Care Quality Commission

CareTech Community Services Limited

CareTech Community Services Hanley DCA

Inspection report

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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

Summary of findings

Overall summary

About the service
CareTech Community Services Hanley DCA provides personal care to people in their own homes through a supported living service where people live in their own home as independently as possible. The service was supporting 30 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with 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 were supported by staff that understood how to protect them from the risk of abuse. Risks were assessed and plans were put in place to meet them. People were supported to manage their medicines safely. People were supported by enough suitably skilled staff. Staff understood how to protect people from the risk of cross infection. Where incidents occurred, there was a learning process in place to reduce the risk of these happening again.

People were supported to maintain their health and wellbeing. Needs were assessed and care plans put in place which included the use of assistive technology. People were supported to maintain a healthy diet and had their oral health care needs met. People were supported in a consistent way and staff received training to ensure they could meet people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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; the policies and systems in the service supported this practice.

People were supported by staff that were caring and had good relationships with them. People had their privacy protected and they received support to make their own decisions.

People had their individual needs and preferences met. Peoples communication needs were met and where people made complaints these were responded to.

The registered manager had systems in place to monitor the service and develop action plans. The provider sought people's feedback and used this to make improvements to the service. Staff worked in partnership with other agencies and had systems in place which encouraged learning.

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 6 September 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 safe. Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
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 well-led. Details are in our well-Led findings below.	Good

Care Quality Commission

CareTech Community Services Hanley DCA

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
This inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 February 2020 and ended on 26 February 2020. We visited the office location on 20 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, team leaders, behaviour support specialist and area manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including accidents and incidents and care plan audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at case studies, audit templates and action plans for addressing concerns with record keeping.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from the risk of abuse. One relative told us, "[Person's name] is safe with staff supporting them."
● Staff had received training in how to recognise abuse and were able to describe how this would be reported.
● The registered manager was able to describe how incidents had been reported. Incidents had been reported to the appropriate body and notifications had been received.

Assessing risk, safety monitoring and management
● People had risks to their safety assessed and plans put in place to reduce the risks. One relative told us they had previously had some concerns about how risks were managed and their relative was kept safe, however things had improved. They commented "We are not concerned for [person's name] safety at the moment, nothing worries us now."
● People had risks to their safety assessed and plans put in place to meet them. Risks relating to people's homes, community access and a range of personalised risk assessments for the individual had been undertaken and plans put in place to manage identified risks.
● The provider had a proactive approach to risk assessment. For example, when people may be harmed or cause harm as a result of behaviours, detailed plans were in place to minimise the risks and we found this had reduced incidents.
● The provider had specialist staff available to support with reducing risks relating to behaviours. This had supported people to reduce risks and improve outcomes. Positive behaviour support plans were used which provided a bespoke approach for individuals. Staff also had access to a debrief and clinical supervisions to support with managing risks.

Staffing and recruitment
● People were supported by enough suitably skilled staff. There were specific arrangements in place to manage staffing for one person to ensure their safety and manage risks.
● People and relatives were happy with the staffing levels. One person told us, "Staff are always around when I need some help with things." One relative told us, "[Person's name] is safe. They have a regular and stable team of staff and they are familiar and they understand how to support them."
● People were matched with staff to ensure they had the right set of skills. The registered manager told us, "We can person match because we have an understanding of the skills we have across the organisation."
● People were supported by safely recruited staff. The PIR told us and staff confirmed there were checks in place to ensure new staff were suitable to work with vulnerable people.

● The registered manager told us, "Some people and relatives have been involved in recruitment of staff to get the right people in post."

Using medicines safely
● People were supported to manage their medicines safely. One relative told us, "Medicines are always given without any problems, the staff are really knowledgeable about what [person's name] needs."
● Staff were trained and had their competency checked. The registered manager told us staff had to observe medicines three times and then were observed administering to assess their competency.
● Medicines records were in place. Some records had missed signatures, we saw this had been identified in the medicines audits and action had been taken to ensure the person had received their medicine as prescribed and prevent further missed signatures.

Preventing and controlling infection
● People were protected from the risk of cross infection. The registered manager told us, "Training is in place, staff have access to personal protective equipment (PPE) and a procedure is in place for infection control issues."
● Staff understood how to keep people safe and confirmed they had access to PPE and regular updates to their training.

Learning lessons when things go wrong
● There were systems in place to learn when things went wrong. Incidents and accidents were logged on a central system, which triggered a critical incident report and action plan. An internal compliance team looked at incidents and shared learning.
● The registered manager told us, "We held a group discussion to support learning from incidents for [person's name] and we looked back on previous incidents and changed other people's care plans to reduce the risks of reoccurrence."

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed and plans put in place to meet them. One relative told us they were fully involved with staff in supporting the person with their assessment and care plan development and had regular meetings to update this.
● Staff told us there were clear systems in place to keep them up to date with peoples assessed needs. Staff could describe the support people required including how to meet people's individual preferences and needs relating to protected characteristics.
● The registered manager told us and records confirmed people had individual assessments and care plans to meet specific needs. For example, epilepsy and positive behaviour plans were in place for some people and other health professionals had been involved in their development as needed.
● The provider used assistive technology to support people. People had sensors in place to provide a less intrusive system for monitoring when required and allowed people to have more freedom and time alone.

Staff support: induction, training, skills and experience
● People were supported by staff that had received an induction and regular updates to their training. One relative told us, "The staff are well trained and my confidence is increasing all the time with staff as they are sort of learning as they go along with how to support [person's name]."
● Staff had regular updates to their training and specific training was delivered to support them with meeting individual needs.
● The registered manager told us relatives could access the training. For example, bespoke intensive interaction training had been provided for one person's staff team and their relatives. This had increased staff knowledge, built trust with the person's relatives and improved people's outcomes.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a healthy diet. One relative told us how staff had worked with their relative to improve their dietary intake.
● Staff understood people's preferences for food and drinks. People were supported to choose their own meal plans and shop for their preferred food and drinks.
● The registered manager told us about how staff had worked with one person to encourage them to eat vegetables as they had never been able to in the past. Staff had used pictures and desensitising techniques with the person who now regularly eats vegetables.

Staff working with other agencies to provide consistent, effective, timely care

● People were supported by consistent staff teams wherever possible. One relative told us, "Previously staff changes have caused issues, but there is now some stable staff groups and staff do longer periods and this is working better."
● Staff worked with a keyworker system to provide consistent support to people and there was a matching process in place to ensure people had support from staff who could be involved in their interests. One person required staff who were very active and could participate in strenuous activity and their team had been chosen to support this.
● The provider had systems in place to support transitions from other internal services. One person had moved from another service managed by the provider and the persons staff team had moved with them to provide continuity.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to maintain their health and wellbeing. One relative told us, "Medical appointments are attended by staff and they always have good knowledge of what the professionals need to know, it's amazing."
● Staff knew about people's health conditions and could describe how these impacted on people's lives and could describe the support people needed to maintain their health and wellbeing.
● Care plans detailed people's health care needs and gave guidance to staff on how to meet them. For example, where people had epilepsy there were plans in place to guide staff.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that it was.
● The registered manager and staff worked within the principles of the MCA. Staff had received training and systems were in place to ensure staff sought consent before providing care and support.
● The registered manager told us, "Communication can be limited, we work carefully in people's best interests, with relatives and have risk assessments in place around consent."
● Where people lacked capacity to make decisions these were taken in people's best interests. A decision specific assessment of capacity had been undertaken and best interest discussions had been recorded.
● Where people were subject to restrictions, applications had been made to the Court of Protection.

Good

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 were mostly treated with respect by staff. However, some staff had completed people's daily care records using words which were not respectful. The registered manager took immediate action following the inspection to address this.
● People told us they had good relationships with staff. One person told us, "I get on alright with everyone, there are lots of different staff but I do know them well and it's ok." A relative told us, "I think staff appear to understand [person's name] needs and appear to work well with a caring attitude."
● Staff understood and respected people's preferences in relation to their gender, race, religion and culture and care plans reflected people's individual needs. Staff could describe people's preferences and these were documented in care plans.
● The registered manager told us staff often gave up their time and spent their own money to support people.
● Staff supported people to go on holidays, visited people in hospital and were involved in bake sales to raise money and supported people with improvements to their gardens.

Supporting people to express their views and be involved in making decisions about their care
● People were supported to make their own decisions. One person told us, "The staff will help me with things I struggle with."
● Staff supported people to understand the decisions they needed to make. One person had been supported to access an online course to help them understand internet safety and this had helped ensure the person was able to make informed decisions when using the internet.
● Care plans indicated the levels of support people needed to make decisions and these guided staff to make sure people had choice and control over decisions about their care.

Respecting and promoting people's privacy, dignity and independence
● People were encouraged to maintain their independence and learn new skills. Staff could describe how they supported people to maintain their independence. One person had been supported to learn how to make their own requests for items in shops.
● People had their privacy maintained. One person told us, "It is nice to have my own home. The best bit is having my own space and peace and quiet."
● Staff ensured people had time alone and where people required continuous monitoring, assistive technology was used to ensure this was not too intrusive.

Good

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 remained 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 individual needs and preferences were understood by staff and they had choice and control over their care. One person told us, "The staff know what sort of things I like to do.". A relative told us, "The staff have engaged with us and we are very hands on, we have given them advice and feedback and they are responsive as we have raised things."
● Staff used technology to provide a prompt for people to carry out personal care tasks. Staff told us this had helped reduce the person's anxiety about personal care and they had seen a reduction in behaviours which may cause the person or others harm.
● Staff were responsive to working with relatives to support people. One relative told us they had worked with staff to introduce effective budgeting as their relative had not been managing money effectively.
● People were fully involved in their care plans and reviews. One person had arranged their own review inviting people to attend and requested an increase the hours of support which were provided following the review.

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.
● People had their communication needs assessed and plans put in place to meet them. One person used a magnetic board to write words. Another person had pictures to help them choose and make staff know what they wanted. Another person had been supported to use games to help them with learning how to spell words.
● The registered manager understood their responsibilities under the AIS and systems in place supported people to have information in a way they could understand.

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
● People were supported to maintain important relationships and follow their individual interests. One person told us, "I go out and do activities like football, golf and badminton. I am going out in a little while to do some shopping." A relative told us, "[Person's name] doesn't go out as often as we feel they would benefit from, this has been discussed in meetings with the care staff and registered manager and we will discuss this again next meeting."
● Staff told us how they supported people to undertake activities of their choice and used their skills to

provide opportunities for people. One staff member told us, "One person wanted to do boxing, this was arranged and I am able to train [person's name] and this has now been set up as a club for other people to attend."

● One person had written a book about the issues they had faced. The book had been dedicated to the staff working with them. People were supported to engage with local communities and access facilities. Fund raising events had enabled community engagement.

● Technology is used to enable people to remain in touch with their relatives. Prompts are used in a system which enabled calls between people and their relatives.

Improving care quality in response to complaints or concerns

● People and relatives understood how to make a complaint. One relative told us, "The registered manager has responded to concerns I have raised in the past."

● Complaints were investigated and a response was given in line with the company's complaints policy. One relative told us, "We have previously had concerns about inconsistency, we complained quite a lot but the management team were responsive and worked with us to find the right staff team to work with."

End of life care and support

● Nobody was in receipt of end of life care at the time of the inspection.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider had a range of systems in place to check the quality of the service people received. The system to check daily care records had not identified one record which had gaps in. Dates had not been recorded and poor terminology had been used. The registered manager shared an action plan to address this following the inspection.
● Other systems were in place to check staff training was maintained, accident and incidents were monitored and on other areas such as medicines and the environment. The registered manager put actions into a service development plan.
● The registered manager ensured they submitted notifications as required and the rating was on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People were supported in a person-centred way. People and relatives confirmed people were known as individuals and received care which supported them. One relative said, "[Person's name] has a very good relationship with staff. They can be extremely self-isolating and cannot communicate so staff had had to learn about what they want and they know them really well now."
● The registered manager told us staff worked within the company's core values including being friendly, caring and empowering and used these values to guide their approach. The values were linked to the CQC Key Lines of enquiry (KLOE).
● Staff were all committed to these values and their discussions with us demonstrated their understanding of these values and how they used them when providing people's care. People were empowered to take control of their reviews, technology had been used to minimise intrusion and relatives were actively involved in care planning and training.

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
● The provider understood their responsibilities under duty of candour. The registered manager was able to share how they were open and transparent with people when things went wrong.
● Relatives confirmed they were kept informed when incidents had happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, relatives and staff were involved in the service. One relative described their involvement in regular meetings and how this had supported them to ensure the service was meeting their relative's needs.
● Staff had a range of systems to be involved and they described engagement in team meetings as being dynamic. The registered manager told us staff fully engaged in discussions about the quality of the service.
● People, relatives, staff and other professionals also had their say using a range of feedback forms and quality surveys. There were also monthly key worker meetings and a tenant's forum in place to engage people about the service. We saw feedback had been acted upon. For example, staff matching had taken place following feedback and discussions about rotas.

Continuous learning and improving care
● The registered manager had set up systems to ensure staff had opportunities to learn from sharing their practice. Team leaders regularly spoke to share their knowledge, give advice and improve care delivery and outcomes for people.
● Staff could give examples of how they used learning to improve outcomes for people. One staff member told us about how they supported one person with their diagnosis and understanding of their condition which helped to improve the outcomes for this person.
● The registered manager had collected case studies to document how different approaches had supported people to achieve better outcomes. For example, about the impact of training on the outcomes for one person and the impact of the boxing activity on people participating to share their positive practice and outcomes with others.
● The provider had won an award for Dignity in Care at the Great British Care Awards. They had also had several nominations for awards including registered manager of the year and excellence in autism.

Working in partnership with others
● The registered manager had systems in place to encourage partnership working. Multidisciplinary discussions were held where required involving a range of professionals.
● We found staff worked in partnership with a range of different agencies to plan and deliver people's care. This included speech and language therapists, social workers and psychologists.
● Staff were able to share examples of how the partnership working had supported people. For example, one person had worked with staff to slowly reduce care which avoided any incidents with the person's care package as this was managed effectively.