

Caretech Community Services (No.2) Limited

Church Lane

Inspection report

21 Church Lane
Maidstone
Kent
ME14 4EF

Tel: 01622730867

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04 April 2022

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13 May 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Church Lane is a care home providing personal care and support to autistic people/ and or have a learning disability. At the time of the inspection sixteen people lived there. The service can support up to twenty people. The service is split into two separate units. The first floor is called Inglewood and the ground floor is referred to as Church Lane. Both units had their own kitchens, dining rooms, lounges and shared bath/shower rooms. There were ten people living in Church Lane and six people living in Inglewood Lodge.

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

Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. For example, one person liked getting their hair and nails done so staff supported them with this. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had choice about their living environment and were able to personalise their rooms. We observed people's rooms to be decorated individually. Staff supported people to achieve their aspirations and goals. For example, some people's goal was to re-design and decorate their bedroom. The manager also told us people are doing much more for themselves.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. A group of people from the local church go into the service and visit people. People's communication needs had been met and staff training and skills meant that interactions were comfortable. For example, staff use picture cards to help people make choices. The service had enough appropriately skilled staff to meet people's needs and keep them safe. We observed enough staff on inspection to support people with their needs. On the day of inspection, a number of people were going to a charity music concert.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff had training including safeguarding, autism awareness and medicines. Staff knew and understood people well and were responsive, supporting their aspirations to live a life of their choosing. Staff told us one person really liked jazz music, when we went to see the person, they had jazz music playing in their room, this was also documented in their care and support plan. Staff placed people's wishes, needs and rights at the heart of everything they did. We observed staff being attentive, caring and compassionate when supporting people.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 March 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to all the Key Questions which contain those requirements.

We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Church Lane

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

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Church Lane is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Church Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the home manager, the two deputy managers, senior staff and support staff .

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

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their loved ones were safe. One relative told us, "Every impression I've got makes me feel [relative] is safe."
- People were kept safe from avoidable harm because staff knew them well and knew how to protect them from abuse. The service worked well with other agencies to do so. One staff member explained the process of raising a safeguarding alert if they had any concerns.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk. For example, people had personal emergency evacuation plans [PEEPs] in place in the event of a fire or emergency. One person's PEEP outlined how many staff they needed to support them out of the building and how staff need to support their emotional wellbeing as they become anxious with the sound of the alarm. Also, emergency rescue medicines were clearly stated in the plan for staff and emergency services to ensure they were with the person.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative told us, "We are confident [relative] is well looked after."
- The service helped keep people safe through formal and informal sharing of information about risks. Staff we spoke to were able to tell us about people's individual health risks. For example, one staff member told us, "We have to make sure we flush the PEG with water between uses to ensure it doesn't block." A PEG is a tube placed through the wall of the abdomen to allow fluid, medicines and nutrition to be put directly into the stomach.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed enough staff on the day of inspection to support people to attend a charity music concert.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals. Staff had completed training such as Autism awareness, acquired brain injury awareness and epilepsy.
- The number and skills of staff matched the needs of people using the service. One relative told us, "I think the staffing is much better than it used to be."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability) and ensured that people's medicines were reviewed by prescribers in line with these principles. One staff member told us, "[resident] very rarely needs their anxiety medication, staff know them well and can verbally support them."
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. For example, medicines were stored in a temperature-controlled environment in line with NICE guidance.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves. One relative told us, "We have no concern with [relatives] medicines, if he needs the flu or COVID19 jab they ask us before they go ahead."

Preventing and controlling infection

- 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.
- People's relatives told us they were happy with the preventing and controlling infection at the service. One relative told us, "It is clean, they are good at that.". Another relative told us, "They have redecorated, its much nicer and looks clean ."
- The providers approach to visiting was in line with the government guidance. People visiting the home carried out a lateral flow test before their visit. One relative told us, "I had garden visits, and have to do an LFT before I go and wear a mask."

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The home manager kept a monthly log of incidents and recorded any actions that needed to be taken and shared with staff.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One staff member told us, "If there are gaps on the medicine records we inform the manager so it can be looked into."

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection people were not consistently supported in a person-centred way. The provider was in breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in Breach of Regulation 9.

- At our last inspection assessments of people's physical, mental and social needs needed improvement. At this inspection people's assessments had been addressed to meet their individual needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Care plans reflected an understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One relative told us, "[staff] support [relative] competently, happily, and with good interaction."
- Staff completed functional assessments for people who needed them and took time to understand people's behaviours. One staff member told us, "We don't experience as many behaviours because things are managed better."

Staff support: induction, training, skills and experience

- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- The service checked staff's competency to ensure they understood training and applied best practice. For example, supervision records we looked at included observations carried out on staff to assess their competency.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. Staff told us because they knew people better, including their triggers this enabled them to understand people better and as a result, incidents of distress had reduced.

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

- People were supported to eat and drink enough to maintain a balanced diet. One relative told us, "[relative] seems to be quite healthy, I have seen [relatives'] meals and they are a balanced mix."
- People were involved in choosing their food, shopping and planning their meals. For example, people had regular meetings to plan what they wanted to eat that week. Some people were able to verbalise their choices, whilst others were able to make their choice through the use of picture cards.
- People with complex needs received support to eat and drink in a way that met their personal preference as far as possible. For example, specific guidelines were in place to support someone who had a PEF feed, this included how they needed to be positioned and what support they wanted such as cushion to relieve pressure and to make it more comfortable.

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

- At the time of inspection, building work was being carried out to make improvements in the service.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs. One relative told us, "As [relative] is more able bodied, it is well suited to [relative], [relative] had her room papered and [relative] chose the paper."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. For example, we observed people's rooms to be personalised how they wanted.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans/ health passports which were used by health and social care professionals to support them in the way they needed. Relevant health care professionals contact details were also easily accessible in people's care plans.
- People were supported to attend annual health checks, screening and primary care services. For example, in people's care plans a monthly summary sheet outlined what medical appointments they had and the outcome. For one person the dentist had been contacted to discuss a scale and polish appointment.
- People were referred to health care professionals to support their wellbeing and help them live healthy lives. For example, one person told us they were not feeling well the previous week. The service called the GP who prescribed them some new medicine to make them feel better.

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

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

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

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

- Staff empowered people to make their own decisions about their care and support. One staff member told us, "We ask them everything – from what earrings they want to wear to how they want to dress."
- For residents who did not have the capacity to make decisions about their medicines, best practices

were followed and there were safe processes around medicines being administered covertly . For example, regular GP reviews for any covert medicine.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection the registered persons failed to treat people with respect and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection the staff use of language was not respectful. At this inspection we observed staff engaging in positive interactions with people. Staff spoke to people with kindness and compassion. One staff member told us, "We see ourselves as a family, we are there for them 100% when they need us."
- At the last inspection people's clothing had not always protected their modesty. At this inspection we observed people wearing clothing that looked clean and comfortable. One staff member told us, "We make sure we respect people, we do things like shut the shower curtain when they are washing, or we make sure their dressing gown is done up."
- Staff knew when people needed their space and privacy and respected this. Some people sought support from staff, for reassurance or comfort. Staff members were positive with the person, holding their hand or answering their concern to reduce any anxieties.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One relative told us, "They are more of a family than we are."
- Staff were mindful of individuals sensory perception and processing difficulties. One staff member understood the needs of one person and described how they needed to stand in a certain position for the person to best understand them.
- Staff members showed warmth and respect when interacting with people. We observed staff being patient and taking the time to communicate with people.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. One relative told us, "[staff] do understand [relative] and are very positive, [relative] is very fond of them."
- People were enabled to make choices for themselves and staff ensured they had the information they needed.

- People were given time to listen, process and respond to staff and other professionals. We observed staff being patient and giving people time to respond.

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 requires improvement. At this inspection this key question has now improved to good. 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; 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

At the last inspection the registered persons failed to provide person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At the last inspection the provider had not ensured people's goals and aspirations were supported. At this inspection people had goals and aspirations that they set and worked towards.
- People's support focused on their quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. For example, one person had a set a goal of making a healthy dinner and dessert.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. One relative told us, "[relative] goes out and does a lot including swimming, massage and other exercises, [relative] can't talk so they show him pictures and he replies."
- People were supported to take part in activities of their choosing. Some people had activity planners which pre-planned the activities they wanted to take part in. On the day of our inspection, some people went to a fundraising event at a local music group. Other people told staff they did not want to pre-plan activities, so they chose on the day how they wanted to spend their time.
- Preferences (i.e gender of staff) were identified and appropriate staff were available to support people. For example, staff we spoke to knew the preferences for one resident and were understanding and accommodating.

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.

- Staff ensured people had access to information in formats they could understand. For example, many

people use picture cards to communicate.

- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, one person's communication passport outlined how they vocalise through sounds and pitches but also facial expressions and body language.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed staff attending to people and taking their time with them when they were trying to communicate.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us, "I have no concerns, I would say something if there was."
- There were no complaints logged since our last inspection. The provider had a complaints policy available for people to see in communal areas, written in easy read to make it accessible for people using the service.
- Compliments had been logged by the service, from staff members, internal quality assurance visits and from family members.

End of life care and support

- There was no one in receipt of end of life care at the time of our inspection.
- People had end of life care plan in place where they, and where appropriate their loved ones had made decisions on what they wanted at the end of their life. This included where people wanted to be laid to rest, with some people choosing sites of meaning for them and their family, as well as what music or flowers they would like.

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection systems to monitor the quality and safety of the service were not yet embedded. Improvements had started but were in progress. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17.

- At the last inspection there were shortfalls in risk assessing, care plan documentation and the delivery of person centred care. At this inspection the provider had made improvements when planning person centred care and risk assessing.
- Governance processes were effective and helped hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The health and safety audit identified that curtains needed updating in the downstairs lounge. A process then started to ask people if they wanted blinds and curtains, which materials and colours. Staff told us it took some time to get people's opinions and ideas, but they had booked a company based on people's feedback.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff were able to describe people's individual health risks and how they mitigate those risks.
- Staff delivered good quality support consistently. One staff member told us, "We now have an amazing staff team, this wasn't always the case before.". One relative told us, "I have always been happy with [relatives] main carers."

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

- The manager had worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One staff member told us, "We have a team that know people really well and we treat everyone as individuals."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Managers promoted equality and diversity in all aspects of the running of the service. One staff member

told us, "Everyone has different strengths and brings something in, we are a diverse team which is really nice."

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

- Staff gave honest information and suitable support, and applied duty of candour if and when appropriate. One relative told us, "There has been nothing happen that I didn't know of."

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

- Staff encouraged people to be involved in the development of the service. The building was undergoing improvement works and people had been asked their choice on colours of paint and decoration.
- The provider sought feedback from people and those important to them and was in the process of using the feedback to develop the service. Questionnaires had recently been sent to relatives and the manager was in the process of collating and analysing the responses. This process was still being embedded.
- Relatives told us they had received questionnaires and were in the process of completing them. One relative told us, "[manager] runs the house well."
- The manager said they had an 'open door' policy and people and staff were happy to come and speak to them. The manager told us, "The residents speak to me freely as do staff." Staff also told us they were happy to take any matters that needed attention to the manager.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service. The manager told us the provider had been proactive with updates regarding the COVID-19 pandemic and this ensured that government guidance was followed.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. For example, the manager told us they had a good relationship with the speech and language therapy team (SALT). The manager said the staff knew people really well and could update the SALT team if there were any changes or concerns.