

Hap Care Home Ltd

Caterpillar House

Inspection report

2 Woodgreen Road
Oldbury
B68 0DA

Date of inspection visit:
16 November 2021

Date of publication:
03 December 2021

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

Caterpillar House is a residential care home providing personal care for up to three people with a learning disability or autistic spectrum disorder. At the time of inspection three people lived at the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

People were kept safe by staff who knew how to report concerns, manage risks and identify triggers for behaviours that may challenge, for people they were supporting. Staff knew how to raise safeguarding concerns. There were sufficient numbers of staff to meet people's needs. We saw that medicines were managed in a safe way.

People was 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. Staff had received training to ensure they had the skills and knowledge to support people safely. Staff told us they also received regular, supportive supervisions. People's dietary needs were being met, and they had access to healthcare services where needed.

People was supported by staff in a kind and caring way.

People were supported and encouraged to become more independent, where possible. Staff knew the people well and care records detailed people's preferences, likes and dislikes.

People had access to social activities that met their interests and needs. A complaints procedure was available for people to access if they had a need.

People received personalised care and support to meet their needs and wishes. People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to

ensure the quality of the service was maintained.

Why we inspected

The service was registered with us on 23 October 2019 this was the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 ●

Caterpillar House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Caterpillar House is a 'care home'. People in care homes receive accommodation and personal care as a 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. 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. The registered manager and director were at the service during the inspection.

Notice of inspection

Short notice of this inspection was given as we wanted to make sure the people were at home for us to meet them.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who had worked with the service. The provider completed a provider information return. 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 used all of this information to plan our inspection.

During the inspection

We met the people who used the service before they went out however, one person was away on a short break and we did not have the opportunity to meet them. We received feedback from four family members and two external health care professionals. We also spoke with nine members of staff including the Director, registered manager, deputy manager, day and night team leaders and support workers.

We reviewed a range of records. This included the people's care records and risk assessment. We looked at three staff files to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Records showed medicines were on the whole managed safely. We saw two medicines recorded on the Medication Administration Record (MAR) to use 'as directed' with no further instructions. These were amended by the registered manager before we left the home and the care plans were updated to reflect this too.
- There was a robust system in place to ensure medicines prescribed to be used on a 'as required' basis were not used inappropriately. Protocols were in place for the safe use of these medicines.
- Staff understood their responsibilities in relation to medicine management, staff we spoke with understood the importance of using 'as required' medicines appropriately. Staff told us, and records confirmed, they had received medicines training, and this was on-going. Staff had their competency assessed to ensure they followed safe medicine practices.

Assessing risk, safety monitoring and management

- Care plans were detailed, and risk assessments had been completed around each person's individual support needs. Staff had a very good understanding of the person's needs and risks.
- Health professionals were always contacted in a timely way to ensure people received appropriate support and treatment. Behaviour risk assessments, behaviour monitoring records and care plans were detailed and contained up to date information. These were reviewed and updated monthly. Where possible the person and their relative were involved in this process.
- Risk assessments were in place relating to current refurbishment works. One person who lives at the home had gone on holiday for a couple of days to reduce the impact the work would have on their well-being.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these behaviours and health professionals were complimentary about their approach to risk management.

Systems and processes to safeguard people from the risk of abuse

- Relatives, staff members and external health care professionals all told us people were kept safe. A relative told us, "I sleep at night now, I know [Name] is safe at Caterpillar House. I do not worry about them all of the time now and this is the best compliment I can give." A health professional said, "They [People] are safe and staff are pro-active in their approach to support people safely."
- Staff had completed safeguarding training and staff we spoke with understood their responsibilities and how to report concerns. A staff member said, "I would approach the manager they are supportive and if I was not happy, I would go to safeguarding myself."

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- Risk assessments were in place relating to the non-wearing of face coverings by staff. The non-wearing of face coverings was due to this having a severe detrimental effect on people living at the service.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system in place to review incidents which occurred. Staff told us the registered manager had discussions with them following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed this.

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

- The registered manager had a system in place to monitor people's food and fluid intake where needed. However, we saw that the records for one person who required a specialised diet were not always recorded clearly. This meant there was not always evidence the correct diet and fluids had been provided. The registered manager addressed this immediately, updating the records and addressing this concern with staff members. Staff members we spoke with all told us the correct dietary needs for the person and described how they prepared the person's meals and drinks. We saw a letter from a recent Speech and Language Therapy (SaLT) review detailing the changes to the person's dietary requirements. Staff members were following these instructions to ensure the person received the correct diet.
- Staff supported the people to maintain a healthy balanced diet and enabled them to have choices at mealtimes. We saw people were able to help themselves to food and drink and where necessary were supported by staff.

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

- When needed, staff members supported people to access community healthcare professionals such as the GP, specialised nursing teams and Speech and Language Therapists (SaLT). This enabled people to have their health needs met by external professionals. One health professional told us, "They [staff] are open to suggestions and take these on board and [Name] has made improvements in his involvement and interactions with people." The registered manager told us how supportive the health professionals had been.
- Records confirmed that the people had routine appointments such as an annual health check. One relative told us, "If [Name] is not well or needs anything, they [staff] are on the ball with doctors."
- A Health Action Plan [HAP] was available for the people living at Caterpillar House. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored the people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and checkups took place.

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

- We saw that people's needs were assessed prior to moving in and this involved meetings with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes. This involved staff supporting people in their previous care environment so they could get to know the person before they moved in.

- The people's needs were assessed and used to develop their person centred care plans and risk assessments.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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.

- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at also confirmed people were supported with their best interests and safety in mind.
- The registered manager told us, and records confirmed DoLS referrals had been made to the local authority for assessment in line with MCA.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, staff received training that was relevant to their roles and to the specific needs of the people they supported. We saw staff responded to challenging situations calmly to reduce the potential for the situation to escalate.
- There were a range of staff who had been supported to develop in their roles and progress. This included staff members who had been recently promoted to level two team leaders. Another team leader worked jointly as a 'behaviour lead' with the registered manager and staff to review behaviours and how they could work to help minimise occurrences.
- Staff had completed an in-depth induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members told us they had adequate time to alongside other staff members to get to know people they who they would be supporting.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. Staff clearly knew people well and people were smiling and relaxed around staff. A relative told us, "The staff are superb."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was 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

- We observed staff interacting and speaking with people in a calm, friendly and kind way. People were smiling, relaxed and readily approached staff members for comfort and interactions.
- A relative told us, "They [staff] are brilliant, [Name] gets on well with staff. He is fond of all of the staff; he really responds to them." Another relative told us, "When we see him with staff he responds and he interacts well, that is not something he used to do. They must be doing something right. We have no worries about how he is looked after. He is so happy and smiles now, he never used to. It is lovely to see."
- The registered manager and staff members told us how they supported people's diverse needs and wishes to ensure people lived their best lives.
- People's records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.
- Staff told us they had the time they needed to provide the support people needed, and we saw evidence of stable staffing levels to enable this. One staff member told us what they enjoyed most about their job, "I go in each day to make a difference to people's lives by supporting them to live an independent life no matter what difficulties they face. It's rewarding just to put a smile on their face."

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

- People living at the home and their relatives were encouraged to express their views and where possible, make decisions about their care. A relative told us, "They [staff] involve us in [Names] care and if there are any changes or suggestions they speak to us first."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. The registered manager told us, "[Name] had not been able to make himself drinks before moving here, now he is able to do this which has given him more independence, it's great." This was confirmed by a relative we spoke with.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives.
- People's preferences about how they wanted their care to be provided were detailed in person-centred care plans
- Staff received equality and diversity training and knew the person's needs well.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person'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

- Relatives told us they were involved in reviewing care and making decisions for people living at the home. We saw staff members gave people choice and involved them in decision making where possible.
- People's care plans detailed information regarding their personal preferences, their life history, and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the home including choice of meals, visiting places of interest and activities. One relative told us, "They are always going out. They [staff] take him to places outdoors for long walks, which he loves and needs. They go all over the place such the Brecon Beacons and doing what he likes doing, it is personalised to him."
- One person had been supported to go rock climbing by a relative previously, which the person really enjoyed. We saw the management team were working with the family and staff members to enable the person to safely participate in this activity again. The person's relative was very pleased the management team were trying to support them to do this.

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.

- The Registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way, the use of Makaton and the use of easy read and pictorial in documentation. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had been registered and all of the relatives, we spoke with confirmed this.

End of life care and support

No one was receiving end of life care at the time of the inspection. However, we saw that people's choices and preferences for end of life care had been taken into consideration.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were given the opportunity to give feedback on the service and support they received. This provided them with the opportunity to express their views and opinions, knowing they would be listened to and valued.
- External healthcare professionals were also positive about the service provided. One health professional told us, "[Name] the director worked a few shifts at night to see how night staff were supporting one person. This was to observe staff approach and see if any changes were needed to [Name's] care plan to meet his needs. This helped me to make some suggestions on how to better support [Name], based on her observations."
- A relative told us, "All of the staff do an amazing job, this includes the managers. [Name] the deputy manager, tells us to just call him if we have any questions or concerns, he is really helpful. It is clear he has been doing this work for a long time. It's not just a job he lives and breathes it, they all do."
- Where requested, the staff would communicate with external professionals on the person's behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff and registered manager supported people in an individual and person centred way. Each person's care plan was individualised and focused on their strengths, abilities and goals, which had been discussed with relatives and health professionals.
- Staff members told us they felt supported by the management team and were able to be involved by making suggestions and improvements within the service. Staff members told us the management team were all approachable and very supportive. One staff member told us, "Without a shadow of a doubt they are the best company I have worked for and I have worked for good companies. They [the management] are available 24/7 you can pick the phone up and call them. Their level of support is unique."
- We saw documentation to demonstrate the registered manager carried out spot checks and competency assessments on staff members. This meant the registered manager could be confident the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they understood their responsibilities and what was expected of them. They told us they attended team meetings and received supervision. Staff members told us this gave them the opportunity to discuss any concerns they had and any learning and development needs.
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.

Continuous learning and improving care

- We saw audits had taken place and any areas of improvement identified had been actioned, evidencing they were working to drive improvement in the home.
- The management team told us they have accessed support from a range of external health care professionals for advice, which they have found a tremendous help.
- A relative told us the registered manager had approached them to discuss how they could improve the person's life. They told us, "[Name] said let's look at how we can improve things for [Name]. They did not just say; this is how they are and settle for that which was refreshing. They actively look at how they can help people develop and improve."
- The registered manager told us they had made substantial changes to the layout of the building to ensure people were able to move freely and safely, having access to all areas of the home, without un-necessary restrictions. This included knocking down a wall to make a large kitchen diner area which enabled staff members to observe a person who is now able to make their own drinks. During our visit we saw there was on-going decorating and they were having new flooring fitted in bedrooms, corridors and stairs. There were risk assessments in place to ensure the people and staff were safe during this time.
- During the inspection the management team were very responsive to the things we found and discussed with them, addressing them immediately.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- A health professional we spoke with all told us, "I like they are honest about things even when things are not right. I like they act quickly, and the manager has been really involved."