are usually around when I need someone." On the day of our inspection there were six staff members on duty, including a team leader and the deputy

manager, to provide support for the twelve people who used the service. The manager was supernumerary and a driver attended in the afternoon to assist people in going out. Rotas confirmed that these levels of staff were maintained. The manager told us that there was some agency staff usage at the home at this time to cover for annual leave. However the agency provided consistent staff which helped to ensure that people received their support from staff that knew and understood their needs. One person told us that they had to wait for support to use the toilet early in the morning sometimes and that this had caused them distress. The manager told us that in order to address this concern a member of the day staff team now started work an hour earlier in the morning in order to provide additional support for people at this peak time of day.

Staff members confirmed that the recruitment process was robust and that they had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so. A person who used the service told us that they enjoyed being included in interviewing potential staff members. They said they asked some questions that the manager had given them and then asked some of their own questions.

Staff were able to confidently describe the procedures to be followed in the event of an emergency, for example a fire. Fire alarm, drills and emergency lighting checks had also been carried out to ensure people's safety in the home.

There were suitable arrangements for the safe storage, management and disposal of people's medicines. People told us that staff supported them to take their medicines on time. Each person's medicines were stored securely in locked facilities which were monitored to ensure that they were stored at the correct temperatures. Staff told us they had received medicines training and records confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph which helped to ensure that staff could identify people correctly prior to administering their medicines.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided was effective. A relative told us, "They have been absolutely brilliant in support [relative] with their health needs. They have done everything they have been asked to do and then some." Another relative said that the staff had been, "Absolutely fantastic and really supportive" during a difficult period where their relative had experienced health concerns. Representatives from local authority social working teams told us that they were not aware of any concerns or issues.

People were supported by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. Specific training was provided relating to the needs of the people who used the service. For example, training to give the staff skills in conflict management and meeting the needs of people who lived with epilepsy. The manager had developed quizzes based on a variety of training elements. These were used at team meetings as an opportunity to assess staff members' understanding of the training. For example, a quiz around the MCA and DoLs had taken place at a recent team meeting. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice.

The staff team confirmed that they received monthly supervisions with their line manager and that they felt it was a useful two way process. A staff member told us, "The manager is very supportive, his door is always open and he always makes time for us."

We observed staff communicate with people and gain their consent prior to support being provided. Staff told us that they always asked people's consent to personal care and confirmed that they had received training about the MCA 2005 and DoLs. There were posters around the home to guide staff and relatives in relation to the mental capacity act. Records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked the capacity to make their own decisions. We noted that best decisions were kept under regular review. Staff demonstrated a clear understanding of how the best interest process could support people to live their lives as they wished.

The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to six people who used the service and these were pending an outcome.

The menu had been developed from people's wishes. Some people who used the service were not able to verbally indicate their wishes. Staff told us that in this instance they used pictorial prompts and their knowledge of people's likes and dislikes to support menu development. People said that they enjoyed the food provided and confirmed to us that they were able to choose their meals. A person told us, "The food is very tasty."

People were supported to observe dietary guidelines in respect of health needs and their individual faiths. Records confirmed that people enjoyed a varied diet. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. Some people who used the service experienced difficulties with swallowing. The speech and language team had been involved and the resulting guidance and advice had been incorporated into people's care plans. People's weights were monitored monthly and where people had been assessed as being at risk from inadequate nutritional intake, we saw that a dietician had been consulted to help ensure people ate and drank sufficient quantities.

People told us that their health needs were well catered for and that they received support from staff to attend appointments as needed. People were assessed for the use of wheelchairs and were supported to attend dental and optician appointments. Each person had a health action plan and a hospital passport which provided an 'at a glance' guide to assist hospital staff to provide appropriate care for people. Care plans included clear instructions for staff to follow to ensure that safe and effective care could be delivered. For example, there was clear information about how a person exhibited anger or anxiety with clear guidelines for staff to follow to calm the person and clear

Is the service effective?

protocols were in place to manage epileptic episodes. Referrals had been made to external health care agencies. For example, we noted that a person had received support from a mental health consultant and a district nurse.

Is the service caring?

Our findings

People who used the service, their relatives and professionals were positive about the staff. A person who used the service told us, "I like the staff." A relative said, "I talk with all the staff and have no qualms with any of them, from what I have seen they are fantastic. They strive to do their best and try to look after people the way they would want their own relatives cared for. I cannot fault them in any way." An external health professional told us, "The care staff I have met have been caring, they know people well and try to do their best for people."

The atmosphere in the home was warm and welcoming. People's bedrooms were personalised to their taste and clearly reflected the personality of the individuals. We observed sensitive, respectful and kind interactions between staff and people who used the service. Staff took the time people needed to speak with them and demonstrated a good understanding of the support people needed.

A person who used the service told us that they had been involved with developing their care plan and making choices about how their care was delivered. Where people lacked the capacity to contribute to their plan of care we saw that family members had been involved. Relatives told us they were invited to planning meetings and enjoyed being able to contribute to decisions about people's care and support needs. A person's relative said, "I am in constant contact with the home about [Person's name] care. I visit the home a lot and they encourage me to do so."

People had received advice and support where needed from external advocacy services to help them make decisions about matters that affected their daily lives. For example, the management team told us of a person who had received external support during a period of bereavement.

People told us that they were encouraged to be as independent as possible. A staff member told us, "We try to support people to do as much as they can". We noted that

some people were involved in doing the food shopping and another person liked to be involved in interviewing new staff members. One person did not like anyone doing their laundry for them. They managed this task themselves with staff monitoring to ensure that the correct machine temperature was selected and the right amount of washing powder was used.

Throughout the day we heard staff ask people what they would like to do and what they had planned for the day. We saw people going out to town and returning with support from staff. People confirmed that they selected what they wanted to wear each day and staff told us how they supported people to shop for new clothes. People were supported to attend religious observance and to observe dietary guidelines in respect of their individual faiths. This showed that the staff knew that it was important to enable people to make choices and decisions about how they lived their lives.

People told us that it was important to them to maintain contact with their family and said that they received continuing support to maintain family relationships. The manager told us of the support a person had received to engage in family relationships for the first time. The service had a dedicated mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

We saw that staff knocked on people's doors and allowed them time to respond before they entered. However, a survey of people's views undertaken by the manager had indicated that this was not always the case. We discussed this with the manager who told us that this element of poor practice had been identified and managed through staff supervision. When people required support with using the toilet or personal care needs, they received the support in private and with their dignity intact.

Private and confidential records relating to people's care and support were maintained in a lockable office. Staff demonstrated that they were aware of the need to protect people's private and personal information.

Is the service responsive?

Our findings

People told us that staff supported them to do things they wanted to do. For example one person said, "I go shopping, I go home to see my family, I am going to meet [relative] in town now."

People's support plans and associated care records provided detailed information about their health, their preferences, choices and communication. Examples of the records held included; health and social care support plans, a health passport for when a person required hospital treatment, risk management plans and information about people's routines. Staff had access to guidance documents for people's medical conditions to support their knowledge.

We saw that people's support plans were kept under regular review and updated following a change to the care provision. Input from external health and social care professionals was clearly recorded and staff told us they were made fully aware of any change to people's support plans. Staff told us about triggers and behaviours that might indicate a person was feeling anxious or unwell and the observations they would undertake. A representative from the local authority social working team told us that they had found that support plans were well written and covered all areas of the people's lives to help ensure their needs were met.

People took part in a variety of activities organised by the staff and also community based events. Staff told us, "Everyone has different needs and varying levels of capacity and ability. We like people to embrace their own identity." People attended a day centre regularly and activities in the house tended to be arranged in response to how people were feeling on the day. These included listening to music, watching films, shopping trips and outings to the local pub. People attended social clubs on a weekly basis and enjoyed day trips to Southend-on-Sea and local activities such as bowling. One person had

attended a cake baking course at the local college and staff told us that the person's baking was a good outlet for their creativity. Relatives told us they were pleased with the social activities provided.

Some people had been supported to attend activity holidays this year. These had provided opportunities to experience such things as zip wires, cycling, quad biking and fishing supported by risk assessments. The manager told us that in the previous year people who used wheelchairs had been supported to attend activity holidays he said, "You could see the smile on their faces and how much they enjoyed it."

Relatives told us that they had been involved with decisions about their family member's care. The manager had developed a system of e-mail communication with relatives of people who use the service. This had been developed in response to an issue raised at a relative's meeting where people had not been consistently receiving information that had been sent in the post. The manager said some people liked to have weekly updates and some preferred to have monthly updates and this was developed, according to people's wishes.

The provider had a complaints policy and procedure to support people to raise any concerns. We saw that any concerns raised both formally in writing or verbally, had been documented and managed in accordance with the provider's policy and procedures. We noted that the manager operated a key worker policy; the aim being that people had one staff member they could speak with should they have any worries or concerns. Relatives told us that they would be confident to raise any concerns with any of the staff team. One person said they had raised some concerns but they had not been completely satisfied with the response from the management team. We discussed this with the manager who was able to demonstrate that he had taken appropriate actions to address the person's concerns and that this remained 'work in progress' at this time.

Is the service well-led?

Our findings

Relatives made positive comments about the service and told us they had confidence in the manager. One person said, "I would be very confident to approach the management if there were any concerns." Another person told us, "If I do have anything to ask I call and things are actioned immediately." We saw that people interacted with the manager in a cheerful and comfortable way.

Staff told us that the management team were open and supportive and that they were very confident to go to the manager with anything that concerned them. The atmosphere at the service was open and inclusive and we saw many positive interactions between the staff and people they supported. Staff told us they enjoyed working at the home. They told us they were aware of the whistle blowing policy, they would not hesitate to use it and they felt confident in speaking up.

The manager had developed a dignity audit. This was a self-audit for staff to complete to reflect on their practice in relation to people's care. The manager told us that he would use this information as part of the staff supervision process. The manager also showed us a one-page profile that staff completed about themselves. He said that this had been a useful tool to promote person centredness amongst the staff team. The manager said that he had initiated a 'staff member of the month' award to recognise good and valued contributions from individuals in the team.

A wide range of audits, checks and observations were undertaken routinely by the staff and management team that were designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, fire checks, bedrails and infection control. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month with details of actions taken and progress made. We noted that these audits were effective in bringing about improvement, for example, the monthly kitchen audit had identified that the lights needed to be cleaned and we noted this had been actioned. A further audit had identified that the bath no longer met people's needs and it was no longer working effectively. We noted that a new bath had been installed.

The manager had a system to audit people's personal monies for daily expenditures. People's personal monies were checked daily by support staff and balanced against clear records. This helped people to feel confident that their monies were managed safely.

The service had received a monitoring visit from Hertfordshire Local Authority Adult Care Services the week prior to this inspection. The manager shared the report from the monitoring visit with us at this inspection and we noted that the quality of service provision had been rated as 'Good'.

The manager conducted regular meetings for staff, for people who used the service and their relatives to share their views about the quality of the service provided. We viewed minutes of a meeting held for relatives and noted that a complaint had been raised relating to poor communication because people had not always received items that had been sent to them by post. As a result it had been agreed that e-mail was to be used to ensure people received communication. Relatives spoken with as part of this inspection confirmed that they now received emails from the manager. We also noted that relatives had complimented the quality of the service provided at the home during this meeting.

The manager told us that quality surveys were distributed to professionals involved in the service, to people who used the service and to their families. We reviewed the feedback from the surveys and asked the manager what actions he was intending to take about some of the issues raised. For example a person had stated, "Sometimes staff listen and sometimes they don't." The manager reported that he would address these issues individually in one-to-one with staff members and through team meetings. He says he would then undertake a further survey in three or four months' time to satisfy himself that the necessary improvements had been made.

Records were maintained of any incidents and accidents occurring in the home. For example a person had knocked themselves on the corner of a table resulting in a bruise. The actions taken were to put foam around the age of the table to prevent this happening again. Another person had experienced technical difficulties with their wheelchair. Wheelchair services were contacted and the outcome was

Is the service well-led?

that the chair had been repaired the following day. Incidents were logged on the central database and were monitored by head office for trends and to ensure that appropriate notifications had been made.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.