

Caretech Community Services (No.2) Limited

Church Lane

Inspection report

21 Church Lane
Beasted
Maidstone
Kent
ME14 4EF

Tel: 01622730867

Date of inspection visit:
21 April 2016
22 April 2016

Date of publication:
23 June 2016

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

The inspection was carried out on 21 and 22 April 2016 and was unannounced. At our previous inspection on 7 May 2015 we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which stated they would meet the regulations by the 25 September 2015. At this inspection we found that improvements had been made to meet the relevant requirements.

Church Lane is a care home providing accommodation and personal care for up to 20 adults who have learning difficulties and may also have physical difficulties. The upstairs of the service is called Inglewood and this provides accommodation and personal care for eight people who have learning disabilities and the ground floor of the service is referred to as Church Lane. The ground floor provides accommodation and support for ten people who have learning and physical disabilities. Some people had sensory impairments, epilepsy, limited mobility and difficulties communicating. CareTech Community Services Ltd owns the home.

At the time of our inspection a new manager had been in post for a period of seven weeks but they had not applied to become the registered manager. The previous registered manager had left at the same time as the new manager started. 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the previous registered manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

People experienced a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety.

Staff told us the manager and deputy managers were approachable and they were confident to raise any concerns they had with them. Staff were supported to fulfil their role in meeting people's needs. A complaints policy and procedure was in place which was accessible to people using the service.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were

suitable to work with people who needed care and support.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of external health and social care professionals.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received specialist training where required. People were asked for feedback on their food and action was taken if required.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and their loved ones and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs.

People participated in activities of their choice within the service and the local community. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor risk and the quality of the service being provided to people.

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 felt safe and staff received appropriate training and support to protect people from potential abuse.

Medicine management was safe. People received their medicines as prescribed by their GP.

There was enough staff to provide people with the support they required.

Recruitment procedures were in place and followed recommended good practice.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

People were provided with a suitable range of nutritious food and drink.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

Records were up to date and held securely.

Is the service responsive?

Good ●

The service was responsive.

People were offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

There was a positive and open culture within the service.

Staff were kept up to date with any changes to people's health and care needs.

Church Lane

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 21 and 22 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

Some people living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We made observations of interactions between people and staff. We spoke with the relatives of four people using the service to gain their views and experiences.

We spoke with four people about their experience of the service. We spoke with four staff, two deputy managers, the manager and the area manager to gain their views. We asked six health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

People told us they felt safe living at the service. Observations showed that people appeared comfortable with other people and staff by smiling and giving eye contact. Relative's told us they felt their loved one was safe living at the service. Comments included, "I absolutely love it," "I feel safe" and "I feel (loved one) is absolutely safe here."

At our last inspection on 7 May 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken steps to reduce the risk to people due to building works taking place within the service. The provider sent us an action plan which stated they would meet the regulations by 25 September 2015. At this inspection we found the action plan had been met and the risk to people identified at the last inspection had been removed with the completion of the building work.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, medicines, management of health conditions and management of behaviour. Each risk had been assessed to identify any potential hazards which were then followed by guidelines to inform staff how to reduce the risk. The risk assessment recorded if any specific training was required to be completed by the staff team. Environmental risks relating to staff were assessed and recorded online with a copy kept within the service. A system was in place to ensure these were reviewed on a regular basis.

People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their care plan. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, firefighting equipment and lifting aids were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. These checks enabled people to live in a safe and adequately maintained environment.

Accidents and incidents were recorded via an online system called Acoura. Staff completed a paper version of the incident form which was then recorded online by a manager. Accidents and incidents were investigated by the manager and an action plan was then completed. The system was able to detect and alert the manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The manager was able to see, at a glance, whether accidents and incidents were decreasing or highlight any trends.

There were enough staff to keep people safe and meet their needs. Staffing levels were determined by

people's assessed needs. The manager told us these could be adjusted according to the needs of the person using the service. For example, staffing was increased if a person became unwell or they were participating in an activity which required additional support from staff. Some people were funded for additional one to one staff support hours. Records showed how these hours were used and which member of staff had been supporting the person. The provider used a preferred agency if there was an urgent need to increase staffing levels. The manager told us the service had used an increase of agency staff recently whilst they were recruiting. However, the same people were requested where possible to ensure consistency for people. Records showed that all agency staff had completed an in-house induction with a senior member of staff.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

The manager had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff received annual training about safeguarding people from harm and abuse. This was confirmed on the staff training matrix. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team, the Care Quality Commission or the police.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the manager or the locality manager to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. One member of staff told us they had previously raised concerns which were taken seriously and investigated.

People's money was safeguarded with systems in place to record and account for any money spent. People were supported to take as much control of their money as they were able to. Records showed that two members of staff checked and signed for any money that had been spent. Each person had an individual record book which recorded all transactions and receipt numbers.

Medicines were managed safely and staff followed a medicines policy. People's medicines were stored securely within their own bedroom. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a weekly basis by the deputy manager. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in how to manage medicines safely. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. These had been signed by the person's GP and the deputy manager. Information leaflets regarding people's medicines were kept for staff's reference.

Is the service effective?

Our findings

Relative's told us that they felt the staff looked after their loved one well. Some people had complex health needs and were unable to communicate verbally so we made observations. One relative said their family member's needs were 100% met by staff that knew them well. Staff knew people very well including their personal histories, hobbies and interests.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "I feel I have all the training I need". Another told us they had recently requested additional training which the manager was looking into. The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. There was an ongoing programme of training, this included training in topics such as safeguarding of vulnerable adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, basic life support, manual handling people, food safety and infection control. Staff were trained to meet people's specialist needs such as maybo disengagement and conflict management and PEG feeding (percutaneous endoscopic gastrostomy), this is when a person is unable to swallow food or fluid. Staff received refresher training in a number of subjects to keep their knowledge up to date and current.

Staff told us they felt supported by the manager and the management team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. One staff member said, "They're really supportive". Another said, "They're always happy to help." The deputy manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised. Staff completed an in-house induction plan over a 12 week period. This meant that new staff got to know people's needs and could deliver care effectively.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the manager had applied to local authorities to grant DoLS authorisations. These applications are assessed by the DoLS team to ensure that the constant supervision was lawful.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. Staff gave examples of how they offered people choice. For example, asking people what they wanted to wear and how they wanted to spend their time. Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. Staff explained how they supported people to make choices who had complex health needs. These included showing people

different choices of clothing to wear. Staff knew people well and understood the way people communicated. We observed a member of staff offering a choice to tea or coffee to a person by smelling the containers. The person was able to make a choice between the two.

People living in Inglewood on the upper floor of the service were supported by staff to make their own food on a daily basis. There was a kitchen rota in place and each person took it in turns to cook. One person said, "I do cooking on a Monday when it's my turn. All of the people in the house have a certain day." Another said, "The food is absolutely lovely" and explained how they prepared the vegetables for Sunday lunch. This enabled people to maintain a level of independence and enabled people to gain skills in a supported environment.

Some people living at the service had specific health needs relating to nutrition and hydration. Speech and language therapists (SALT) were involved to advise staff how to ensure people remained as healthy as possible. A health care professional told us that the service responded "Proactively to input from health professionals and usually tried to implement suggestions." Records showed that recommendations that had been made by a speech and language therapist (SALT) were written in a 'diet preference file' which was kept in the kitchen. A member of staff told us this file was used as a reference guide to ensure people received their food as they liked it. The file included information regarding people's specific diet, consistency of food and their likes and dislikes. For example, low fat, high fibre, pureed with no lumps and food cut up small. This enabled staff to meet people's specific dietary needs.

There was a menu board in place in the dining room which included pictures as well as written text of the food choices that were available. One person told us they went shopping for their food with staff support on a weekly basis. They said, "I choose what I eat. I had a boiled egg and am going to have crumpets for lunch." We observed breakfast and lunch for people living in Church Lane on the ground floor of the service. At breakfast staff offered someone a choice by showing them porridge and Weetabix. Staff waited for a reaction from the person before confirming the choice they had made. Staff spoke to people whilst they were supporting them to eat their breakfast. Two people were present in the kitchen whilst their lunch was being prepared. This enabled people to be included in the process by smelling and observing what was going on. The member of staff talked through eating stage of the food preparation they were completing. One person smiled when we asked if they had enjoyed preparing their lunch.

People were supported to remain as healthy as possible. Each person had a health action plan file which included information of the support from health care professionals and guidance for staff to follow. Staff had created 'Hospital passports' for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. Hospital passports enable people to receive consistent support.

People's health was monitored and when it was necessary health and social care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, physiotherapists and opticians, dentists and had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. Relatives said they were kept informed if people were unwell or had attended any health care appointments.

Is the service caring?

Our findings

People told us that the staff were kind and caring. Their comments included, "I like it here because I get on with people." And "I like the staff." Some people were unable to tell us about their care and support because of their complex needs so we observed staff interactions with people and observed how the staff responded to people's needs. We also spoke with some relatives of the people living at the service who said the staff showed kindness and compassion. People looked comfortable with the staff that supported them with many staff having worked with people for a number of years. Relatives commented that the staff were "Welcoming and friendly." And knew people "So well."

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. Staff were observed to acknowledge people as they walked through a room, by saying morning (the person's name). Staff knew people well and were able to interpret people's noises and gestures which gave clear indicators of people's wellbeing. We observed staff talking to a person about what they had been doing and what they wanted to do that day whilst they observed their gestures.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Each person had a 'My Plan' which contained information about their family and life history. People were supported to complete what a 'good day' and a 'bad day' looked like for them and included a perfect week of activities. One person told us they had a fear of fire, this had been recorded within their care plan. Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans. Staff knew people well with many staff having worked at the service for a number of years. Relatives told us they were kept up to date with what was going on with their loved one. One relative said the staff knew their loved one so well and "I couldn't praise (staff member) highly enough."

People were supported to remain as independent as they wanted to be. For example, we observed staff using aids to enable people to eat their food independently. Staff who were supporting people to eat their meal were observed to be encouraging and engaging with people. Staff took their time and were patient with people, this enabled people to eat their full meal. Staff were observed offering a person a number of different choices of food. This was recorded within the persons care plan.

People were involved in the planning and delivery of the service they received. People living in Inglewood were supported to take part in regular tenant meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the goals people wanted to achieve. For example the deputy manager said, "The ladies said they were struggling with the old henry hoover so a new lightweight one was purchased." One person was supported to decorate their bedroom following a meeting.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom, in the lounge and the hallway which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. One relative said they visited at different times and the staff never knew when they were visiting. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed when they visited. One relative commented that when they visited their loved one, they could meet privately or in the lounge.

Is the service responsive?

Our findings

At our last inspection on 7 May 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not provided activities to meet people's needs. The people living downstairs in Church Lane did not have adequate stimulation to keep them active and engaged. The provider sent us an action plan which stated they would meet the regulations by 25 September 2015. At this inspection we found the action plan had been met and people were participating in a range of activities to meet their needs.

People living downstairs in Church Lane were supported to participate in a range of activities including, movement and massage sessions, monthly music sessions with an external company, hydrotherapy and a twice weekly activity session at a local hall which the provider had hired for people to use. Activities that had taken place within the hall included making Chinese lanterns for the Chinese new year and a local Easter egg hunt. Staff kept a record of the activities people participated in and recorded people's reactions to the activities. For example, smiling and giggling.

People living in Inglewood were supported to participate in a range of activities of their choice. People were supported to complete a weekly activity planner at the weekend to plan their week ahead. People told us they participated and enjoyed keep fit, bowling, arts and crafts, swimming and going to the gym. People were given a choice of activities to participate in on the first day of our inspection, either keep fit or bowling. Some people kept a copy of their activity planner as a reminder of their week.

People told us they had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. One person said, "I helped write how I like being looked after." Another said, "I want to be here with choices." We saw people had been involved in writing parts of their care plans. For example, how people liked to be supported in the morning and evening with their personal care.

People's care plans had been developed with them and their families from the initial assessments. People had the opportunity to look around the service and meet other people who lived there prior to making a decision to move in. One person said, "I had a look round before I moved in." Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any social and leisure needs. Staff knew about people's needs, their backgrounds and the care and support they required. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to.

People's care plans were reviewed with them or their family on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved or supported by staff to be involved in the development and review of their care plans. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's

healthcare needs had been completed with their GP.

People and their relative's told us they were confident to raise any concerns or worries they had with the manager, locality manager or staff. One person said, "I would speak to the manager or staff if I didn't like something." Another said, "We have to speak up if there's anything you want to change." Relatives said that if they were not happy about something they would tell the staff and, "They would act on it." A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been two complaints that had been fully investigated and responded to in line with the provider's policy.

The service also kept copies of the compliments they had received. One card viewed was from a relative thanking staff for 'All the extra work they had put in.' Another said 'I am really impressed by all the effort everyone has put in'. Relative's we spoke with were complimentary about the service their loved one received and the staff supporting them. One relative commented that a member of staff "Was brilliant." Another said the staff were "Very good."

Is the service well-led?

Our findings

At our last inspection on 7 May 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that policies, procedures and audits had been established and operated effectively. The provider sent us an action plan which stated they would meet the regulations by 21 September 2015. At this inspection we found the action plan had been met and staff had access to up to date policies and procedures. There was also an audit schedule in place which monitored the quality of the service being provided to people.

There was a manager in place who had been managing the service for a period of seven weeks and had planned to apply to become registered with the Care Quality Commission. The previous registered manager had left at the same time as the new manager starting. Staff said, "Things are more organised with the new manager." Another said the new manager was, "Very approachable." The manager told us they had been working a variety of support shifts to get to know people and as a way to observe the culture and practice of staff.

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. The manager was supported by two deputy managers one for each service. Relatives spoke highly of the deputy manager from Church Lane who had worked at the service for a number of years. Staff understood the management structure and who they were accountable to.

The manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback about 'what's working and not working'. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. A member of staff commented "Sue (the manager) listens and has new ideas, which is positive."

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the manager and the locality manager on a monthly basis, including health and safety, medicines management and a systems audit. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits were used to make changes and improve the service provided to people. Records were up to date and were located quickly when needed.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The provider produced a weekly manager's bulletin which included any updates in legislation and updates from the providers Quality Team. The manager told us they used this information as well as the internet to keep themselves up to date with current practice. The bulletin also included resources which were shared with staff and people that used the service. For example, an easy read adult abuse leaflet and a resource

pack to support people to understand what keeping safe means.