

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 88 Park Road

Inspection report

88 Park Road
New Barnet
Hertfordshire
EN4 9QF

Tel: 02084402192

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21 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 21 June 2016 and was an unannounced inspection. The previous inspection took place on 02 July 2014 when we found the service met the standards inspected.

Caretech Community Services (No2) Limited -88 Park Road is a residential care home providing accommodation and personal care for up to five people with learning disabilities and complex needs.

There was a registered manager in post. 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.

We found that the service had adequate staff to meet the needs of the people using the service. There were safe recruitment processes in place.

The service had risk assessments to keep people and the environment safe we saw they were in the process of changing to a new format that would flag high risks more clearly.

The service had systems in place for the safe administration of medicines and medicines were stored appropriately.

The service had trained staff to equip them to undertake their role but had not provided supervision on a regular basis. However we saw that supervision had restarted prior to our visit and the service had identified the concern. Staff said they were well supported and were able to tell us clearly how they would support people.

The service was meeting people's health and nutritional needs and supported people to access appropriate health services.

The staff were friendly and professional in their care of people. People and their families were involved in care planning and reviews but the care plans failed to reflect this. We brought this to the attention of the registered manager and we made a recommendation best practice in involving people and family's in care planning is implemented.

The registered manager responded appropriately to complaints by acknowledging the complaint and recording and investigating the concern.

The service was well-led there was a relatively new registered manager who was making positive changes and had good lines of communication with people and staff.

Regular audits were undertaken to ensure the quality of the service and the service worked in partnership

with other agencies.

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. There were enough staff to enable people to go out on a regular basis to undertake activities of their choice.

The service had systems in place to protect people from hazards and abuse.

There were systems in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective. Staff could demonstrate an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately.

Staff received training to equip them to provide appropriate support to people.

There was evidence of effective health care and nutritional needs being met.

Is the service caring?

Good ●

The service was caring. Staff were kind and professional in their approach to people.

Staff treated people with dignity and respect, and maintained their privacy.

The service kept information in a confidential manner.

Is the service responsive?

Good ●

The service was responsive. People had person-centred plans that were reviewed and updated on a regular basis.

People were given choice of individual activities and supported to be independent where possible.

The service had systems in place to address complaints.

Is the service well-led?

Good 

The service was well led. Staff said they were well supported by the registered manager.

There was registered manager monitored the quality of the service.

Caretech Community Services (No 2) Limited - 88 Park Road

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 the 21 June 2016 and was unannounced.

The team consisted of one adult social care inspector.

Prior to the visit the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service. We reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met all the people using the service and spoke with three people. We looked at three people's care records and associated documents. We looked at four people's medicine administration records. We observed staff interaction with people. We interviewed three support staff and the registered manager and spoke with the locality manager. We spoke with one visiting health and social care professional. We looked at four staff personnel files this included recruitment documentation and supervision records.

Following the inspection we spoke with the commissioning body.

Is the service safe?

Our findings

People told us "I feel safe all day" and said "yes" when asked if they felt safe at the service. Staff received safeguarding adults training and could describe the signs and symptoms of abuse. Explaining they would report any concerns to the manager. There was a safeguarding adults and whistle blowing policy. Posters were displayed in communal areas told people how they could report concerns.

People had risk assessments that were in the process of being updated into a new 'traffic light' colour coded system that would clearly identify high risk. Risk assessments at the time of inspection were in the old format and did not always identify the level of risk clearly. The risk assessments were all in one file, this was not person centred as people's risk assessments were not linked to their person care plan. The risks to individuals were identified for example moving and handling. One person's very specific dietary requirement was risk assessed and contained clear guidance for staff. However we noted that one person with a diagnosis of epilepsy did not have a risk assessment that specified how their seizures presented and what measures specific to them should be taken. We brought this to the registered manager's attention who told us they would address this using the new system. The environment was risk assessed these covered for example lone working, general activities and fire safety. All risk assessments were updated in May 2016.

All staff had completed fire safety training and there were weekly fire safety checks undertaken this included checking the alarm system. Fire drills had taken place on several occasions in 2016. Fire prevention equipment was available throughout the service. All people living at the service had personal evacuation plans in the event of a fire occurring.

The service was well maintained and the utilities such as gas in 2016 and electrical installation in 2013 (this is usually undertaken every five years), had been serviced to ensure they were safe. Portable appliances were booked in the diary for servicing for the end of June 2016.

The service had systems in place for infection control. Staff had received infection control training. We saw staff used protective equipment such as disposable gloves when providing personal care and there were appropriate arrangements for the disposal of waste. There were guidelines in the laundry room to remind staff of the suitably high temperatures to wash soiled linen. When cleaning floors the staff used colour coded mops. These measures reduced the risk of cross infection.

The service had systems in place for the safe administration of medicines. People told us "yes staff give me my medicines in the evening." We saw that medicines were stored securely and kept at an appropriate temperature. People's medicine administration records (MAR) were completed without any errors or gaps. Guidelines for PRN medicines, that is as and when needed medicines were clear for staff to follow. For example, guidelines described how one person's body language showed when they were in pain, and specified what medicine to give them. One person had one medicine administered once a week. This was administered correctly and the MAR completed appropriately. Most medicines were kept in blister packs from the pharmacist, staff described they checked the blister pack against the MAR sheet to ensure no errors had been made in dispensing. Some medicines were in bottles and staff counted these each day to ensure they had administered the correct amount this was handed over to the staff coming on duty who would

then be responsible for medicine administration.

Staff told us they thought there were enough staff describing that people could go out when they wanted to with staff support. On the day of inspection staff were on duty as scheduled in the rota. The registered manager told us that the staff team was mostly established staff but they had recently recruited a new staff member and were aiming to recruit into another post. They explained in the event of staff absence staff worked overtime. This had led to some staff working a number of days without a break, so they had changed the system to ensure staff had regular days off and did not over commit themselves.

We saw that there was a recruitment system in place applicants supplied two references, one from the previous employer and proof of ID. The provider undertook disclosure and barring checks (DBS) to ensure that staff were suitable to work with vulnerable adults. We saw that three staff had DBS checks prior to them starting their post. However the fourth staff member had applied for a DBS check but had commenced their post before the DBS check was received. We talked with the provider who told us the staff member had worked in a supervised capacity and that the provider had recently changed their policy and were no longer employing staff before receipt of their DBS check.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and the principles of the MCA were displayed for staff reference. We observed that staff asked people's consent before supporting them. Staff told us "I give them choice, I include them so they have a voice, I give them information so they can make their choice." A staff member told us "If people don't want something like a shower I offer them an alternative – I need their consent."

The registered manager was able to tell us when they would make a DoLS application. 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 were being met. We found that the service as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment.

We looked at staff supervision records and found there were large gaps for all records seen between April 2015 and October 2015. One person had an appraisal in September 2015. Some supervision had commenced in 2016 for example one staff member had a supervision in May 2016 and one staff member in June 2016. The supervision agreement signed by staff stated supervision should be every four weeks and this was not occurring. We raised this with the registered manager and deputy manager who explained this had been identified by audit and they were actively working to address this. We spoke with staff who told us the new registered manager was supportive and they thought there had been an improvement in staff support.

Staff received training to support them in their role and new staff received mandatory training in their induction. Staff training included safeguarding adults, managing behaviours that might challenge, medicine administration, person centred thinking, dementia, and manual handling. A new member of staff described that they had shadowed other staff for two weeks "to learn the rules" and had read people's care plans and the policies. They could tell us about people and how they should be supported in line with people's care plans.

The service supported people to stay healthy and access appropriate medical care. People had a "My keeping healthy plan" that contained information such as how people showed pain, how they communicated, described their current medicines and the support they required to attend health appointments such as opticians, hearing clinics, dentists and well women check-ups. People were

supported to appointments, had their weight recorded at regular intervals throughout the year to identify possible health issues. People's care records showed that staff had identified health concerns and had taken appropriate action, for example one person's showed signs of forgetfulness and confusion so the concern was raised with their psychiatric consultant.

In the event of an emergency staff were first aid trained and there was a 'grab folder' that contained relevant information in the event of an emergency admission into hospital this included information about people's support needs. Staff could describe what to do if someone had an epileptic seizure and could describe people's health support needs in detail.

People were supported to eat well and drink enough to remain sufficiently hydrated. Staff offered people a choice of food that they liked and meals and snacks eaten were recorded in the daily notes. One person, who had lost a little weight, although they were recorded to be eating well, had been supported to attend a GP visit to investigate possible causes. One person in particular had a very specific diet that required prescribed food substitutes for meals to be used, staff supported them to eat meals and could choose from a list of foods that the person could tolerate. Staff had to work out the amounts very carefully. Staff could tell us how they adhered to the system to ensure the on-going health of the person telling us "it is important to me that this is done correctly – for [X] health" they described that due to the positive effects of the diet staff could now take the person out to the park without any instances where they exhibited behaviour that challenged the service.

The service was not purpose built so some people had benefitted from a ground floor bedroom where they did not need to use the stairs and all amenities were available to them. The service had a comfortable lounge area for everyone to use and a kitchen dining area. There was a well used and well maintained garden. People had their own bedrooms; these were comfortable and generally, with the exception of one bedroom where some refurbishment was required, well maintained.

Is the service caring?

Our findings

People told us "I like the staff all the time" and "staff are kind." A visiting health and social care professional told us "all staff are caring here" they told us that they visited often and had not seen unprofessional behaviour from staff.

Staff described how they communicated with people "I listen to them; it is at the centre of what I do." They told us how they communicated with people who did not use speech as their way of communicating. "I smile, I get eye contact." We saw staff communicating in a sensitive manner getting down to the level of the person and giving eye contact before talking and making conversation with people and using objects of reference such as a cup to denote a drink. People's care plans stated how people liked to be called and how they liked to be spoken to, describing for example that tone and body language was important.

People told us "My family come to my review, sometimes once a year sometimes every six months." The person knew when their review was going to be and that their relative was going to attend. People's care plans were person centred and the information described the person's wishes clearly, however in many instances the care plan stated it had been reviewed and was dated but there was no minutes of a review meeting to show who attended or the changes signed by the person or their family member. This meant it was not clear that reviews were taking place with people and family involved. We brought this to the attention of the registered manager who agreed to address this.

We recommended that the service look at best practice in involving people and their relatives in person centred planning.

Staff had undertaken 'valuing people and respecting difference' training and supported people to meet their diversity support needs. People's care plans contained their history, family photos and contact details. Staff would support people to send a birthday card to family members and supported people to celebrate their own birthday, inviting family members or supporting people to visit family. People's cultural heritage was respected and they were encouraged to take part in cultural observances if they wanted to, such as celebrating St Patrick's Day. People were supported with their religious observances for example one person was Catholic and took the Holy Communion at the service as they found church "too crowded" to manage. People's care plans stated how they wished to be supported stating for example that the person wanted to celebrate birthdays, Christmas and Easter with their family.

Staff told us they maintained people's dignity by ensuring people were dressed appropriately. "I make sure they are looking nice, clean hands, nice clothes when they feel good they start to smile." We saw that people were given privacy when they wanted it, for example to have a bath unsupported but they were also reminded to close the bathroom door to and to put a dressing gown on for their dignity. Staff had undertaken confidentiality and data protection training and demonstrated to us they understood the need to keep people's information securely.

People's care plans contained their end of life wishes these had been agreed with family members.

Is the service responsive?

Our findings

Contained in people's care plans were clear guide lines for staff about how people liked to be supported. There was a section headed 'Do and Don't' 'I like to choose my own clothes' and 'Don't – choose clothes for me.' Staff told us this person liked to choose their clothes "I take each item out and show them and they choose the one they want." Care plans detailed all aspects of people's care including support with eating, personal care and managing behaviours that challenge the service. People told us "I go to the day centre" we saw two people were going to the day centre on the day of our visit. People's care plan described which day people attended and what support they required to get ready.

Care plans detailed the individual activities people enjoyed. People told us the activities they like to do. "I like to go to central London and go on holiday". People's care plans showed that people undertook a range of different activities including foot massages, back massages, walks in the local park, reading, playing the piano and spending time on their tablet. Some people's care plans contained pictures and photos that showed the things that people liked such as Thomas the Tank Engine or walks in the park. This made the care plan more accessible for people to look at when they did not have reading skills. Care plans contained a monthly summary of what had taken place and relevant information with regard to the person. There was also "What I have planned this month" that specified what the person wished to do and what had been arranged.

People's bedrooms were personalised reflecting clearly people's likes. For example one person's bed was on the floor as they liked to roll out onto the floor, the bedroom contained a lot of soft furnishings and objects the person liked. Another bedroom contained a piano and many books as the person liked to play the piano and read.

Daily records were kept, they were brief on occasion but appropriate and described people's mood referenced by what was observed for example "happy, clapped hands, very vocal" the activities people undertook and what people had eaten.

People told us "if I had a problem I would talk to staff." When we asked what they would do if they had a problem with a staff member they told us they would talk to their "special" staff member who they liked a lot or the registered manager. The registered manager told us they acknowledge complaints immediately and we saw that complaints were recorded by the registered manager and addressed in an appropriate manner. There was a system in place that ensured all complaints were flagged to the provider. There was an easy read 'how to complain' poster in the communal area. There was a robust complaints policy and procedure.

Is the service well-led?

Our findings

One staff member told us "the new manager is good and bringing in new positive changes" and another staff member described the registered manager as "approachable." Staff told us they could raise concerns to the registered manager and they would respond in a positive manner.

There were clear lines of communication in the service, we observed one of the daily staff handovers where senior staff handed over information to the new shift on duty. There was also a hand over to night staff and there was an out of hours on call number they could call for advice. The registered manager was briefed on any concerns and demonstrated to us they were familiar with the people using the service and the staff team. Staff meeting minutes indicated that the registered manager met with the staff team on a monthly basis. The registered manager described that there were also small team discussions if there was a matter of urgency. The registered manager had held three service user meetings prior to our inspection in 2016 but was aiming to make this a monthly occurrence.

The provider had carried out a survey for all staff working in their services in 2015. The Locality Manager explained that he thought there had not been a survey undertaken of people and their relatives' views of the service prior to himself and the registered manager commencing their posts. However they were in the process of planning a survey to be sent out in September 2016 to all families and people supported and other professionals and staff. They then intended to analyse the results and act on findings to improve the service provided.

The registered manager was relatively new to the service and told us they were well supported by the provider and could go to their locality manager for advice and had peer support from other registered managers who worked for the provider. The registered manager was also supported by a deputy manager.

The registered manager gave guidance to staff for example we noted the care plans had been audited by the registered manager. Comments in care plans requested staff update the care plan and reprint as there were crossings out on the care plan and it was not clear. The registered manager and the deputy manager audited a range of domains throughout the service on both a weekly basis including medicines administration, cleaning and infection control and on a monthly basis this included the kitchen, health and safety and care plans. There was also a quarterly safety checklist to ensure the environment was safe.

The provider had a quality control team who had visited and had conducted a thorough review of the service that had identified a number of concerns. There was a service development plan that the registered manager showed us they were actively working towards. This had identified concerns noted in this report such as not meeting supervision targets and changing the risk assessment format. There was also a yearly medicine administration audit undertaken by a pharmacist. The commissioning body told us that the service were working in partnership with them and they had visited the service.