

Accomplish Group Limited

Cateswell Court

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

Cateswell Court 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. Cateswell Court is a care home without nursing, which can accommodate up to eight people. At the time of our inspection eight people were using the service and these included people with mental health difficulties and younger adults.

At our last inspection we rated the service 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 on-going 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 inspection visit took place on 12 November 2018 and was unannounced.

There was a registered manager in post and they were present during the inspection. 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 receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to speak openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager. We were provided with information we expected to receive.

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.

Cateswell Court

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 checked 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 unannounced comprehensive inspection was completed by one inspector on 12 November 2018.

We usually ask the provider to complete a Provider Information Return [PIR]. 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. However, on this occasion the information had not been requested, but we reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with four people who used the service, two members of care staff, a visiting professional and the registered manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits

Is the service safe?

Our findings

At the last inspection in May 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

One person told us, "I feel really safe here, I can't fault the staff, they keep me safe". A staff member told us, "We watch people all the time, we are the first to tell if there is a problem, we keep them safe". Staff were able to discuss the safeguarding procedures with us and gave us examples of how they would react to a safeguarding concern. One staff member said, "If [person's name] goes missing we have a specific protocol in place. We contact family first to see if they have gone there and then the Police. When we need to we contact the local authority safeguarding team". Staff told us that in the event of an emergency they would 'ring 999'. We saw that any accidents and incidents were recorded appropriately and action taken where needed, however written records were only available up until March 2017 when a new computer system had been implemented. On the day of the inspection we were not able to access the computer records, but these were sent onto us afterwards and we saw that accidents and incidents had continued to be dealt with effectively. We saw that personal evacuation plans were in place. These gave details on the support needed to evacuate a person from the building in an emergency, including the effect that night time medicines might have and the person's awareness of the procedure.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to; behaviours, self-neglect, medicines and social vulnerability. Risk assessments covered the area of risk, history of risk, trigger points and consequence of risk. The risk was scored in relation to being low, moderate or high. Staff had signed to say these had been read. Risk assessments were updated as required. Where records were required to be kept, such as weight recordings these had been completed.

People felt that there were enough staff. One person said, "There are plenty of staff all the time". A staff member said, "There are enough staff, the mornings are busy but we deal with it". We saw that staffing levels had been identified by the use of a skills risk assessment measuring the needs of each person living in the home. The staff rota reflected the amount of staff available to people during the inspection.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "I get my medicines on time the staff assist me and sort it out for me". We found that people received their medicines as required and that records tallied with medications available. We saw that people's care plans gave a detailed checklist for side effects of medicines taken, so staff were aware. Medicines were stored and disposed of safely.

We found the environment was clear from hazards and people were protected by the systems in place for

prevention and control of infection. Checks to evidence the environment was safe were completed. Hand washing guidance and disposable gloves were located in the kitchen area and any cleaning products were kept in a locked cupboard. The kitchen was kept in a hygienic state

Is the service effective?

Our findings

At the last inspection in May 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and this provided information on the person's needs including those related to mental health. It gave a past medical history and information about the person's diagnosis.

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "We do a lot of training, mostly e-learning, I do it whenever I have a bit of time free, it's very useful". We saw that the training matrix evidenced training staff had completed and were due to complete, including diabetes, epilepsy, personality disorder and first aid.

We saw that staff knew how to support people and had the skills and knowledge required to meet their needs. One person told us, "Staff are very good, very efficient they know what they are doing and they know me." A second person said, "The staff are brilliant they know that I like to go into town, so they do all they can to take me whenever I want to go". A staff member told us, "We know people very well and how their complex needs manifest. We talk as a staff team, so that all information is shared on how best to work with a person".

We found that staff had completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. A staff member told us, "I did a lot of paperwork in my induction and a lot of training but it prepared me well". A staff member told us, "I have supervision every three months, but it is an open-door policy you can go to the manager anytime". We saw supervisions were recorded and included discussions around care provided to people and the staff members' wellbeing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found they were. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff were able to tell us who the DoLS applications were for and why. We

saw that decisions were made as part of a 'best interests' process and that recordings were in place. A mental health recovery support plan was used to consider what the person wanted to achieve and how they could be supported.

Staff told us that they gained people's consent prior to any action being implemented and we saw this being carried out. A staff member told us, "I always ask consent, even if it is just about taking people's laundry from the dryer, because it is their stuff, so they should be asked". We saw staff asking people for their consent consistently.

People told us that they were happy with the meals that they received and they enjoyed the food on offer. One person told us, "The food is excellent, you get to choose". A staff member told us, "We encourage people to cook where they can, it gives them an interest and gives some independence". Where staff prepared food for people we saw that the menu changed weekly. We saw that people could make themselves a snack or a drink as they wished and there was no restriction on their use of the kitchen area. Some people also had their own kitchen facilities within their rooms.

People were supported to access the health care they needed. A person said, "They [staff] would get the GP if I was poorly". A staff member told us, "We take people for regular checks such as an annual diabetes check". We saw a person leaving for a doctors' appointment with a member of staff. We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. People's bedrooms were personalised to their own tastes.

Is the service caring?

Our findings

At the last inspection in May 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People thought staff were friendly and caring towards them and one person said, "The staff are very friendly, they are very easy going and they will stop for a chat". A second person told us, "The staff are always kind; they are brilliant". A staff member told us, "The other staff are lovely people, they get along with the people here so well". A second staff member said, "We will have a chat with people, sit for an hour with them if we can. I often bring in doughnuts for people and get them to settle down with the films they like on television". We saw lots of positive interactions between people and staff.

People told us they were able to make their own choices and decisions and one person said, "I make all of my own choices and decisions nobody tells me what to do". We saw people using the home freely as they wished and one person said, "I can come and go as I please and they [staff] are helping me find my own place".

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They give me my private time if I need it". A staff member told us, "Some people do not like us in their rooms, so we respect this and try not to do anything to upset them".

We saw that visitors were made welcome and a staff member told us, "We have a good relationship with family members, we are open with them so we can quietly ask them to bring in more healthy treats if a person requires a specific diet".

The manager told us that should a person request the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

The last inspection in May 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

One person told us, "I was asked about my views when we put my care plan together". A staff member said, "There is enough information in the care plans. The manager will often ask us if anything needs to be added and we just tell them". We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. The care plan included an 'emotional thermometer' which measured feelings and probable behaviours. It looked at what the person could do to help themselves and what staff could do to support them. We also saw a Recovery Progression Pathway in place which included a plan with timescales to manage mental health, physical health, independence and self-care, amongst other issues. Information was provided on people's medical diagnosis and medicines taken along with possible side effects. People's likes and dislikes were noted within records. Care plans noted if people had religious or cultural needs and how these could be supported. We saw that reviews were carried out in a timely manner.

People told us that they maintained positive relationships within the home, with one person saying, "There is a good client group here, I have got friends that I spend time with". We saw examples of groups of people sitting together chatting and enjoying each other's company. People's interests were also catered for and we saw that one person had their own goldfish in a small tank that they took responsibility for and there were chickens wandering free in the garden that people took an interest in.

We saw that activities took place. One person told us, "I do sculptures and art, I love to paint and the staff support my art work". A second person said, "I go out shopping and I do plenty of activities, I choose what I want to watch on the television and I cook". A staff member told us, "People here have enough stimulation they often give us a list of things they want to do and we make the arrangements".

People we spoke with said they knew how to make a complaint or raise a concern. One person told us, "If I had a complaint I would go to [registered manager] immediately he sorts everything out". A second person said, "They are always asking our views and what we think about things, so I tell them, it's usually good stuff, but if something bothers me we just talk about it, it's not a complaint". There had been no recent complaints but there was a process in place should a complaint be made. We saw lots of compliments including one from a professional which stated, 'I would like to thank staff for their excellent communication and efforts made to help [person] remain in a community setting. The risk management plans were thorough and well thought out and I would certainly recommend this service to other healthcare professional.'

There was no current requirement for end of life plans to be in place, however staff shared that consideration of needs in line with best practice would be carried out if required.

Is the service well-led?

Our findings

At the last inspection in May 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

A registered manager was in place. 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 spoke about the registered manager to us and one person said, "The manager is very good; we see them day to day". A second person told us, "All the staff here are great, including the manager. They do it for the right reason and not for the money, they want to be here". A staff member told us, "This place is very well led, I cannot fault [registered manager] in the slightest. They are always ready to listen. I prefer them to any other manager I have had".

People spoke to us about their experience of the service. Lots of people commented positively, saying "It's a friendly good atmosphere in here, I am really happy here", and, "There is plenty of room to live". A staff member told us, "This place gives off very good vibes" and a visiting professional told us, "I am very pleased with the set up here".

There had been no written feedback taken from people using the service, however, the registered manager had plans to introduce a questionnaire for people using the service in the near future. Feedback had been taken from staff members and professionals, but the number of responses were limited due to difficulties with the online system, but those we saw were positive.

One person told us, "We have meetings and we get listened to". We could not access minutes from meetings during the inspection, but these were sent on to us and we saw from the minutes that discussions were held around noise, kitchen hygiene, meals, laundry, activities and furniture. A staff member told us, "We have a meeting once a month, we can put ideas forward, we have been discussing the Christmas tree and days out". We saw minutes from staff meetings included discussions on caring for people, the cleaning rota and activities.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Audits were in place and these included, but were not limited to medicines, moving and handling, accidents, food safety, falls and the environment including fire safety. The manager told us that they were well supported by the provider and received regular supervision and unannounced visits were carried out to

assess the service.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.