

Care Services (UK) Ltd

Care Services (UK) Limited - 20 Talbot Street

Inspection report

20 Talbot Street
Rugeley
Staffordshire
WS15 2EQ

Tel: 01889801837

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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

This inspection visit took place on the 9 August 2016 and was unannounced. At the last inspection on 4 May 2014, the provider was meeting the regulations that we checked.

20 Talbot Street is registered to provide accommodation and or personal care for up to five people with a learning disability or autistic spectrum disorder. There were five people living at the service at the time of our visit.

There was a registered manager at the service. 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.

The manager had systems in place to monitor the safety and quality of the service but improvements were needed to ensure people's medicines were recorded in accordance with good practice and to ensure accidents and incidents were effectively monitored to prevent reoccurrence.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Where people were restricted of their liberty in their best interests, for example to keep them safe, the manager acted in accordance with the legal requirements.

Staff understood their responsibilities to keep people safe from the risk of abuse. There were systems and processes in place to protect people from the risk of harm. Staff received the training and support they needed to meet people's needs and an induction programme was in place to prepare staff for their role. There were enough staff to meet people's needs and checks were made to confirm staff were suitable to work in a care environment. People were supported to take their medicines when they needed them.

People were supported with their dietary needs and had a choice of food and drinks that met their preferences. Staff monitored people's health to ensure they had access to other health professionals when needed.

Staff had caring relationships with people, supported their privacy and dignity and encouraged them to maximise their independence. Staff knew people well and encouraged them to have choice over how they spent their day. People had opportunities to engage in activities that met their individual needs and were supported to follow their interests both at home and in the local community. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was an open and inclusive atmosphere at the home. People and their relatives knew how to raise any complaints and their views were sought on how the service could be improved. Staff felt supported by the

management team and were encouraged to give their views on the service to improve people's experience of care.

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.

Risks to people's safety were assessed and managed and staff knew how to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty in their best interests, the manager followed the legal requirements. Staff received the training and support they needed to care for people. People received sufficient amounts to eat and drink and had their health needs met.

Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant and relatives were invited to

attend reviews. There was a complaints procedure that was accessible to everyone using the service.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. Staff felt valued and supported in their role.

Requires Improvement 

Care Services (UK) Limited - 20 Talbot Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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 visit took place on the 9 August and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. As part of our planning, we reviewed the information in the PIR and other information we held on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We also spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority.

Some people living at the home were not able to give us their views in any detail so we telephoned three people's relatives. We also spoke with four members of the care staff, the deputy manager and the manager and spent time in the communal areas observing how the staff interacted with the people who used the service. We did this to gain views about the care and to ensure that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks and staff recruitment and training records.

Is the service safe?

Our findings

We saw that people were at ease in the company of staff and relatives we spoke were confident that their relatives were safe and well cared for. One relative said, "I know [Name of person] is safe, I'm so impressed with the staff and how happy they are living there. After a visit home, [Name of person] is always happy to return". Another said, "I know [Name of person] is absolutely safe living there". A third said, "[Name of person] would tell me if there was a problem with any of the staff". Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. One member of staff told us, "We look out for unexplained marks and changes in people's behaviour. If I have any concerns I get the deputy manager or manager to check the person over and we record everything in the communication book all the staff are made aware". Staff were confident the manager would take action and knew how to report their concerns externally if they needed to. One member of staff said, "'I know how to contact social workers and CQC". Discussions with the manager and deputy manager showed they understood their responsibilities to refer any concerns to the local safeguarding team for investigation, to ensure people were protected from the risk of abuse.

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm to them. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. We saw that staff minimised the restrictions on people's choice and freedom as much as possible, for example people were able to move around the home and spend some time alone in their rooms. We saw that staff supported people appropriately when they presented with behaviour which challenged the safety of themselves and others. For example, staff used distraction techniques when a person became unsettled and followed advice that was documented in the person's care plan. Staff told us and records confirmed that when incidents associated with challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident to minimise the risk of reoccurrence.

We saw there were enough staff available to meet people's needs. Relatives we spoke with had no concerns about staffing levels at the home. Staff we spoke with told us staff were rostered on to support people at the home and to go out for activities and there was back-up from the provider's two other homes if needed. The manager told us staffing levels were based on people's dependency levels and were kept under review to ensure people received the support they needed for their daily routine and preferred activities.

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with people.

The manager carried out checks which minimised the risks to people's safety in relation to the premises and equipment. Staff had information and were aware of the arrangements to keep people safe in the event of an emergency such as a fire.

We saw that medicines were administered, stored and disposed of correctly. Staff who administered medicines were trained to do so and had their competence checked by the manager to ensure people received their medicines correctly.

Is the service effective?

Our findings

Relatives told us staff had the necessary skills and training to support their relations. One relative told us, "The staff are great with [Name of person], they know their needs". Another said, "I'm so impressed with the staff". Staff were positive about the training and support they received to fulfil their role. One member of staff told us, "We have regular ongoing training in areas such as safeguarding, managing challenging behaviour and health and safety. We also meet with the manager every two months to talk about any problems and if we need any more training". The manager had a training plan in place which showed staff had received training in areas that were relevant to the needs of people in the home.

New staff received an induction which provided them with essential information about their duties and training for their role. One member of staff who was new to care told us, "It was a bit daunting at first but it was fine and I was able to shadow and had the support of other colleagues. It's good here to be fair". Another told us, "The induction is good and you get feedback on your progress as you go along. They told me I was doing fine and to keep up the good work". Staff told us and the manager confirmed that staff completed the Care Certificate, a nationally recognised set of standards which supports staff to achieve the skills needed to work in health and social care. This showed staff received the training and support they needed to provide effective care.

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. We checked to see if the provider was meeting the requirements of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions whenever possible. Staff told us they received MCA and DoLS training and demonstrated they understood the principles of the MCA. Staff told us that some people were able to make everyday decisions and that this was always encouraged. One member of staff told us, "People make day to day decisions, for example some people choose what they want to eat for breakfast and we use picture cards and photographs to help others". We heard staff offering people choice, for example about what they wanted to do that day and what drinks they wanted. When people were unable to make their own decisions, staff recorded decisions made on their behalf in their best interest. For example, where people needed support to take their medicines. This showed the staff understood their responsibilities to uphold people's rights.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood how people at the home were being restricted in their best interests. One member of staff told us, "The front door is locked at all times. It's in people's best interests because some don't have the capacity to understand about road safety. We saw that applications had been made to the local supervisory body which showed that the manager understood their responsibility to comply with the legislation. The manager had notified us of two

approvals received in accordance with their registration with us.

People were supported to have enough to eat and drink to maintain their health. Staff told us people met on a weekly basis to choose the menus but alternatives were offered if they changed their minds. Relatives told us the food was good and people were encouraged to follow a healthy diet. One relative said, "[Name of person] likes the food, it's all home cooked, from scratch". Another said, "[Name of person] has lost a considerable amount of weight by healthy eating. I'm so pleased, they look better and it's much better for their general health". People's dietary needs and preferences had been assessed. We saw that staff understood people's dietary needs and followed guidance in their care plans, for example, we saw some people had their food cut up to minimise the risk of choking.

People were supported to access other health professionals to maintain their day to day health needs. A relative told us, "[Name of person] sees the GP, dentist and optician". Health action plans were in place and staff understood people's individual needs and told us how they supported people to maintain good health. One person had home visits because they were reluctant to go to the local GP or dental surgery. Staff told us the person was being supported by the learning disability health facilitator and a portable blood pressure monitor had been purchased to help the person feel more confident when having a health check. We saw that people had hospital passports which provided information on how they should be supported when accessing health care services.

Is the service caring?

Our findings

All the relatives we spoke with were confident that their relations were happy living at the home and were well cared for. One relative told us, "I feel relaxed and happy [Name of person] is living at the home, it's a wonderful place". Another said, "[Name of person] seems happy and contented and very well looked after". We observed positive and caring relationships between people living at the home and the staff. Staff members greeted people when they came into a room and people responded positively. Staff were patient with people and showed concern for their people's wellbeing. A relative told us the staff had spent time with their relation after a recent family bereavement, "The staff took the time to talk and explain things to [Name of person]". This shows us that staff meet people's needs in a caring and compassionate way.

We saw staff knew people well and treated them as individuals. For example, staff told us one person did not like their drinks cold and a jug of squash had been made up for them in the cupboard rather than having a drink from the fridge. People's individual communication needs were met, for example most people had information in a pictorial format but one person was able to read and everything was provided for them in a written format. People were encouraged to personalise their bedrooms with their own furniture and we saw there were family photographs displayed on the walls. One person A relative told us, "It's a wonderful place, home from home".

We saw that staff promoted people's privacy and dignity. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. Staff knocked on people's doors and waited to be asked in. Staff told us how they promoted people's privacy and dignity. One member of staff told us, "We make sure curtains are closed and the blinds are down and we make sure people are covered when they come out of the bathroom".

Staff told us they encouraged people to make decisions about their daily routine, for example they could get up and settle down to bed when they wanted. We saw that meal times were flexible, for example we saw one person having a late breakfast after other people had eaten A relative told us, "[Name of person] can make it clear to staff what they want". People were encouraged to maintain their daily living skills and helped with chores, such as cleaning tables and washing up and we saw one person sweeping the lounge carpet. A relative told us, "Staff encourage [Name of person's] independence. They do the same chores at home with us now and even tell us about sorting the washing into the correct coloured loads". This showed people were encouraged to develop and maintain their independence.

People were encouraged to maintain important relationships. Relatives told us they could visit whenever they liked and felt involved in their family member's care. One relative told us, "I can visit anytime, although I usually ring up before but only to make sure they are not out on an activity". People's birthdays were celebrated and we saw the home was decorated with banners and balloons for a recent birthday and the person had gone to Barmouth with staff for the day as a birthday treat. Staff told us everyone was encouraged to get involved with making banners and there was a large collage on display with an underwater theme as the person loves water. Staff told us it was important to them that people had a good quality of life. One member of staff told us, "Making people happy makes me happy".

Is the service responsive?

Our findings

People received personalised support that met their individual needs. Relatives told us their relations had made improvements since coming to live at the home and they were happy with the care being provided. One relative told us, "I can't believe the changes in [Name of person] since she's been at the home. They have better communication and are much more sociable". Another relative told us the home had suggested their relation move into a more self-contained flat within the home. They said, "I was really pleased when the move was suggested, [Name of person] couldn't manage without support but this has been a really positive move, giving them more independence. I've noticed a big improvement in everything they do".

People were involved in making decisions about how they wished to receive their care and support as much as possible. Care plans were personalised and in a pictorial format to assist people to understand the content. A record of people's preferred daily routine was maintained to ensure people received care in their preferred way. A relative told us that their relation became anxious about new things and each day staff read her 'social story' which was a plan for the day. Staff confirmed this and told us the person decided what was to be included and said, "[Name of person insists on this routine]. We saw this was recorded in the person's care plan.

There was a keyworker system in place which enabled people to have a named member of staff they met with on a monthly basis to talk about all aspects of their support, including their achievements, such as activities they had taken part in, their wellbeing and important relationships. We saw that support plans were regularly reviewed and updated if any changes had been identified. People's relatives told us they were invited to attend annual review meetings with their relation's social worker and were kept informed about people's changing needs. One relative told us, "There is excellent communication from staff; they ring me with any information". Another said, "I can't fault the staff, they keep me informed about everything". Staff told us an advocate was being arranged to support a person who's family was not always available to attend review meetings. An advocate is someone who speaks up on behalf of a person to ensure their views are taken into account.

Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the shift. Staff shared information during shift handover which meant incoming staff received information to update them about people's needs.

People had opportunities to follow their interests and take part in activities both inside and outside the home. A weekly 'chat group' was held to discuss and plan activities for the forthcoming week. Staff used a variety of communication methods such as picture cards, photographs and an iPad to support people to make their choices. A relative told us, "[Name of person] joins in the weekly chat group and says what they would like to do". Another relative told us their relation had a busy life, "They attend clubs, go shopping and they are always bringing things home they've made in art and crafts sessions at the home". One person had a keen interest in horses and staff sat with them in their bedroom watching horse racing on their laptop. Staff told us the person regularly attended local race meetings and automatically received invitations to special events. People were supported to use and maintain links with the local community to avoid social

isolation. A relative told us, "We went out in the local town together recently; [Name of person] is so well known by the local people and many spoke to us".

People and their relations knew how to raise any complaints or concerns. One relative told us, "[Name of person] knows their rights, the staff must have told them because I haven't; they've said 'if I'm not happy I can make a complaint to social services'. I haven't told them that". Another told us, "I've never needed to make a complaint but I know the procedure". There was a complaints procedure in place and staff supported people to raise any complaints during keyworker sessions. There had been no complaints made to the service since our last inspection.

Is the service well-led?

Our findings

The manager had systems in place to check people received a good service but these were not always effective in identifying shortfalls and driving improvement. We found that audits of medicines management were limited. The Medicine Administration Records (MAR) were monitored for accuracy by the manager but they had not identified that staff did not always follow good practice when recording medicines administered on an as required, PRN basis, for example for pain relief. For example, staff did not always record the time the person received the medicine and the symptoms the person had exhibited. There was no guidance in place to support staff on the use of PRN medicines. The guidance is particularly relevant to help staff identify when people who are unable to vocalise their feelings, express that they are in pain or discomfort. In addition, where people received occasional, non-prescription medicines such as cough and cold remedies, guidance from the GP had not been reviewed to ensure the medicine remained appropriate. We discussed this with the manager who assured us they would arrange for the reviews to be carried out.

We found that accident and incidents were recorded and the manager carried out a monthly health and safety audit at the home. However, this did not include reviewing accident and incidents to monitor for any patterns or trends to prevent future reoccurrence.

The manager produced an annual service development plan which showed that repairs and improvements to the home were identified and prioritised accordingly. For example, improvements were planned to the décor and garden. The manager understood the requirements of their registration with us and kept us informed about important events which occurred in the home or affected the service. This meant we could check they were taking appropriate action

There was a relaxed, informal atmosphere at the home and interactions between the manager and staff were positive and encouraging. Staff told us they worked well as a team and supported each other to make sure people got the support they needed. One member of staff said, "It's rewarding, we all get on together and support each other". All the staff we spoke with felt the management team were supportive and approachable. One member of staff told us, "You can talk to them about anything, they are very approachable". Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing at work. Staff told us they had regular team meetings and were encouraged to give their views on how the service could be improved. A member of staff told us, "We have an agenda which we can add to. We're asked for ideas; there's a sheet in the office where we can write them down and discuss them at the meeting". This showed staff were encouraged to become involved in the ongoing improvement of the service.

Relatives we spoke with told us the manager had an open door policy and sought their opinions on the quality of the service. One relative said, "I know the manager very well, we speak often". Another said, "The manager and deputy are always around and they are always at reviews so I get chance to talk with them". People and their relatives were asked for their opinions on the service through an annual quality assurance survey, which was provided in an easy read format for people using the service. A relative told us, "I'm asked

for my opinion and I feel listened to". The 2016 had not been sent out but we saw the results of the 2015 survey were positive and the provider had made changes where possible. For example, they had implemented a weekly activity sheet for a relative who had wanted to know the "ups and downs" of their relation's week. The manager told us they planned to involve people in developing a quarterly newsletter for their family and friends to keep them informed of things happening at the home.