Caretech Community Services (No.2) Limited

# Caretech Community Services (No 2) Limited - 100 Woodcote Grove Road

**Inspection report**

100 Woodcote Grove Road
Coulsdon
Surrey
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Tel: 020 8763 4256
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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

This inspection took place on the 7 May 2015 and was unannounced. We previously inspected the service in June 2013. At that time the provider was meeting the regulations we inspected.

100 Woodcote Grove Road is a care home that provides accommodation and personal care for up to six adults

# Summary of findings

with learning disabilities. The accommodation includes six single occupancy bedrooms of which two are self-contained flats. There were six people using the service at the time of our inspection.

There was a registered manager who had been working at the service since December 2014. 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 lived in a safe environment. Staff knew how to protect people from avoidable harm and they ensured the premises and equipment were regularly checked and maintained. They were aware of their responsibilities to protect people from being harmed or abused and understood how to report any safeguarding concerns.

Risks to people's health and wellbeing were managed and staff took steps to minimise risks without taking away people's rights to make decisions. Care plans provided guidance for staff to support the positive management of behaviours that may challenge the service and others.

People received care in line with their wishes and preferences and were treated with dignity and respect. The staff responded to people in a calm and caring way and understood their different needs.

People were assisted in maintaining their health and taking their medicines safely. The service made sure health and social care professionals were involved when people became unwell or required additional services. People's nutritional needs were assessed and monitored and people were supported to keep healthy.

People were supported to take part in activities they enjoyed and to access the community to meet their social needs. Their independence was recognised and encouraged; they led their chosen lifestyle and had the opportunity to make the most of their abilities. Staff knew how to communicate with people and involve them in how they were supported and cared for. People were also supported to maintain relationships with their relatives and friends.

Where people did not have the capacity to consent, care was provided in their best interests. The manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They took appropriate action where a person may be deprived of their liberty.

The staff were given ongoing training that enabled them to meet people's different needs. Any further training needs had been identified and planned for. Staff felt well supported in their roles and the standard and quality of their work was kept under review.

The registered manager provided leadership to staff and was accessible and supportive. There was an open culture and people and their families were involved in developing the service.

Suitable arrangements were in place to monitor and assure the quality of the service that people received. The service worked in partnership with other organisations. Feedback from the health and social care professionals involved in people's care and treatment was very positive.

# 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 safe because staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

The environment was regularly checked to ensure the safety of the people who used the service and staff.

People's medicines were managed safely and they received them as prescribed.

**Is the service effective?**

Good

The service was effective. People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

Staff were provided with training and support that gave them the skills to care for people effectively.

People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

**Is the service caring?**

Good

The service was caring. People were actively involved in decisions about their care and treatment. They were supported to maintain relationships with their friends and relatives.

Staff empowered and promoted people's independence, respected their dignity and maintained their privacy.

**Is the service responsive?**

Good

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Staff listened to people about how they wanted to be supported and acted on this.

People were supported to access activities that were important to them both in the home and local community. People were encouraged to maintain and develop their independence.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

**Is the service well-led?**

Good

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

# Summary of findings

Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

# Caretech Community Services (No 2) Limited - 100 Woodcote Grove Road

**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 7 May 2015 and was unannounced.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

This inspection was carried out by one inspector. We spoke with four people using the service, the registered manager and three members of staff during the course of our visit.

We looked at three people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked two staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke with three people's relatives and two professionals involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our inspection report. The manager also sent us some quality assurance information which included the most recent service improvement plan and record of staff training.

Good

# Is the service safe?

## Our findings

People told us they felt safe and relatives were confident their family members were safely cared for. Staff were clear about their responsibilities to report abuse and had received training in safeguarding adults. They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. The staff members we spoke with were confident these would be promptly dealt with.

The provider had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. These procedures reflected the most current guidance and legislation. In line with the guidance, the manager was appointed as the safeguarding lead. Following our inspection a professional involved with the service informed us about a recent safeguarding incident. In response the manager took appropriate action and promptly notified the Care Quality Commission (CQC) that the necessary referrals had been made to the police and local safeguarding team.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records of accidents and incidents we checked were fully completed, reviewed by the registered manager and reported to the provider every month. This was to check for any themes or trends.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Staff gave examples such as ensuring one person had one to one support during activities and maintaining a safe environment for another person. Records showed that people's personal safety needs had been assessed and kept under review. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. There were specific risk plans associated with people's healthcare needs such as epilepsy and nutrition. One staff told us they made sure food was cut into small pieces for two people who were at risk of choking. Detailed behaviour plans were also in place for people whose actions were assessed as being a risk to themselves and others. Staff had completed relevant training on how to respond to behaviours that may be challenging. Staff were able to describe the different ways people expressed that they were unhappy or upset and how to support them. One staff explained how one person kept repeating things if they were anxious and they provided lots of reassurance.

The home was well maintained which contributed to people's safety. Checks on the home's internal and external environment were undertaken on a monthly basis and systems were in place to report any issues of concern. Risk assessments for the premises and potential hazards in the home helped promote the safety and wellbeing of people using the service and the staff who worked there. There was evidence of fire safety checks and maintenance, including an up to date fire risk assessment. Practice evacuation drills were held regularly involving both people using the service and staff. Each person also had a personalised fire evacuation plan that listed the individual actions needed for supporting them in the event of a fire.

People told us there were always staff around if they needed them. One person said, "They are not short of staff, no." Relatives and professionals we spoke with felt there were enough staff to support people's needs. We saw that people received the attention and support they required throughout our visit. Staff allocation records showed that staff support was planned flexibly and according to people's needs. There was always a minimum of four staff to support people with their day to day activities and one person had one to one staff support for a number of hours a day. Senior care staff were designated on all shifts and there was an on-call system in the event of emergencies or if staff needed advice and support. People using the service experienced consistency as there had been minimal staff turnover in the last twelve months.

The provider had robust recruitment procedures and policies for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care. People living at the home were involved in the staff interviews and had a say on whether the applicants were suitable to work at the home. Records confirmed that staff were thoroughly checked and vetted before they started working at the service. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks via the Disclosure and Barring Service. The manager told us that there were no vacancies at the time of our inspection.

Good

# Is the service safe?

People had individual medicine cabinets in their bedrooms and appropriate risk assessments in their records to show whether they were able to manage their medicines. Staff followed individualised profiles which explained how people needed to be assisted with their medicines. The plans included special requirements such as protocols for when and how emergency medicines should be given or those to be administered on an as needed basis. People's prescribed medicines were reviewed by relevant healthcare professionals as necessary.

We checked the medicines for two people which corresponded with their Medicine Administration Records (MARs). The records were up to date and there were no gaps in the signatures for administration. At the time of our inspection we were told that one person was prescribed a controlled medicine on an as required basis. This was stored appropriately and two staff checked and signed for the quantity every day.

Records confirmed staff had received training in the safe handling of medicines. One staff told us they had to complete both e-learning and practical training before they were authorised to administer medicines. Assessments were also undertaken with staff to check their competency in supporting people with their medicines.

There was a system for checking all prescribed medicines and records for their receipt and disposal. A member of staff undertook weekly medicines' audits to identify and resolve any discrepancies.

Good

# Is the service effective?

## Our findings

People were supported by staff with appropriate skills and experience. All new staff completed a thorough induction which included mandatory training and working alongside an experienced member of staff. Training consisted of 'e-learning' (computer training) and face to face training within the organisation or through the local authority. Staff told us training was ongoing and relevant to the needs of the people they supported. They had learnt about epilepsy, autism and how to support people with behaviour that might challenge others. A Speech and Language Therapist [SaLT] had provided training on Makaton signing so staff could communicate more effectively with one person. Staff shared examples of recent training courses including person centred care and the Mental Capacity Act.

The manager kept an electronic record which provided an overview of the training undertaken by the staff team. This enabled her to check that individual staff knowledge and skills were up to date. When refresher training was due, the manager monitored staff attendance and learning through supervision meetings. Staff files also contained certificates to show what training had been completed and when.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. Staff told us they had supervision every two months and an annual review of their work performance. The manager also carried out unannounced observational checks of their practice. Staff felt well supported by the manager and told us they could also speak to a senior staff if they had a problem. Staff described the manager as "understanding", "willing to listen" and "very supportive." The ongoing supervision and appraisal for staff supported them to do their jobs well and reflect upon their performance and practice.

Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in. Staff worked in an inclusive way with people and always sought their permission before carrying out any proposed actions. Where people were unable to communicate verbally, staff had a good understanding of how to interpret body language, signs and gestures indicating whether they agreed or not.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and when these applied. This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. Staff told us about recent MCA training provided by the local authority. One staff member told us, "It's important to let people have their choice." A second staff explained how people's freedom could be restricted if they needed continuous supervision. Staff we spoke with knew who to involve if people could not make decisions for themselves. For example, that a person's family, other professionals and key staff would be invited to a best interests meeting.

In the individual care records there was a policy for assessing a person's capacity to consent and policies and guidance were available to staff about the MCA and DoLS. The manager had assessed where a person may be deprived of their liberty. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team. One example included the use of a key pad access code for the front door.

Each week, people planned their chosen menu and a pictorial copy was displayed in the kitchen. People told us they helped with food shopping and preparing and cooking their meals. At lunch, staff asked people what their preferences were and supported them with their choices. One person returned from a shopping trip and told us staff showed them a menu with pictures when they stopped for lunch.

Staff we spoke with had a good understanding of people's specific nutritional needs and food preferences and were able to clearly describe how these were catered for. For example, one person had an extensive plan setting out their dietary requirements. It gave staff precise instructions to follow. This included when and what they liked to eat and drink; consistency of food; foods to avoid and specific charts to monitor the person's intake. Staff spoke confidently about these guidelines which corresponded with what they told us. A healthcare professional complimented the manager and staff for their consistent approach in following the plan.

People had personalised health action plans that reflected the support and treatment they needed. These records described people's medical needs and showed where other professionals were involved in people's care.

Good

# Is the service effective?

Examples included the optician, dentist, GP, specialist nurse and NHS consultant. Where needs changed or a person required additional services, clear records were maintained and staff acted on advice or guidance. There were detailed records of appointments with health care professionals and any actions or recommendations from these. This enabled staff to help people keep healthy and receive any necessary care and treatment.

Staff knew about individual health needs and told us how they monitored these. For example, recording epilepsy seizure patterns for one person and supporting them to attend appointments with a specialist nurse and neurologist.

Good

# Is the service caring?

## Our findings

People living at the home told us they liked the staff. One person told us, "The staff are alright" and "[name of staff] is kind to me because she doesn't get me up too early." A professional described the staff as "always willing and enthusiastic" and another told us, "staff have always been welcoming and polite."

People were relaxed and comfortable around the staff; they shared jokes together and staff were attentive to what people had to say. During our visit there was lots of engagement and activity and people were supported by staff on a one to one basis where needed. Staff were alert to changes in people's mood, behaviour and general wellbeing and knew how they should respond to individual communication needs.

Staff we spoke with were able to describe the care needs of people using the service and knew what was important to people. One member of staff discussed the ways in which a person liked to be supported in the morning and their favourite interests. Another staff explained how a person expressed their enjoyment for particular activities by vocalising and body language. The staff comments corresponded with what we saw in the care plans.

People were supported to see their families and others who were important to them on a regular basis. One person told us they telephoned their friend every week and enjoyed meeting up with them at parties and celebrations. They told us they would like to see their friend more often and we brought this to the attention of the manager. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people would continue those relationships. Relatives told us they felt involved in their family members' care and were kept informed about any significant events. One person's relative however felt that communication could be improved at times and told us they would discuss this with the manager.

People's care needs, choices and preferences were recorded and written in a person centred way such as "my morning routine"; "what I like doing" and "what is important to me." The information was detailed and enabled staff to support people as they wanted. For example, "I dislike going out when it's raining and getting up early in the morning." Another person's plan included, "It is important that staff speak slowly to me and give me time to answer or I get frustrated." One person told us staff respected their choices, for example, that they preferred a shower and liked certain television programmes.

People who used the service were involved in decisions about things that happened in the home. This included planning meals, activities and choosing décor for the house. One person told us they were planning a holiday with their keyworker. People expressed their views about their care and support through keyworker time with staff and annual reviews. They also had general meetings with staff and other people using the service where they discussed issues that were important to them.

There were communication aids around the home to help people make choices and decisions. Pictorial timetables were available to people in their rooms and one person had photographs to point out what activities they wanted to do. There were easy read leaflets about making complaints and reporting abuse.

Staff respected people's privacy and dignity and described the ways in which they did this. One told us they always knocked on the door before entering someone's room and allowed people time to make choices about what they wanted to wear. People had comfortable bedrooms which were decorated and furnished as they liked. They had photographs, posters, equipment and memorabilia that represented their interests. One professional told us the staff were "respectful and always knock" [when one person was in their room.] They also commented that the room was personalised to reflect their identity.

People's confidential information was kept private and secure. One staff member explained that information was only disclosed on a "need to know" basis and they "must always respect the confidentiality of service users and staff." Records were stored appropriately in the service.

Good

# Is the service responsive?

## Our findings

People told us the staff were supportive and professionals we spoke with felt the service met people's needs. One professional said, "staff are flexible in their approach, I can't fault them." Another told us that staff had "gone over and above what I would ask someone to do." One person's relative commented, "They have always looked after [name of person]."

People's care plans focused on them as an individual and the support they required to meet their needs. Care records were person centred and illustrated with photos and personalised language to help people understand. They included profiles about the person's history; their routines and preferences; what was important to them; their communication needs; and how they wished to be supported. Staff told us the detailed level of information helped them get to know and understand a person.

People's care and support needs were regularly reviewed. This was achieved through monthly keyworker meetings and care reviews every year or more frequently where needs had changed. These review meetings were held to make sure the service was still meeting people's needs properly. These involved family and other representatives such as health and social care professionals to represent people's interests. A professional told us the placement was working well for one person and had been "very positive" as the person had "come out of their shell."

One professional visited the service every week to review one person's guidelines and advise staff on the most suitable approaches to support them. They told us staff were "on the ball" and "can put their hands on information instantly."

Keyworker staff met with people regularly on a one to one basis and wrote monthly summary reports which focused on the person's needs, preferences and progress to meet their goals. Staff wrote daily reports which detailed the care and support people received. These records showed that people's care plans were regularly checked and updated where there had been any changes to people's care or support needs. One staff member told us about the action taken in response to a recent accident involving a person. They had updated the hospital passport and arranged for the person to be assessed for new protective equipment.

People's diversity, values and human rights were respected and care records included information about their needs. The provider took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this. All staff had undertaken training on equality and diversity and knew how to respond to people's individual needs.

Activities were offered to people, based on their lifestyle choices and as recorded in their care plans. People had a choice of varied activities both within the home and the local community. One professional told us the person they worked with "led an active social life." During our inspection visit people were busy and engaged with their day to day activities either at home or in the community. One person told us they liked going bowling every week and were going to try table tennis. Another person returned from shopping and showed us a magazine they had bought. The information in the care records corresponded with what people told us about their daily activities.

People were supported to develop their independent living skills and encouraged to cook, take care of their laundry and help keep their home clean and tidy. The staff told us about different tasks people enjoyed undertaking in the home and how they supported them to do this. One staff member said it was important to "empower people" and promote their independence.

People told us they would speak to the manager or staff if they had a complaint or were unhappy with any aspect of their care. The complaints procedure set out the steps they could follow if they were not satisfied with the service. There was information about who to contact and how complaints would be managed. This included a complaints form which was written in plain easy to read English and illustrated with pictures. People were also encouraged to express their views through regular contact with their key worker and monthly group meetings.

Staff knew the process to follow if they received a complaint about the service and would inform the manager immediately. The manager checked for complaints every month. Records showed there had been no complaints about the service in the last twelve months.

Good

# Is the service well-led?

## Our findings

There was an open, friendly atmosphere at the home. People were comfortable talking to the manager and staff who all took time to answer their individual requests for advice or support.

Comments from one relative included, "it's extremely well run" and "the manager is doing an excellent job." Professionals were similarly complimentary about the manager. One described her as "open and reflective and able to take on feedback."

The manager was also registered for a second home owned by the care provider. She divided her time appropriately between the two services and was assisted by senior staff. All the staff we spoke with felt the manager had made a difference to the service since she joined. One told us, "She has changed the whole home and got the renovations done. There are more activities for people" and a second staff said, "teamwork is good and we've been given responsibilities."

Staff were clear about their roles and responsibilities and told us they received the support they needed. One staff said, "it's a good feeling when you come to work."

The provider had recently developed its vision and values and produced an 'Inspiring People' strategy. Training on what this meant for people using the service was being rolled out to all staff and managers had completed theirs. Our discussions with staff showed that person centred values were supported. One staff said they had "learnt about involving people more."

The manager led the staff team effectively and kept them well informed about the service and any developments. Staff meetings were held regularly and were used to discuss any matters that affected the service. As well as meetings, a communication book, daily shift plans and handovers were used to support the sharing of information. Staff told us their opinions counted; they felt valued by the manager and received praise for their work. Their comments included, "She listens to us", "the manager is understanding" and "if there is an issue I can go to [manager's name] straight away."

Staff told us if they had to speak with management about any concerns they would feel comfortable to do this. They understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was displayed in the manager's office.

We looked at the systems in place to assess and monitor the safety and quality of the service people received. The locality manager carried out a quarterly audit based on the new inspection approach set by the Care Quality Commission. It considered the five key questions and the experiences of people using the service. A detailed service improvement plan had been created for the manager and staff to implement in the service. This identified where improvements were needed, the actions to be undertaken and timescales for completion. We looked at the report arising from the most recent visit, in January 2015, and noted that the majority of actions had been addressed or were underway. For example, person centred plans had been updated for people and DoLS applications submitted where necessary. Annual appraisals had been completed with all staff and identified training needs were planned for.

Every year, people using the service, their relatives and other stakeholders were given questionnaires to feedback their comments. These surveys were sent out from the provider's quality assurance department. Information from these was used to help improve the service and the quality of support being offered to people. Recent results were not available at the time of our inspection and the manager told us they were still being reviewed. Findings from the previous year showed people were positive about the care they received.

The manager carried out a monthly audit to assess how well the service was running. She completed a 'commercial report' on a number of areas including people's care reviews, staffing, safeguarding, complaints, accidents and incidents and finances. The reports were sent to the provider's quality assurance department and enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on.

Staff had designated responsibilities to help audit and monitor service provision. These routine checks were undertaken weekly or monthly and looked at areas such as medicines, the environment and equipment, food safety,

Good

# Is the service well-led?

care plans, cleanliness and fire safety. This helped to ensure that people were safe and appropriate care was being provided. These checks were consistently completed and within the required timeframes.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.