

CareTech Community Services Limited

Tewin Road

Inspection report

1 Tewin Road
Leverstock Green
Hemel Hempstead
Hertfordshire
HP2 4NU

Tel: 01442214796

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

Tewin Road is a respite residential care home providing personal and nursing care for up to six people. At the time of the inspection four people were receiving support at Tewin Road.

The care home has six individual bedrooms with communal facilities as well as two offices for staff and a staff sleep in room.

The service had been developed in line with most of the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's care plans and risk assessments had detailed information about their likes and dislikes, however, these had not been reviewed in line with the company's policy and some information in the care plans was not up to date.

People were supported by staff who felt unsettled with the changes of management and did not feel supported, however with the recent change in management they have felt an improvement.

People did not have documented best interest decisions. The deprivation of liberty safeguard applications had not been reviewed. This had not been picked up in the quality assurance monitoring. Following the change in management which occurred two weeks prior to the inspection. The manager had completed an action plan which identified the improvements needed.

People were safe in the home, there were enough staff to meet people's support needs. People were supported to manage their medicines safely. People were supported with things they enjoyed doing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tewin Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission, however upon arrival we were made aware that the registered manager was not working at the service. We were not notified of this change. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Following on from the inspection the nominated individual has requested the registered manager sends in the appropriate notification to remove the location. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information we had received about the service since the last inspection. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of care staff. As well as observed the interaction with people and care staff

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Preventing and controlling infection

- People had risk assessments in place that highlighted how to support the person to minimise the risks, however this information was not always the most up to date information and was not always clear. For example, where a person had epilepsy the risk assessment did not reflect what was in the protocol produced by the health professional. When speaking to staff they were aware of people's change in support needs and that this was a recording issue. Following on from this the manager showed that risk assessments were starting to be reviewed.
- Staff completed fire drills and there was a pictorial evacuation plan for people staying there. Each person had a personal evacuation plan. People were involved in fire drills and were aware of what to do. One person said, "I know what to do if there was a fire. If there was fire I would go out the fire exit door and then the staff will tell me what to do."
- The provider ensured equipment used in the home was regularly serviced and well maintained.
- Staff had the responsibility of maintaining the cleaning within the home. Areas of the home needed attention with cleaning. For example, office space and some communal areas needed to improve on the cleanliness.
- Staff had training for food hygiene and the correct procedure where in place and followed. For example, staff checked fridge and temperatures. Separate colour coded chopping boards were provided.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. There had not been any safeguarding notifications raised, however where risks were raised staff would deal with this. For example. Where people needed extra support to ensure they were safe the staff would link with the local authority.
- People using the service felt safe with the support they received. One person told us, "I feel safe here, it's quite good being here."
- Staff received safeguarding training and knew how to identify and report concerns relating to abuse and they felt comfortable in raising concerns. One staff member told us, "If they were new to the service we would get to know them, if there was any unexplained bruising. If the person was flinching and they may not want to be washed in places. We would report it, I would go to the senior and then the manager."

Staffing and recruitment

- The service had staff to meet the support needs of the people. The staff team demonstrated they had the right skills to support people showed an understanding about the training they had received.

- Staff told us they reviewed staffing levels depending on people's support needs at the time they book in to stay at the service. This was then coordinated by the regular staff team so there continued to be a consistency for people using the service. One staff member said, "We are a unique team here. We have enough staff, we will have a chat if we need an extra staff member to come in because we have someone coming to stay we will all work together."
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff received training to safely administer medicines for people. The management team completed regular spot checks on the staffs working practices when administering medicines.
- People received their medicines when they needed them. When people came to stay if there were any discrepancies with the medicines the staff were proactive in ensuring this was rectified.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve across the service. This had recently been spoken about in team meetings which ensured the staff were aware of the lessons learnt and what improvements if any were needed.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this was discussed with them about how they could learn from it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans did not identify where the person lacked capacity to make a decision nor, that discussions were made in their best interest.
- People had Deprivation of Liberty Safeguard applications sent in to the local authority, however there was no evidence that a best interest decision had been made. In addition, the applications made needed amendments to meet the service type. For example, the DoLS did not specify this would only apply when the person was staying in the premises.
- Staff were aware of how to offer people choice and control of their support with day to day decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's care plans highlighted their physical, mental, and social needs and detailed how to support the person with this, however this had not been reviewed and some of the information was not up to date or conflicted with other information in the care plans. For example, care plans relating to how to support people with eating and drinking did not always coincide with what the person's speech and language guidelines stated.
- People came to stay at the service as respite and it varied on the amount of days they stayed. When people returned to the home there was not any documentation to confirm if the care plans in place were still relevant.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to

make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. No restrictive intervention practices were used.

Staff support: induction, training, skills, and experience

- Staff felt they did not have consistent support from the registered manager who was in post and felt that they were not able to develop in their role. There had been a recent change in management and staff said they felt there had been a positive change already in the culture of the service and felt more supported. One staff member said, "The Staff team have been self-sufficient for some time because of the previous management. Since the new manager is here I feel reassured and confident they will give you the truth or if they do not know they will find out. We are now learning new skills."
- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. One staff member said, "Training has been good, a lot of training has been through e-learning. We could do more face to face training; the new manager has put different training on. We have Peg training on Friday." Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good and they had choice of what they wanted to eat. We observed meal times and staff took into consideration people's dietary needs.
- Staff knew people's likes and dislikes so were able to plan the shopping knowing who will be staying at the service.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them well which ensured the care delivered met people's needs consistently. Staff were proactive in supporting people with all aspects of their support. Due to the nature of the service they did not have ongoing input with health professionals, however whilst people were in their care, staff were proactive in ensuring that if they needed any input from health professional this was sought.
- The staff team worked together with other agencies such as other care providers to ensure they met people's needs when they came and stayed.

Adapting service, design, decoration to meet people's needs

- Where possible, people were able to choose the room they stayed in as each room was decorated differently.
- Throughout the service the environment needed to have attention to repairs and decorated where areas have been worn.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spent time with at the inspection gave positive indicators that they were happy about the Support. For example, people were laughing and had regular conversations with staff. When asked if the staff were kind one person smiled and nodded.
- Another person said, "Staff are nice, I'm glad to be back. [Staff member] works here, we get on really well."
- Staff were observed to be passionate about caring for people and making a positive impact for people. One staff member told us, "We supported someone who wanted to stop drinking alcohol, they stayed with us because they could not live at home anymore. We supported them to stop drinking and now they are living in their own home with support and is an ambassador for support groups with people in a similar situation. This makes us feel really proud."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about the care they received. Staff asked people for their choices throughout the inspection.
- People and relatives made comments about the support being received through survey's, however there had not been any recent care plan reviews involving people and their relatives. The manager had on his action plan to review all care plans involving people and relatives.

Respecting and promoting people's privacy, dignity, and independence

- Staff knocked on doors and were discreet when supporting people. When staff were talking to people they were patient and offered reassurance when supporting with manual handling.
- Staff were observed throughout the inspection treating people with kindness and respect.
- People who needed support by staff were dressed appropriately and people wore items of clothing that meant a lot to them. For example, one person wore jewellery that was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans set out how people liked to be supported to meet their individual needs and preferences. These had not been reviewed in line with the policy and the manager could not be confident the information was up to date, however when speaking to the staff they were aware of each person's support needs and were confident on how to support people.
- People who stayed in at the service attended community groups in the local area as well as going out to places of interest. One person said, "I work in a garden centre and like going to the cinema."
- Staff were offering personalised care. For example, staff would get food in the house that people really enjoyed and ensured that the bedroom that the person liked was available for them. For example, due to one person's sensory support needs they liked to be in a dark room and not have strong lighting. Staff made sure that this person had the bedroom that met these requirements for her stay.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- Where people were unable to communicate verbally staff were able to be aware of the people's needs through body language and getting to know the person.
- The provider had some accessible information available, People's care plans highlighted how the person communicated and how staff were to respond to this. The service had easy read surveys and other documents were made accessible for people. For example, the fire evacuation plans had Makaton symbols as well as text which people used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged and supported people to maintain relationships that matter to them. For example, people were still encouraged to see family members and friends when staying at the service.

Improving care quality in response to complaints or concerns

- Complaints were documented, and staff detailed what action they took to rectify these.
- People were supported compassionately, and staff were aware of what people liked and didn't like. Where people were unable to express their views, they had relatives to speak up for their best interest.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- The manager spoke about the nature of the service being respite people stayed for a limited time, at the time of people's visit if their support needs had changed and they were at the end of their life the manager had care plans that could be completed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of the inspection the registered manager had left, and a notification had not been submitted to CQC, however the provider ensured that there was a management presence. Following on from the inspection the nominated individual confirmed notification will be sent in.
- The manager completed quality assurance audits however, there were gaps in the governance checks which showed that they had not been effective in identifying actions. Following on from this a new manager had been appointed and had detailed an action plan of all improvement needed to be made within the service.
- The manager did not take action when this went wrong., this seemed to be relating to the previous management. Staff felt that the manager worked in isolation and did not communicate what improvements needed to be made. With the recent changes you can see lessons learnt and actions are communicated.
- Staff felt they did not have a full understanding of their roles and there was not a stable support network for them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt that the service was not always well-led by the previous management that was in place, however felt recent changes had improved the service. The staff felt that the lack of management in the past did not affect the quality of the care provided as the staff team supported each other to ensure people had good outcomes.
- Staff told us, "There is a bit of anxiety here because of the changes that have happened. The manager is really new here. I think so far there is improvement and the manager is approachable and proactive."
- The manager who had recently started had a clear vision of what improvements needed to be made to the service. This was not related to the hands-on care but more the paperwork, governance and management of the service. This was evidenced by the action plan produced by the manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff felt they did not previously have the opportunity to discuss best practice and lessons learnt. Staff have said that in the small time the management changes have been made they have felt more engaged

and involved in what is happening in the service. One staff member said, "Now [manager] is running a tight ship. We are now being told to follow procedures properly which we should have always been doing, we just weren't being monitored before."

- People and relatives had recently been sent a survey to complete to give feedback on their experience of how the service ran, from the information staff had received people were mostly happy with the service and there were some suggested improvements to be made. For example, Some more activities to be provided.
- The manager attends management meetings with other manager to ensure they share their learning and keep up to date with changes within the company and their role.

Working in partnership with others

- The manager gave examples of where they have worked with other agencies to improve people's care. For example, where people had changes in medication the staff would contact the relatives and GP's to ensure they had up to date medication.
- The management team worked closely with the local authority when people were in need of respite.