

CareTech Community Services Limited

CareTech Community

Services Hanley DCA

Inspection report

Cauldon Lock Offices
Shelton New Road
Stoke-on-Trent
Staffordshire
ST4 4GF

Tel: 07585900728
Website: www.caretech-uk.com

Date of inspection visit:
25 July 2017

Date of publication:
06 September 2017

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

This inspection took place on 25 July 2017 and was announced.

This service provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements.

There was a registered manager in post who was on a period of extended leave. The provider had therefore appointed another manager to manage the service in their absence. 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 and associated Regulations about how the service is run.

There were two people receiving the regulated activity of personal care at the service when we inspected.

People told us the care they received was safe and they had no concerns about their welfare. People told us they felt safe when the staff were with them in or out of their home. Staff knew the action to take if a person was at risk of potential abuse to ensure they were protected from further risk.

People had their individual risks looked at and had discussed how these could be reduced with plans in place to manage them. There were enough staff to ensure that people had their calls at the agreed time and by the required number of staff. People who required support with their medicines were confident that staff helped them in receiving their medicines when required.

Staff received regular training so their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions with the management team, to reflect and discuss how their role and responsibilities were being met. Where people needed support with their meals they told us they were happy that staff gave them a choice or provided the assistance needed to enjoy their meal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who could not make decisions for themselves were supported to make decisions in their best interest. People received support to plan, make and prepare their meals. Healthcare appointments were arranged for people if needed and staff had helped to arrange transport or went with them.

People knew the staff and felt they provided a personalised service where time was spent chatting while providing care and getting to know them. People felt the care they met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care planning where able.

People and staff we spoke with told us the management team were available to talk with and would listen

and act of any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The management team led by example and they regularly checked on the quality of the care that people received. The manager had developed a clear plan of improvements and was working towards achieving these throughout the year.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs. People received care that reflected their individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that showed people's care and support needs. Staff also knew about people's interests, personal histories and preferences.

People had regular opportunities to feedback about the service and knew how to make complaints if needed.

Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

CareTech Community Services Hanley DCA

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 25 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with one person who used the service two team leaders, two support workers and the manager.

We looked at two records about people's care, minutes from staff and people's meetings, the complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People were supported to remain safe in their home by staff who understood how to report and monitor any safety concerns. People were supported through safe practice and risk assessments to maintain and improve their independence. People told us they felt safer with the support and guidance offered by the staff when they were out in the community. Staff were available 24 hours so people were able to contact them with any safety concerns. Staff understood their responsibility to provide people with safe care and identify and report any concerns.

Staff we spoke with provided examples of some of the signs people may display that people were at risk from potential abuse. Staff told us that this may be a change in a person's behaviour or they had unexplained bruising. Staff told us the training they had received in safeguarding vulnerable adults had provided them with the knowledge and confidence to report concerns and take action if needed. The management team told us the action they had taken to deal with any reported incidents or concerns and help people to remain safe in their homes.

People told us about the support they received from staff with certain aspects of their daily lives to minimise the risk of harm. These included managing money, choosing a healthy diet and the support needed to go out of their home. These identified risks had had been recorded and considered and staff told us these provided them with the information needed to assist people to maintain their independent living. People's risks had been reviewed regularly to help monitor any changes and ensure that information was current.

People's falls, accidents or injury had been recorded and reviewed by staff and the management team. Each event had been reviewed to help in identifying any on-going risks to people that could be prevented.

People had been allocated care hours by their local authority and the manager told us they used this alongside people's preferences to allocate staff. There had been a consistent group of staff that supported people. The manager had reviewed the care hours people received to identify if the current number of hours could be better used to meet a person's need. For example, more support during the night or to support a period of short term care. Staff we spoke with said they worked as a team to cover shifts so that agency staff were not used and there was a consistent staff group that knew people well.

People's medicines were administered by the staff who were trained and had an understanding of what the medicines were for. Staff had clear instructions on when and how to provide medicine to people to manage pain, or support a health condition. The manager had looked at people's medicine records and where any gaps or concerns had been noted the staff were supported with supervision and training.

Is the service effective?

Our findings

People told us the staff were good at knowing their support needs. The staff and manager told us they ensured that people received care from staff with the right skills. All staff we spoke with told us training gave them the skills to provide people with the care they needed to meet their needs.

All staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. Staff also told us that the management team were approachable and they could ask questions or request support at any point and would not have to wait for a supervision meeting.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person and their wishes and needs. Where a person had not been able to make a decision, best interest meetings had been used. If required an Independent Mental Capacity Advocate (IMCA) had been sought to support the decisions made.

People we spoke with told us staff did what they asked and felt their choices were listened to and Staff we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes.

People we spoke with told us they were involved in choosing their meal, buying the food and preparing it on their own or with support from staff. One person also enjoyed cooking meals for people living within the scheme. Staff we spoke told the amount of support varied from person to person and the type of meals prepared. People also told us that staff always supported them to make drinks or got them drinks when they wanted.

People were supported by staff when they needed to attend health appointments or make an appointment, such as a GP visit. Staff also helped people to ensure that any suggested changes were considered and implemented as part for their care routines. Staff said that they worked well with people's local health professionals to help people get the care they needed.

Is the service caring?

Our findings

All people we spoke with told us they liked the staff and were happy when they spent time together. We saw that people were relaxed in the company of staff.

People were pleased the staff were involved in their lives and took the time to get to know them and understand their individual goals and aspirations. People's friendships were important to them and they were supported and encouraged by staff to visit each other where they may enjoy similar interests.

Staff told us they spent quality time with people and got to know the people they cared for. Staff told us they whilst they were involved in all aspects of a person's life, they formed positive relationships that had not taken away a person's independence.

People's preferred routines had been recorded and followed by staff. Staff told us they would also ask a person to ensure they got to do the things they liked. Staff also referred to people's care plan, friends or relatives if they needed information about the person and their interests. People told us staff were good at listening to them if they were feeling unsettled or unsure about something.

People made decisions about their personal achievements and goals and these had been recorded and reviewed at the end of the month. Staff explained that it was important to involve people each month so changes could be made to suit the person. People felt staff provided them with the opportunity and encouragement to ensure they remained as independent as possible. People were given space in their home to spend time in the communal areas or time on their own.

When we were speaking with staff they were respectful about people and showed a genuine interest and compassion about their lives. Staff cared for and ensured people's privacy and dignity were respected. Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity when providing personal care. Staff spoke about how they incorporated personal care support into 'pampering sessions' so it was a more relaxing and enjoyable time for people. Staff were aware of how to protect people against any potential discrimination whilst they were out in the community and support people if those situations arose.

The staff and management team showed they had a detailed and personal understanding of each person. Staff told us that people had detailed support guidelines to ensure that support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. People had an initial assessment before they began using the service which the management team reviewed and updated regularly. People also had a monthly review where checks were made to see if they were happy with the arrangements and if there was anything else they wanted to change. Staff understood people's needs and provided appropriate support in response to them.

Staff we spoke with knew the type and level of care and support people needed. They understood people's health conditions and what this meant for them. For example, if a person had certain conditions such as epilepsy, they knew how the person would react to certain situations or requests.

People were supported to attend regular and annual health checks with consultants by staff. Staff told us they were able to support and provide information about the person at this appointment. Staff also felt they recognised any changes in people's day to day health needs. For example, infections or illnesses. Any changes to a person's care could then be incorporated into their care plan.

People's care records had been updated each month or when a change had been required. The records showed people's choices and decisions about what they felt was working well or any changes they wanted for the coming month. For example, any changes to hobbies or activities. Staff we spoke with felt people's care records were accurate and reflected the person's care needs.

People we spoke with told us about what they enjoyed doing when out of the home. Each person had an individual social lives and interests and were supported by staff where needed. People told us they got to see their families and friends and were supported to invite people to their home. Staff told us how they supported people to maintain personal relationships. Where needed or asked staff were able to offer guidance and advice to ensure people were able to make informed choices about how to develop those relationships further.

People we spoke with told us they were happy with their current care and support and if needed knew how they would make a complaint and told us how they would approach the staff. The management team liked to visit people often throughout the week to ensure they were aware of how people were and if they had any concerns or queries they could resolve immediately.

The provider had a formal complaints process in place and this had been included in people's paperwork when they joined the service. The process gave people the names and numbers of who to contact in the office. We saw how this process looked into and investigated people or relatives' concerns and that an outcome had been provided.

Is the service well-led?

Our findings

People felt supported by a consistent staff team and involved with the service they received. We spoke with the management team who knew people who used the service and staff well. All people we spoke felt confident that any questions they may have would be answered by care manager or the registered manager.

People that shared a home with others were supported by the staff to hold regular house meetings. This was done so they could discuss the day to day running of the house and how things were working well or talk about how to do things differently. Questionnaires had been completed by people to express their views about their care and were visited in their home by the management team for feedback about their care and support arrangements. The results had been reviewed showed people had been pleased with the care and support provided.

Staff told us they felt able to tell management their views and opinions at staff meetings. One member of staff said, "There is always someone from the management team to speak to[if needed]". The manager felt supported with a staffing team that were caring and reflected the provider's ethos of providing care that promoted and encouraged independence for the people they cared for. Staff reflected these values when we spoke with them and were clear about their roles and responsibilities.

We spoke with the manager about the checks they made to ensure the service was delivering high quality care. The management team visited people to check the standard of care provided. Staff told us this happened regularly to ensure they provided care in line with people's needs and satisfaction. The manager had reviewed the care notes staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked that staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package in support of people.

The management team also undertook unannounced spot checks to observe the standard of care provided by staff. Staff told us they were frequently observed at a person's home to ensure they provided care in line with people's needs and satisfaction. The supervisor told us they wanted to ensure people received care that met their needs from staff who were trained and supported.

The manager felt supported by the provider to keep their knowledge current. They had access to resources from the provider and referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. In addition the manager was involved in provider's forums and meetings with the providers other locations manager's.

The management team worked with key organisations within the local area to support people with their care provision and the development of the service. For example, the local authority commissioners, people's social workers and local GP surgeries. The manager sought advice and guidance from other professional involved in people's care. For example, advice from consultants and therapists for each person to help ensure the care continued to meet their needs. They felt this support led them to recognise and deliver high

quality care to people in line with current best practice.