CareTech Community Services Limited

CareTech Community Services Limited - 87 Bouncers Lane

Inspection report

87 Bouncers Lane
Prestbury
Cheltenham
Gloucestershire
GL52 5JB

Tel: 01242572446

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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?	Requires Improvement

Summary of findings

Overall summary

87 Bouncers Lane is a care home without nursing care for three people with learning disabilities and autism. People who use the service may have additional needs and present with behaviours which can be perceived as challenging others. There are two communal lounges and a kitchen/ dining room. There was 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.

One relative told us they felt the home was a very safe place to be. Staff were trained to identify any abuse and take appropriate action. Safeguarding incidents had been thoroughly investigated and reported in writing to the commissioners and the local authority safeguarding team. The correct action was taken by the registered manager to prevent further incidents between people. We have made a recommendation the registered manager ensured all notifications were also sent to CQC.

Individual risk assessments were completed which minimised risk for people helping to keep them safe and as independent as possible. All accidents and incidents were recorded and had sufficient information to ensure preventative measures were identified.

We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect. Staff knew peoples individual communication skills, abilities and preferences. Staff supported people to choose activities they liked. People had taken part in activities in the community and holidays with staff. People were supported by sufficient staff and they were able to access the community with them.

Staff were aware of the Mental Capacity Act 2005 (MCA) to protect people when they needed support for certain decisions in their best interest. Care plans included people's mental capacity assessments and identified how choice for each person was displayed by them. Most people made everyday decisions as staff knew how to effectively communicate with them. The service was working within the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and conditions on DoLS authorisations to deprive a person of their liberty were being met.

A range of social and healthcare professionals supported people. They told us the staffs' attitude was excellent and they were knowledgeable and communicated well with people and their relatives. Medicines were well managed and given safely. People's care plans identified how people liked to take their medicines. People were supported by staff that had the skills and knowledge to meet people's needs. Special diets were provided to maintain and improve people's health and wellbeing. People had a choice of meals and went shopping every day for fresh produce they could choose.

Quality checks were completed and examples told us that action plans identified where changes were made to address any shortfalls. Relatives and health and social care professionals were asked for their opinion

about the service. The registered manager was accessible and supported staff, people and their relatives through effective communication.

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 safeguarded from harm because staff were aware of their responsibilities to report any concerns. Safeguarding incidents were thoroughly investigated.

Risk assessments were completed which reduced risk for people helping to keep them safe and as independent as possible. People's access to the laundry was not risk assessed.

Infection control in the laundry could be improved to ensure all surfaces can be cleaned.

People's medicines were mainly managed safely.

People were supported by sufficient staff and were able to access the community with them.

People were protected by thorough recruitment practices and staff induction to the service.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had access to healthcare professionals to promote their health and wellbeing.

People had a choice of meals and their dietary needs were met. They went shopping most days to choose fresh produce.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Is the service responsive?

Good

The service was responsive

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care as much as possible.

Staff responded well to people's needs and supported and cared for them with compassion.

People took part in a variety of activities and planned trips out with staff in the community.

Is the service well-led?

Requires Improvement

The service was well led.

Some notifications had been reported to the commissioners and the local authority safeguarding team but not to CQC. We recommended all safeguarding incidents are reported to CQC in future.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The home was managed well and regular quality checks ensured that improvements were made.

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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 16 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, the deputy manager, two care staff and three relatives. We also spoke briefly with the three people living in the home. We looked at two care records, recruitment records, the staff duty roster, staff training information, quality assurance and maintenance records. We contacted several health and social care professionals for their view of the service.

Good

Is the service safe?

Our findings

Staff had the knowledge to protect people from the risks of potential abuse and report any allegations. Staff told us they had completed safeguarding adults training and explained how they kept people safe and their role in reporting any concerns. They said they would report any allegation of abuse to the registered manager. There were clear policies and procedures for safeguarding people and 'whistle blowing' for staff to follow. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. The Provider Information Return (PIR) informed us the office contained a notice board with information for staff members which included useful phone numbers, safeguarding flowcharts and the whistle blowing phone line and we saw this. One relative told us the service was a very safe place and they spoke to their relative three or four times every week and they were "very happy".

Safeguarding incidents had been investigated thoroughly and reported to the commissioners and the local authority safeguarding team by sending a written report to them. We looked at the three safeguarding incidents between people in the last 12 months and two were minor and one was where a member of staff had not followed the individual support arrangements in place for two people. The correct action was taken by the registered manager to prevent further incidents between people.

Risks to people's personal safety had been assessed and clear plans were in place to minimise these risks. People's individual risk assessments were completed and reviewed monthly or sooner when required. The examples we looked at were for accessing the services vehicle, activities in the community and one person using the mini trampoline. People's personal money transactions were recorded, checked daily and audited monthly using a clear system to protect people. We had concerns about safe access for people to the laundry. There was a step immediately the door was opened and people had free access the equipment there. We discussed this with the registered manager who planned to improve the safety for people.

There was an infection control procedure for staff to follow and the necessary equipment to use when providing personal care. The service looked clean and care staff had cleaning duties throughout the day. Two relative told us the home was always clean. The staff were trained in infection control procedures and used the equipment provided. Infection control procedures could be improved as not all the laundry surface could be wiped clean.

The maintenance of the service with regard to health and safety was checked at intervals throughout the year for example water temperatures were checked three times a year to prevent the disease Legionella and the completion of fire safety records were checked by the provider quarterly. One member of staff was trained in health and safety. Weekly spot checks identified any issues and the registered manager told us the maintenance person completed urgent action quickly. There was a business continuity plan for staff to know what to do in the event of service interruption.

People involved in accidents and incidents were supported to stay safe. The records were detailed and staff looked at preventative measures. All accidents and incidents were recorded and audited monthly by the provider. The registered manager had completed a detailed audit of incidents where people's behaviours

were monitored more closely to prevent incidents that put people at risk of harm. Referrals were made to Community Learning disability Team (CLDT) when required.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The staff were deployed in line with each person's individual funding and their preferred activities. The registered manager was not included in the staffing numbers and the deputy manager was supernumerary every Friday. There was an on call system during the weekend for staff to call for support. The registered manager told us they planned to recruit more staff than was required to help ensure staff holidays and sick leave were covered by staff people knew well. Regular agency staff were used so that people knew them well. The Commissioner had completed people's annual reviews and the registered manager contacted them when a person's needs changed. One relative told us there were plenty of staff to support the person.

Medicines were mainly safely managed. The supplying pharmacist had just completed a medicine audit and some minor adjustments were needed. When verbal medicine changes were given the changed record was not signed by two staff. Medicines were safely stored and administered. Staff were trained to administer medicines and their competency was checked six monthly. One member of staff told us they had their medicine competency checked a week ago by the deputy manager. There were clear protocols in place when medicines were given 'as required' to ensure staff made the correct decision when to give them. The protocol for a person when they had a seizure was clear when to give emergency medicine and when to call the emergency services. Senior staff checked medicine records daily and audited them quarterly. All staff were trained to give emergency medicine for seizure control. A medicine error had been correctly dealt with, the GP was informed and there had been no harm to the person. The service received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. MHRA regulates medicines, medical devices and blood components for transfusion in the UK.

We were unable to see all the recruitment evidence for one new staff member as the original records had been sent to head office. Subsequently we checked other records with the registered manager on a computer. Suitable checks were made to ensure people were safeguarded. Any gaps in employment were explored and potential staff were given interview questions and care practice scenarios to answer. Potential staff were observed engaging with people. New staff shadowed experienced staff until they were competent. One staff member told us they shadowed senior staff for three to four weeks before they were left alone with people. The registered manager told us two new staff were waiting to start when checks had been completed.

Good

Is the service effective?

Our findings

People's mental capacity was assessed in relation to specific decisions relating to their care and support. There were guidelines for staff with regard to the Mental Capacity Act 2005 (MCA) and 'best interest' decision's. Staff were able to access all policies on the computer and some were printed for easy access. Staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The 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.

Care plans recorded how choice for each person was displayed by them. People made everyday decisions as staff knew how to effectively communicate with them. We found correct best interest records for a person regarding their social engagement, attending medical appointments and choosing appropriate clothes for the weather.

People had a Deprivation of Liberty Safeguard (DoLS) in place. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had several conditions one was to restrict their diet to provide a specific diet to maintain their health and this was met. Another condition was to have two staff support them when in the community and this was always achieved. The front door was locked to prevent them accessing a road where they may be at risk. The registered manager knew when the DoLS for each person would be reviewed.

People were supported by staff that had the skills and knowledge to meet people's needs. The registered manager told us new staff shadowed experienced staff until they were competent and knew people. The provider's mandatory induction training was completed, which included for example moving and handling, food safety, fire safety and health and safety. Staff also completed other training to include autism and epilepsy awareness courses directly related to the people supported. The majority of training was on computer but some specific training was completed face to face, this included positive behaviour skills. Annual updates were completed to help ensure staff maintained their skills. The registered manager accessed the staff training record and knew who required an update and they were prompted to complete their training. Five of the eleven staff had either an NVQ 3 or 4 in health and social care or both.

One staff member told us their formal individual meeting with the registered manager called supervisions were completed every two months. The supervision meetings had enabled them to discuss their training needs or concerns. Generally there was either individual supervision, a knowledge quiz or a staff meeting each month. The registered manager had a record of the supervision meetings and knowledge quizzes staff had completed. Annual appraisals for five staff had been completed this year.

People had access to health and social care professionals and attended appointments when required. An epilepsy nurse specialist supported one person and trained the staff to reduce risk when the person took part in activities for example swimming. There were records kept when people visited their GP, dentist and optician. People had a health action plan which described the support they needed to stay healthy and a record of their appointments. Medication reviews were completed as required by the Community Learning Disability Team or with the person's GP.

People had a choice of meals and their dietary needs were met. A relative told us the person knew what they liked and the staff made sure they had a variety of food. There was a two week menu where a variety of food and choices were planned with specific dietary requirements for example of gluten and casein free food. One staff member told us the menu was a guide and people can have what they want. Meals were home cooked and there were seasonal options. Staff told us they offered people a choice if they didn't want what was on the menu. When possible and when people chose they had their meals with the staff. People also had meals out in the community with staff. Staff told us they go shopping with people every day to buy fresh food to cook and people can choose what they like or want. There was a cleaning schedule for the kitchen and fridge temperatures were recorded to ensure food was safely stored. One person's gluten free snacks had to be safely stored to make sure there were always some available for them.

Good

Is the service caring?

Our findings

People had positive relationships with staff. Each person had a 'keyworker', a keyworker is a member of staff who had made sure people had all the things they needed. Keyworkers talk to people monthly to review their care support plans and risk assessments but people knew they could talk to them anytime. They also made sure people attended health appointments and make sure their goals are met. For example one person wanted to visit Birdland to feed the penguins and this was achieved. Their next goal was to go to a pantomime and tickets had been booked. We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect.

People received care and support from staff that had got to know them well. There was a longstanding and well established staff team which helped to provide consistent high quality care. Both health and social care professionals indicated in the surveys the staffs' attitude was "excellent." Staff completed training in equality and diversity to promote people's rights and their individuality. People's records included information about their personal history and how they wished to be supported.

People's relationships with their families were well supported by the staff. Strong links with people's families were maintained and they were involved whenever appropriate. Regular communication with family members was encouraged and trips home for family occasions were organised and extra staff support was offered where required.

Staff supported people with kindness and compassion within their natural boundaries. Staff knew how changes affected people and how to support them. One person was in the office with us because they were anxious to see the new person and if they had any sweet wrappers. The registered manager responded to them warmly and made sure they had a chance to look around and meet the inspector. Staff wrote respectfully about people in the records. We observed one staff member respectfully supporting a person who liked to walk downstairs backwards. People were well presented in age appropriate clothes and a person who didn't like wearing socks and shoes had boots they were encouraged to wear in paved areas. Respect was given in regards to entering peoples bedrooms, staff knocked before entering. The engagement between people and staff was patient and caring and people responded well to the staff and looked cheerful and content.

We observed people were given the information and explanations they needed. One person communicated their need to search again for sweet wrappers and staff supported them. The staff had a clear and compassionate way of communicating to the person there were no wrappers. Staff told us people like to go out as much as possible and when they were in the services transport they put on the music they liked most. People liked their personal space but staff supported them to sit together in the evenings. One person preferred their bath each evening.

Staff were sensitive to boundaries when people demonstrated affection or unacceptable interaction. They knew people's individual communication skills, abilities and preferences. Staff told us people were encouraged to be as independent as possible. One relative told us that staff engaged well with the person

and they were happy.

The PIR informed us advocacy information was available for all people should family members be unable to fulfil this role. A confidentiality policy was in place and training available for all staff on the topic.

Good

Is the service responsive?

Our findings

The service supported people with learning disabilities and autism. People had person centred care plans and staff supported them to be involved in making decisions about their care as much as possible. Each plan had information about the person's likes, dislikes and people important to them. Care plans detailed daily routines specific to each person. There were support guidelines for all areas of a person's care. One staff member described how a person liked hugs but this could overstimulate them and staff avoided this and showed other ways they cared by coming in to see people on their days off. Another staff member described how they held a person's hand when a dog was near as they knew they were afraid of dogs.

We saw one person living with epilepsy was supported by the Community Learning Disability Team and their healthcare professionals. There was a record of all seizures and epilepsy support guidance and protocols to keep them safe. The registered manager had explored the use of additional technology at night to detect their seizures but needed to ensure the device was hidden. Each person had a health passport book to take to hospital should the need arise. This helped to ensure that moving between services was a good experience and individuals were supported consistently. People had six monthly and annual reviews where future plans were recorded and things important to the person were planned and what had not worked was looked at.

People were supported when they became anxious and showed behaviours which may challenge others. Care plans described intervention methods to support people's behaviours. Staff knew how people communicated when they were anxious or upset and tried to find out what was concerning them. For example one person didn't like surprises and liked to keep to a routine. An action in the care plan when the person was anxious was for staff to talk in a soothing voice to reassure them. They were also afraid of dogs and this was recorded so that staff knew to support them in the community away from dogs. A relative told us," They [staff] are tremendous, they facilitate people and go the extra mile." They said staff had also come to their home to support the person.

Daily diaries for each person recorded what people had to eat, the activities they took part in, their mood and any communication with their family. One relative told us the staff always communicated with them when necessary and they were confident should there be a problem they would be informed. Monthly summaries in the care plans identified progress in all areas, healthcare appointment outcomes and how the person felt about what they had achieved or taken part in.

Handover between staff at the start of each shift ensured that important information was shared and acted upon where necessary to ensure people were well supported. One person had support by the same staff member most of the day to give them comfort and confidence with a physical need that was resolved by the end of the day. The staff member had stayed on duty even though their shift had ended to ensure the person was comfortable. Staff were informed of a medicine reduction for one person to alert them to any potential changes with their seizure control.

People's activities were planned but staff told us the plan was fluid as sometimes people refused to go out.

People were supported to follow their interests and take part in social activities. There was one vehicle available to take people out. One person had a best interest meeting to support them in the decision to acquire their own car for staff to drive. The benefits and risks were explored with the person's relative, the person, the registered manager and a staff member. The benefits to the person's wellbeing and health outweighed any risk and the project was started. A pictorial record of the meeting was given to the person to keep. The registered manager informed us this was progressing well and they hoped to have the funding for the vehicle soon. This would give the person freedom and flexibility to make choice when they wanted to go out, which was most of the time and they could choose additional activities. Family links would be opened up and activities with their family could be shared. This would give the person a sense of pride and build on their self-esteem. One relative told us the person liked walking and the staff told them about the activities' they did.

Activities were planned within people's capabilities and wishes in line with their risk assessments and to promote their safety and others. People took part in a variety of activities to include, bowling, trips to the pub, music, art, swimming, lunch out, watching DVD's, walks in the countryside, shopping, aromatherapy and visits to local places of interest for example, Birdland. People also helped with some household chores for example, recycling and putting washing out on the line. People were encouraged and supported to develop and maintain relationships with people that mattered to them. People were in regular contact with their families and one person visited their family alternate weekends. Two relatives told us there was good communication from the staff.

There were appropriate complaint procedures for people and their supporters. There were no formal written complaints. One relative told us they were unaware of the complaints procedure and the registered manager agreed to give them a copy. One relative had raised verbal concerns with the registered manager and they had been addressed them. Another relative told us they knew how to make a complaint and they knew the registered manager but hadn't needed to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not notified CQC of all incidents. The commissioners and the local authority safeguarding team had not been concerned as the service had managed any incidents well and where necessary improvements were made. The registered manager was fully aware after we discussed the incidents they should be reported to CQC but we could not assess whether any action they said they would take had been sustained. We recommend the registered manager continues to report all incidents to CQC as required.

Staff told us they felt well supported by the registered manager and deputy manager. The registered manager was available for staff and people to talk with and their office door was usually open for this to happen. We found the registered manager enthusiastic and they described the service as providing person centred care. The home was supported by a representative of the provider the locality manager. The registered manager, deputy manager and locality manager met regularly at team meetings and had individual monthly meetings.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits were completed monthly and included care plans and medicines. Daily, weekly and monthly audits were completed to include the registered manager's
weekly 'spot checks'. We looked at the eight weekly spot checks where all areas in the home were checked for cleanliness and organisation and people's daily diaries and monthly summaries were checked. Actions had been recorded and highlighted when completed. The vacuum cleaner and oven were replaced within three weeks.

The locality manager also audited the service and a 'monthly report' was sent to the provider for review. Internal compliance visits generated an action plan for completion. The locality manager checked the action plan at regular monthly visits.

The registered manager told us in the PIR in March 2016 they wanted to create and promote a survey for family members so that feedback could help improve the service. Families told us they had completed a survey recently. One family member told us they completed a survey in May 2016 and had highlighted two concerns to the provider. One was transport arrangements which were being addressed and the other was decoration of the home. The communal rooms had recently been decorated but the registered manager told us peoples bedrooms would be completed when they were not there during their holidays as it caused them too much anxiety. One relative had helped a person choose the colour for their bedroom walls. The registered manager told us some of the pictures had not been returned to the walls since the redecoration which would improve the white painted walls. Another relative told us, "Everything is excellent." The service improvement plan started in December 2015 identified issues and all of them had been completed during 2016. One relative also told us the communication was good and the registered manager always asked their opinion.

Health and social care professionals had completed quality surveys about the home in September 2016. All

but one answer to the eleven questions were 'excellent' from both professionals. This was the absence of the doorbell which delayed their access and had been completed. Comments from the professionals in the surveys included, "Robust risk management arrangements for the various activities", "Helpful exchange of ideas, good communication with families", "Staff knowledge and skills base presents as very sound" and "My clients dietary needs are very specific and are fully met."

The registered manager sometimes sent staff memos to keep them up to date. The August 2016 memo we looked at included a new MCA quiz for staff to complete to promote discussion and any questions the team would like answered. One person's relative was visiting and staff needed to make a list of any new clothes the person wanted as their relative would take then shopping. One person's holiday plans had begun and staff were asked about fun things they might do.