Caretech Community Services (No.2) Limited

Mildred Avenue

Inspection report

136 Mildred Avenue
Watford
Hertfordshire
WD18 7DX

Date of inspection visit:
20 December 2017

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26 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 December 2017 and was unannounced.

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

Mildred Avenue accommodates a maximum of 6 people in one adapted building. On the day of our inspection, there were four people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At our last inspection in May 2015, the service was rated as Good.

At this inspection, the service has been rated Requires Improvement.

The service does not have 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.

People had been involved in planning their care and deciding in which way their care was provided, where possible. Each person had a comprehensive care plan, which reflected their preferences and included personalised risk assessments, however there were inconsistencies in the records that we viewed. The manager had identified that the care plans in place required reviewing.

People felt safe in the service. Staff understood their responsibilities with regards to safeguarding people and they had received effective training.

Robust recruitment procedures were in place. Sufficient staff were on duty and were deployed effectively to meet the needs of people. Staff were competent in their roles and received support and guidance from management, although formal supervisions had not recently been completed.

People's health care needs were met and they received support from healthcare professionals when required. Medicines were managed safely and audits completed.

People were supported to have maximum choice and control of their lives and staff support them in the

least restrictive way possible; the policies and systems in the service support this practice.

People were supported to make choices in relation to their food and drink and a balanced, nutritious menu was offered.

Staff were kind and helpful. They provided care in a friendly and relaxed manner, treating people with respect. Staff promoted and maintained people's dignity and provided encouragement to people throughout their support.

There was an open culture and senior members of staff were approachable and involved in the day to day running of the service however the manager was not always available. People, their relatives and staff knew who to raise concerns with. Quality assurance processes were used to improve the service being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained Good.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans reflected people's needs and preferences, however they contained inconsistencies.

People were involved in decision making and were provided with opportunities to express their views.

There was a complaints policy in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service did not have a registered manager.

Senior members of staff were approachable and involved in the day to day running of the service however the manager was not always available.

There was an open culture amongst the staff team.

Regular audits to monitor the quality of the service provided were completed and action taken where it was identified as required.

Mildred Avenue

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 20 December 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked 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. We also reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with three people who lived at the service, two relatives, three care workers, one senior care worker and the manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and associated risk assessments of two people who lived at the service and also checked medicines administration records to ensure these were reflective of people's current needs. We looked at staff recruitment records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvements.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I'm very safe. I love living here." Staff told us, and records confirmed that they had received training on safeguarding procedures. One member of staff told us, "Our safeguarding training is always kept up to date so we know how to respond to or raise concerns. Our first port of call is the senior staff." Another member of staff told us, "I have no concerns regarding the service or the people living here. Speaking up would not be a problem."

There was a current safeguarding policy and information about the safeguarding process was available to staff. All the members of staff we spoke with demonstrated a clear knowledge of their responsibilities in relation to safeguarding people.

Personalised risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. Assessments seen included risks in relation to specific health issues and well-being, personal safety, medicines, mobility needs and visiting local amenities independently. Records confirmed that some people were involved in completing assessments and that they had been reviewed regularly.

Rotas demonstrated there was sufficient staff with varying skills on duty to provide the care and support people required. The manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported, any 1:1 support hours and any additional planned activities.

Staff were recruited following a robust procedure. We reviewed the recruitment files for two staff and found that all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff had been completed.

Systems were in place to manage people's medicines safely. The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff that had been trained and assessed as competent to do so.

A review of the daily records and MAR showed that staff were recording when medicines had been given however there were differences in the way staff were recording medicines being administered away from the service; for example at a learning activity or during a visit to relatives. The alphabetic codes used by members of staff differed and it was not always clear as to whether the medicine had been administered by a member of staff employed by the service or by someone else. The manager had recognised this from the medicine audits they had completed and had addressed this issue within a team meeting. We carried out a reconciliation of the medicines held for three people against the records and found these to be correct.

People told us the service was cleaned to a good standard and our observations confirmed this. Staff on

duty had access to sufficient equipment and materials required to complete tasks and a schedule was in place to ensure all areas of the service were cleaned regularly. In addition, staff had access to a good supply of protective equipment for the tasks they were carrying out, for example, disposable gloves when assisting people with personal care. Records we viewed confirmed that cleaning tasks had been completed in accordance to the schedule in place.

Good

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and trained. One member of staff told us, "The training we are provided with is really good." Another member of staff told us, "We attend lots of different courses and do somethings online. We can always get the training we need."

Staff training records showed that staff had completed the required training identified by the provider and further courses were available to develop their skills and knowledge. The manager monitored the training needs of the staff team and when refresher courses were required.

In addition to training, staff received further support in their roles from supervisions. Staff told us that there had been a lack of formal supervision with the manager recently however they told us that they had regular contact with senior staff and had no concerns with the support provided to them. All of the staff we spoke with expressed they could speak to the manager or a senior member of staff if they needed support. The manager had identified the need to provide staff with more frequent formal supervision sessions and had planned sessions in the coming weeks.

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. Applications for authorisations of deprivation of liberty had recently been submitted by the manager to the supervisory body as some people could not leave the service unaccompanied and were under continuous supervision. The outcomes of these applications had not yet been received.

Staff told us that they had received training on the requirements of the MCA and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals by the care staff, where they needed help. Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink and the assistance they required in the preparation.

People were supported to maintain good health. We noted from the care records that people had accessed the services of health care professionals, such as their GP, practice nurse or specialist nurses, when required.

Good

Is the service caring?

Our findings

People told us that they were happy with the care they received and that staff were kind, friendly and helpful. One person said, "I'm so happy here. All the staff are great." Another person told us, "They are all lovely to me." The relatives we spoke with felt that all the staff working at the service were kind and caring and had no concerns with regards to the attitudes of staff or the support provided.

Staff spoke positively about working at the service and the relationships that they had with people. One member of staff told us, "I've been here [number] years now and I absolutely love it. When I started here I had never worked in care before but the people are just fantastic. You build up such a close relationship working with them." Another member of staff said, "We are well supported as a team and the people always come first."

On the day of our inspection the service was holding a Christmas party for the people living at the service, their family and friends. People were excited for the party and spoke about how they were involved in planning the event. We saw that relatives and friends of the people living at the service were warmly welcomed to the service and made to feel at home. Staff interacted with people positively, encouraging them to join in with singing and dancing. People appeared comfortable and happy to join in and it was clear from the smiles on people's faces and the laughter heard that they enjoyed the warmth and encouragement shown by staff.

Staff were respectful and treated people with privacy and dignity. We observed conversations where people were spoken to appropriately by staff and that all staff sought permission from people before entering their individual room or providing support.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and the safe storage of records.

Requires Improvement

Is the service responsive?

Our findings

People felt they were involved in planning their care. One person said, "It's all about me." A member of staff told us, "The support we provide can really be tailored to the people. As we only support a small number of people it can be really personalised to meet their needs and people are involved as much as they can or want to be." The relatives we spoke to confirmed that they felt involved in the planning of the care and support provided and were frequently contacted by staff to participate in reviews and provide their feedback.

People's care plans were comprehensive however some information was repeated from section to section and was inconsistent. For example, for one person the information relating the support they required with their medicines differed from one section to another. For another person, we saw that they had two communication profiles in place which had different information on each. One member of staff told us, "The care plans have got so much information in them that has been gathered over the years but they do need updating." Another member of staff told us, "We get to know people really well by supporting them and learning all about them from themselves that the care plan has become just a record. Some people could be a lot more involved than they are at the moment." Staff told us that they were kept informed of changes in people's needs through shift handover, meetings or by reading daily notes and confirmed that a senior member of staff was always available if they had any questions or concerns regarding a person's care and support. When we discussed with the manager the inconsistencies we had found within the care plans they confirmed that they planned to complete a full review of each care plan for the people living at Mildred Avenue but had yet to commence the process.

Regular 'house' meetings were attended by all the people living at Mildred Avenue and individual meetings with identified staff members (key workers) were used to seek people's views on the care and support they received. They demonstrated how people were involved in ensuring their care was personalised and were involved in the decision making in relation to the running of the service. We saw that people were supported to express their views for upcoming activities, events and the weekly menu planning.

People using the service were aware of the complaints procedure or who to speak to if they had concerns. One person told us, "I'd talk to any of my staff if I have a problem." The relatives we spoke to confirmed that they knew how to raise a complaint should they need to but they had no concerns regarding the service. We saw that there had been no formal complaints received in the past 12 months however the manager was able to explain the process in place should they receive a complaint and how they would use the feedback received to make improvements, if identified as required.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager had left employment with the service in June 2017. An interim manager had overseen the service until the appointment of the current manager in August 2017. The manager had recently submitted an application to commenced the process to register with CQC.

At the time of our inspection the manager was also overseeing another service within the provider organisation. The manager was not aware if this additional responsibility would be continuing however they felt that Mildred Avenue required an increase in the management oversight than they were currently able to provide and would be discussing future arrangements with senior management.

People and their relatives felt the manager and senior staff were available if they had any concerns and felt well supported. One person told us, "I like [Name of manager]. She listens." One relative told us, "This is the first opportunity we have had to meet the manager but we've spoken on the phone numerous times. She seems very nice. I find all the staff are very approachable, take our views on board and keep us up to date."

Staff told us that the manager provided them with support and guidance and was actively involved in the running of the service but acknowledged they were not always available in the service. One member of staff told us, "It's always difficult when you get a new manager and even more so when they are dividing their time between two places. I think [Name of manager] is trying hard to settle in here but is split between the two places and both need her." Another member of staff told us, "[Name of manager] is good and I'm positive everything will be in place once she's found her feet."

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in team meetings and informally through discussions at handover or whilst on shift. Staff told us the service had an open culture and they were encouraged to discuss their work and any concerns.

There was an effective quality assurance system in place. We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service. Audits completed by the registered manager covered a range of areas, including incidents and accidents, infection control, medicines and an audit of care plans. Any issues in these audits were shared with the provider organisation via a monthly report and recorded in an action plan.

An annual quality assurance review had recently been completed by the provider. This visit was used to monitor the quality of the service and to evaluate the service against the provider's standards. An action plan was included with an expected date for completion given to each action. We found that that there had been improvements across the service with a number of actions completed.